

VOLUME 1

APPENDIX D Exhibit 2

CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

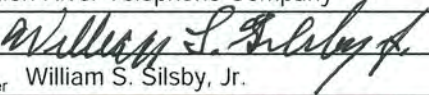
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: UNITEL, INC. | | | | | |
| Signature of Authorized Officer or employee: Laurie Osgood <small>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@unitel.me,O=unitel, inc.,l=Unity ME 04988-0165, Date:5/23/2019</small> | | | | Date: 5/23/2019 | |
| Printed name of Authorized Officer or employee: Laurie Osgood | | | | | |
| Title or position of Authorized Officer or employee: CEO/President | | | | | |
| Telephone number of Authorized Officer or employee: 207-948-9952 | | | | | |
| Study Area Code of Reporting Carrier | 100029 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|---|---------------------------------------|------------|
| Name of Reporting Carrier | | | | Bretton Woods Telephone Company, Inc. | |
| Signature of authorized officer | | | Date | | 05/21/2019 |
| Printed name of authorized officer | | | Karen M. Wante | | |
| Title or position of authorized officer | | | Vice President | | |
| Telephone number of authorized officer: | | | (603) 278-9911 | | |
| Study Area Code of Reporting Carrier | | 120038 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DUNBARTON TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David Montgomery</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: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: David Montgomery</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 603-774-9911</p> | | | | | |
| Study Area Code of Reporting Carrier | 120043 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FRANKLIN TEL. CO.-VT</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kimberly Gates Maynard</p> | | | | <p><small>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</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Kimberly Gates Maynard</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 802-285-9911</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 140053 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--|---------------|--|-------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier <u>TOPSHAM TELEPHONE COMPANY, INC.</u> | | | | |
| Signature of authorized officer <u>Mark De Perion</u> | | | Date | <u>05/21/2014</u> |
| Printed name of authorized officer <u>MARK DE PERION</u> | | | | |
| Title or position of authorized officer <u>CONTROLLER</u> | | | | |
| Telephone number of authorized officer: <u>(305) 324 5944</u> , ext. | | | | |
| Study Area Code of Reporting Carrier | | <u>140068</u> | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|---------------|--|---------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier Vermont Telephone Company, Inc. | | | |
| Signature of authorized officer <i>Dawn 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) 885-7782 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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CASSADAGA TEL. CORP.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Maytum</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>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Mark Maytum</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President, COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 716-673-3016</p> | | | | | |
| Study Area Code of Reporting Carrier | 150076 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CROWN POINT TEL. CORP.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Shana Macey</p> | | | | <p><small>Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:5/17/2019</small></p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Shana Macey</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 518-597-3300</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>150085</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: DELHI TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Jason Miller | | | | Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi telephone company,l=Delhi NY 13753, Date:5/28/2019 Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Jason Miller | | | | | |
| Title or position of Authorized Officer or employee: Vice President/Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 607-746-1524 | | | | | |
| Study Area Code of Reporting Carrier | 150088 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DUNKIRK AND FREDONIA TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Maytum</p> | | | | <p><small>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</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Mark Maytum</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President, COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 716-673-3016</p> | | | | | |
| Study Area Code of Reporting Carrier | 150091 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: THE FISHERS ISLAND TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: J. Finan</p> | | | | <p><small>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fiuc.net,O=the fishers island tel. co.,l=Fishers Island NY 06390, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: J. Finan</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 631-788-7251</p> | | | | | |
| Study Area Code of Reporting Carrier | 150095 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HANCOCK TEL. CO.-NY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Wrighter, Jr</p> | | | | <p><small>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robj@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/28/2019</small></p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Robert Wrighter, Jr</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 607-637-9912</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 150099 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MIDDLEBURGH TELEPHONE CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: James Becker</p> | | | | <p><small>Digitally signed by James Becker DN:cn=James Becker, email=jim@midtel.net, O=middleburgh telephone co., l=Middleburgh NY 12122-0191, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: James Becker</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 518-827-5211</p> | | | | | |
| Study Area Code of Reporting Carrier | 150105 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: NICHOLVILLE TEL. CO.,INC. | | | | | |
| Signature of Authorized Officer or employee: Jeffrey McGrath | | | | <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> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Jeffrey McGrath | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 315-328-5333 | | | | | |
| Study Area Code of Reporting Carrier | 150108 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PATTERSONVILLE TEL. CO.-NY | | | | | |
| Signature of Authorized Officer or employee: Tammy Krisher | | | | <small>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel. co.-ny,l=Rotterdam Junc NY 12150, Date:5/23/2019</small> Date: 5/23/2019 | |
| Printed name of Authorized Officer or employee: Tammy Krisher | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 518-887-2121 | | | | | |
| Study Area Code of Reporting Carrier | 150116 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TRUMANSBURG TELEPHONE COMPANY, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: James Cheney</p> | | | | <p><small>Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=trumansburg telephone company, inc., Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: James Cheney</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO/COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 315-548-8017</p> | | | | | |
| Study Area Code of Reporting Carrier | 150131 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: THE CITIZENS TELEPHONE COMPANY OF KECKSBURG</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Arnold Cutrell</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: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Arnold Cutrell</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 724-424-4444</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>170156</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: ARMSTRONG TEL. CO.-PA | | | | | |
| Signature of Authorized Officer or employee: Mark Rankin | | | | <small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-pa, Date:5/31/2019</small> Date: 5/31/2019 | |
| Printed name of Authorized Officer or employee: Mark Rankin | | | | | |
| Title or position of Authorized Officer or employee: Vice President Finance | | | | | |
| Telephone number of Authorized Officer or employee: 724-283-0925 | | | | | |
| Study Area Code of Reporting Carrier | 170189 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTH PENN TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tom Prestigiacomo</p> | | | | <p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel. co.,l=Prattsburgh NY 14873, Date:5/28/2019</small></p> <p>Date: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Tom Prestigiacomo</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 607-522-4237</p> | | | | | |
| Study Area Code of Reporting Carrier | 170192 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ARMSTRONG TEL. CO. NORTH</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Rankin</p> | | | | <p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co. north,lc= , Date:5/31/2019</small></p> <p>Date: 5/31/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Mark Rankin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President Finance</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 724-283-0925</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>170195</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PALMERTON TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Timothy Hausman</p> | | | | <p><small>Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Timothy Hausman</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 610-826-9433</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>170196</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PENNSYLVANIA TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Kimberly Hannan | | | | <small>Digitally signed by Kimberly Hannan DN:cn=Kimberly Hannan,email=patelco@ovalinternet.net,O=pennsylvania tel. co.,l= , Date:5/24/2019</small> Date: 5/24/2019 | |
| Printed name of Authorized Officer or employee: Kimberly Hannan | | | | | |
| Title or position of Authorized Officer or employee: Vice President | | | | | |
| Telephone number of Authorized Officer or employee: 570-745-7101 | | | | | |
| Study Area Code of Reporting Carrier | 170197 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WEST SIDE TEL. CO.-PA</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Ludenia</p> | | | | <p>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa, Date: 5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: John Ludenia</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: V.P. Operations, General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 304-983-8642</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>170277</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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> | | | | | |

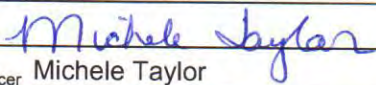
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BURKE'S GARDEN TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Missy Lynch</p> | | | | <p><small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgto.net,O=burke's garden tel. co., inc.,l= , Date:5/24/2019</small></p> <p>Date: 5/24/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Missy Lynch</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Office Manager/Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 276-472-2345</p> | | | | | |
| Study Area Code of Reporting Carrier | 190220 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CITIZENS TEL. COOP.-VA</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Greg Sapp</p> | | | | <p><small>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel. coop.-va,1=Floyd VA 24091-0137, Date:5/24/2019</small></p> <p>Date: 5/24/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Greg Sapp</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO & General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 540-745-2111</p> | | | | | |
| Study Area Code of Reporting Carrier | 190225 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MGW TELEPHONE COMPANY, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Sheri Smith</p> | | | | <p><small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/24/2019</small></p> <p>Date: 5/24/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Sheri Smith</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 540-925-5235</p> | | | | | |
| Study Area Code of Reporting Carrier | 190238 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NEW HOPE TELEPHONE COOPERATIVE</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Laurie Hensley</p> | | | | <p><small>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</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Laurie Hensley</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 540-363-6277</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>190239</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PEOPLES MUTUAL TEL. CO.-VA</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Eric Cramer</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Eric Cramer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO and General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 336-973-6112</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>190244</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SCOTT COUNTY TEL. COOP. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Daniel Odom</p> | | | | <p><small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county tel. coop. inc.,l=Gate City VA 24251, Date:5/28/2019</small></p> <p>Date: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Daniel Odom</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 276-452-7224</p> | | | | | |
| Study Area Code of Reporting Carrier | 190248 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SHENANDOAH TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Gary Miller</p> | | | | <p><small>Digitally signed by Gary Miller DN:cn=Gary Miller,email=Gary.Miller@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/28/2019</small></p> <p>Date: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Gary Miller</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Director, Accounting WLN & WLS</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 540-984-5991</p> | | | | | |
| Study Area Code of Reporting Carrier | 190250 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SPRUCE KNOB SENECA ROCKS TEL., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Sarah Nottingham</p> | | | | <p><small>Digitally signed by Sarah Nottingham DN: cn=Sarah Nottingham, email=sarahnot@spruceknob.net, O=spruce knob seneca rocks tel., inc., l=Riverton WV 26814, Date: 5/24/2019</small></p> <p>Date: 5/24/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Sarah Nottingham</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 304-567-2121</p> | | | | | |
| Study Area Code of Reporting Carrier | 200257 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: HARDY TELECOMMUNICATIONS, INC. | | | | | |
| Signature of Authorized Officer or employee: Scott Sherman | | | | <small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc., Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Scott Sherman | | | | | |
| Title or position of Authorized Officer or employee: General Manager & CEO | | | | | |
| Telephone number of Authorized Officer or employee: 304-897-9911 | | | | | |
| Study Area Code of Reporting Carrier | 200259 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: WEST SIDE TEL. CO.-WV | | | | | |
| Signature of Authorized Officer or employee: John Ludenia | | | | <small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-wv,l= , Date:5/20/2019</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: John Ludenia | | | | | |
| Title or position of Authorized Officer or employee: V.P. Operations, General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 304-983-8642 | | | | | |
| Study Area Code of Reporting Carrier | 200277 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ITS TELECOMMUNICATIONS SYSTEMS, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bruce Russell</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Bruce Russell</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 772-597-2106</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>210331</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|--|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTHEAST FLORIDA TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Adam Dixon</p> | | | | <p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=northeast florida tel. co., inc.,l= , Date:5/28/2019</small></p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Adam Dixon</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Operating Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 870-921-5757</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>210335</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BULLOCH CNTY. RURAL TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Scott</p> | | | | <p><small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc., Date:5/30/2019</small></p> <p>Date: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: John Scott</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 912-865-1100</p> | | | | | |
| Study Area Code of Reporting Carrier | 220348 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|---|--------------------------|--------------|
| Name of Reporting Carrier | | | | Darien Telephone Company | |
| Signature of authorized officer | | |  | | Date |
| Printed name of authorized officer | | | Mary Lou Forsyth | | May 21, 2019 |
| Title or position of authorized officer | | | President | | |
| Telephone number of authorized officer: | | | (912) 437-6611 | | |
| Study Area Code of Reporting Carrier | | 220358 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PEMBROKE TEL. CO., INC. | | | | | |
| Signature of Authorized Officer or employee: Mary Anna Hite | | | | <small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:5/21/2019</small> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Mary Anna Hite | | | | | |
| Title or position of Authorized Officer or employee: Secretary-Treasurer/General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 912-653-4389 | | | | | |
| Study Area Code of Reporting Carrier | 220376 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PLANTERS RURAL TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Lacienski</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: John Lacienski</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 912-857-4411</p> | | | | | |
| Study Area Code of Reporting Carrier | 220378 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PROGRESSIVE RURAL TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ron Chambers</p> | | | | <p><small>Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural tel. coop., inc.,l=Rentz GA 31075, Date:5/28/2019</small></p> <p>Date: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Ron Chambers</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 478-984-4201</p> | | | | | |
| Study Area Code of Reporting Carrier | 220380 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WAVERLY HALL TELEPHONE, L.L.C.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Deborah Rand</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: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Deborah Rand</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 603-472-9786</p> | | | | | |
| Study Area Code of Reporting Carrier | 220392 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BARNARDSVILLE TEL. dba RIVERSTREET NETWORKS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Eric Cramer</p> | | | | <p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel. dba riverstreet networks,/= , Date:5/22/2019</small></p> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Eric Cramer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO and General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 336-973-6112</p> | | | | | |
| Study Area Code of Reporting Carrier | 230469 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|--------|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier North State Telephone Co. dba North State Communications | | | |
| Signature of authorized officer <i>Lynn B. Welborn</i> | | Date | 05/29/2019 |
| Printed name of authorized officer Lynn B. Welborn | | | |
| Title or position of authorized officer EVP, CAO | | | |
| Telephone number of authorized officer: (336) 821-8766 | | | |
| Study Area Code of Reporting Carrier | 230491 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|--------|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier | | Pineville Telephone Company | |
| Signature of authorized officer | | Date | 5-20-19 |
| Printed name of authorized officer | | Tammy J. Vachon | |
| Title or position of authorized officer | | Telecommunications Director | |
| Telephone number of authorized officer | | (704) 889-2001 | |
| Study Area Code of Reporting Carrier | 230494 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kimberly Garner</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: 5/18/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Kimberly Garner</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 336-879-7911</p> | | | | | |
| Study Area Code of Reporting Carrier | 230496 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SURRY TELEPHONE MEMBERSHIP CORPORATION</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Curtis Taylor</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Curtis Taylor</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 336-374-4535</p> | | | | | |
| Study Area Code of Reporting Carrier | 230503 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WILKES TEL MEMB CORP dba RIVERSTREET NETWORKS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Eric Cramer</p> | | | | <small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,l= , Date:5/22/2019</small> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Eric Cramer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO and General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 336-973-6112</p> | | | | | |
| Study Area Code of Reporting Carrier | 230505 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WILKES TEL MEMB CORP dba RIVERSTREET NETWORKS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Eric Cramer</p> | | | | <p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,l= , Date:5/22/2019</p> | |
| <p>Date: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Eric Cramer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO and General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 336-973-6112</p> | | | | | |
| Study Area Code of Reporting Carrier | 230510 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PALMETTO RURAL TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dewaine Wilson</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: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Dewaine Wilson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Controller</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 843 538-9382</p> | | | | | |
| Study Area Code of Reporting Carrier | 240536 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | |
|--|---------------|--|----------------|
| Name of Reporting Carrier <i>Castleberry Telephone Co., Inc</i> | | | |
| Signature of authorized officer <i>Homer Holland</i> | | Date | <i>5-23-19</i> |
| Printed name of authorized officer <i>Homer Holland</i> | | | |
| Title or position of authorized officer <i>Sac/Trans</i> | | | |
| Telephone number of authorized officer: <i>(251) 966-2115</i> , ext. | | | |
| Study Area Code of Reporting Carrier | <i>250285</i> | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | |
|--|--------|--|--------------|------------|
| Name of Reporting Carrier Farmers Telecommunications Cooperative, Inc. | | | | |
| Signature of authorized officer <i>Tyler Pair</i> | | | Date | 05/28/2019 |
| Printed name of authorized officer Tyler Pair | | | | |
| Title or position of authorized officer Chief Financial Officer | | | | |
| Telephone number of authorized officer: (256) 638-2144, ext. | | | | |
| Study Area Code of Reporting Carrier | 250290 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HAYNEVILLE TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Evelyn Causey</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: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Evelyn Causey</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President/COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 334-548-2101</p> | | | | | |
| Study Area Code of Reporting Carrier | 250299 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MON-CRE TEL. COOP. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Teresa Rich</p> | | | | <p>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,l=Ramer AL 36069, Date:5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Teresa Rich</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 334-562-3242</p> | | | | | |
| Study Area Code of Reporting Carrier | 250305 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

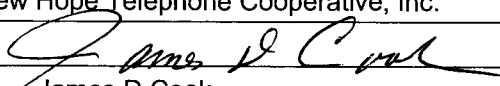
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

| | | | |
|---|---------------|---|----------------|
| Name of Reporting Carrier New Hope Telephone Cooperative, Inc. | | | |
| Signature of authorized officer  | | 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 AN OFFICER OF THE REPORTING CARRIER

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

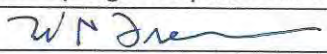
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: RAGLAND TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Matthew Jackson</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: 5/23/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Matthew Jackson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 205-472-2141</p> | | | | | |
| Study Area Code of Reporting Carrier | 250316 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|---|---|--------------------------------|------------|
| Name of Reporting Carrier | | | | Union Springs Telephone Co Inc | |
| Signature of authorized officer | |  | | Date | 05/29/2019 |
| Printed name of authorized officer | | William H Freeman | | | |
| Title or position of authorized officer | | President | | | |
| Telephone number of authorized officer: | | (334) 738-4400 | | | |
| Study Area Code of Reporting Carrier | | 250322 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|--|--|----------|
| Name of Reporting Carrier | | | | Duo County Telephone Cooperative Corporation, Inc. | |
| Signature of authorized officer | | | Date | | 7/1/2019 |
| Printed name of authorized officer | | | Dary L. Hammond | | |
| Title or position of authorized officer | | | VP/CFO | | |
| Telephone number of authorized officer: | | | (270) 343-1111, ext. | | |
| Study Area Code of Reporting Carrier | | 260401 | Filing Due Date for this form (mm/dd/yyyy) | July 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: FOOTHILLS RURAL TEL. COOP. CORP., INC. | | | | | |
| Signature of Authorized Officer or employee: Ruth Conley | | | | <small>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural tel. coop. corp., inc.,l=Staffordsville KY 41256, Date:5/29/2019</small> | |
| Date: 5/29/2019 | | | | | |
| Printed name of Authorized Officer or employee: Ruth Conley | | | | | |
| Title or position of Authorized Officer or employee: Chief Executive Officer | | | | | |
| Telephone number of Authorized Officer or employee: 606-297-9131 | | | | | |
| Study Area Code of Reporting Carrier | 260406 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|---|--|---------|
| Name of Reporting Carrier | | | | Mountain Rural Telephone Coop, Corp., Inc. | |
| Signature of authorized officer | | | Date | | 6/29/19 |
| Printed name of authorized officer | | | Jimmie Jones | | |
| Title or position of authorized officer | | | President | | |
| Telephone number of authorized officer: | | | 606 743 3121 | | |
| Study Area Code of Reporting Carrier | | 260414 | Filing Due Date for this form (mm/dd/yyyy) | July 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

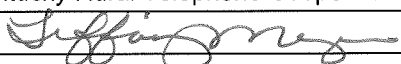
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DELCAMBRE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Marcy Landry</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: 5/24/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Marcy Landry</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 337-685-2311</p> | | | | | |
| Study Area Code of Reporting Carrier | 270428 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ELIZABETH TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bruce Petry</p> | | | | <p><small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel. co., inc.,l=Sulphur LA 70664-0167, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Bruce Petry</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 337-583-2092</p> | | | | | |
| Study Area Code of Reporting Carrier | 270430 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: NORTHEAST LOUISIANA TEL. CO., INC. | | | | | |
| Signature of Authorized Officer or employee: Mike George | | | | <small>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</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Mike George | | | | | |
| Title or position of Authorized Officer or employee: President / General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 318-874-7011 | | | | | |
| Study Area Code of Reporting Carrier | 270435 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--------|--|--------------|------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier Reserve Telephone Company, Inc. | | | | |
| Signature of authorized officer <i>Annette A. Faircloth</i> | | | Date | 05/23/2019 |
| Printed name of authorized officer Annette A. Faircloth | | | | |
| Title or position of authorized officer VP of Finance | | | | |
| Telephone number of authorized officer: (985) 536-1271 | | | | |
| Study Area Code of Reporting Carrier | 270438 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: STAR TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jeremy Smith</p> | | | | <p><small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jerry@directcom.com,O=star tel. co., inc.,l=Rockland ID 83271, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jeremy Smith</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 208-548-2345</p> | | | | | |
| Study Area Code of Reporting Carrier | 270441 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DECATUR TEL. CO., INC.-MS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Esther Smith, PhD</p> | | | | <p><small>Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,I=Decatur MS 39327, Date:5/20/2019</small></p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Esther Smith, PhD</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 601-635-2251</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 280451 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FRANKLIN TEL. CO., INC.-MS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tom Griffin</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Tom Griffin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 601-384-3390</p> | | | | | |
| Study Area Code of Reporting Carrier | 280454 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LAKESIDE TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Sledge Jr.</p> | | | | <p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co., inc.,l=Sunflower MS 38778, Date:5/20/2019</small></p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Robert Sledge Jr.</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 662-569-3311</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 280457 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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


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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

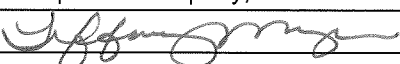
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SLEDGE TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Sledge Jr.</p> | | | | <p>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel. co., inc.,l=Sunflower MS 38778, Date:5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Robert Sledge Jr.</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 662-569-3311</p> | | | | | |
| Study Area Code of Reporting Carrier | 280466 | | 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> | | | | | |

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

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

| | | | |
|--|---------------|--|---------------|
| Name of Reporting Carrier Sledge Telephone Company | | | |
| Signature of authorized officer  | | Date 12/4/2019 | |
| Printed name of authorized officer Robert O. Sledge, Jr. | | | |
| Title or position of authorized officer President | | | |
| Telephone number of authorized officer: (662) 569-3311 | | | |
| Study Area Code of Reporting Carrier | 280466 | Filing Due Date for this form (mm/dd/yyyy) | December 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | |
|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier 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 | |
| <p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BEN LOMAND RURAL TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Lisa Cope</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: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Lisa Cope</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager / CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 931-668-4131</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>290553</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

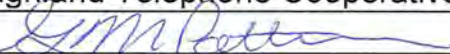
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: DEKALB TEL. COOP, INC. | | | | | |
| Signature of Authorized Officer or employee: Joe Mitchell | | | | <small>Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=jmitchell@staff-dtc.com,O=dekalb tel. coop, inc.,l=Alexandria TN 37012, Date:5/29/2019</small> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: Joe Mitchell | | | | | |
| Title or position of Authorized Officer or employee: Controller | | | | | |
| Telephone number of Authorized Officer or employee: 615-464-2254 | | | | | |
| Study Area Code of Reporting Carrier | 290562 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|---------------|--|---------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier 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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--|---------------|--|---------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier <i>Loretto Telephone Company, Inc.</i> | | | | |
| Signature of authorized officer <i>[Signature]</i> | | | Date | <i>5-20-19</i> |
| Printed name of authorized officer <i>Jason M. Shelton</i> | | | | |
| Title or position of authorized officer <i>General Manager, Assistant Secretary</i> | | | | |
| Telephone number of authorized officer: <i>831853-4351</i> | | | | |
| Study Area Code of Reporting Carrier | | <i>290570</i> | Filing Due Date for this form (mm/dd/yyyy) | <i>June 17 2019</i> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: NORTH CENTRAL TEL. COOP., INC. | | | | | |
| Signature of Authorized Officer or employee: Johnny McClanahan | | | | Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central tel. coop., inc.,l=Lafayette TN 37083, Date:5/20/2019 | |
| Date: 5/20/2019 | | | | | |
| Printed name of Authorized Officer or employee: Johnny McClanahan | | | | | |
| Title or position of Authorized Officer or employee: President and CEO | | | | | |
| Telephone number of Authorized Officer or employee: 615-666-2151 | | | | | |
| Study Area Code of Reporting Carrier | 290573 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: THE ARTHUR MUTUAL TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Eric Roughton</p> | | | | <p><small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l= , Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Eric Roughton</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/Sec'y/Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 419-393-2233</p> | | | | | |
| Study Area Code of Reporting Carrier | 300586 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: AYERSVILLE TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Phil Maag | | | | <small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel. co.,l= , Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Phil Maag | | | | | |
| Title or position of Authorized Officer or employee: Sec./Treas. & General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 419-395-2222 | | | | | |
| Study Area Code of Reporting Carrier | 300588 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--------|--|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier: Buckland Telephone Company | | | | |
| Signature of authorized officer: <i>Douglas G. Place</i> | | | Date | 05282019 |
| Printed name of authorized officer: Douglas G. Place | | | | |
| Title or position of authorized officer: General Manager | | | | |
| Telephone number of authorized officer: (419) 657-2222 ext. | | | | |
| Study Area Code of Reporting Carrier | 300591 | | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: THE CHAMPAIGN TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Tiffany Ebersold | | | | <small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l= , Date:5/21/2019</small> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Tiffany Ebersold | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 937-653-2263 | | | | | |
| Study Area Code of Reporting Carrier | 300594 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MCCLURE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Lance Miller</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Lance Miller</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 419-748-8032</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>300598</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CONNEAUT TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Deanna Brown | | | | <small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/29/2019</small> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: Deanna Brown | | | | | |
| Title or position of Authorized Officer or employee: CFO | | | | | |
| Telephone number of Authorized Officer or employee: 440-593-7138 | | | | | |
| Study Area Code of Reporting Carrier | 300606 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: DOYLESTOWN TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Thomas Brockman | | | | <small>Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=tbrockman@doylestowntelephone.com,O=doylestown tel. co., = , Date:5/22/2019</small> Date: 5/22/2019 | |
| Printed name of Authorized Officer or employee: Thomas Brockman | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 330-658-2121 | | | | | |
| Study Area Code of Reporting Carrier | 300609 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FORT JENNINGS TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Michael Metzger</p> | | | | <p>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</p> <p>Date: 5/29/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Michael Metzger</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 419-286-2181</p> | | | | | |
| Study Area Code of Reporting Carrier | 300614 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: GLANDORF TEL. CO., INC. | | | | | |
| Signature of Authorized Officer or employee: David Hunt | | | | <small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/28/2019</small> Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: David Hunt | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 419-538-6987 | | | | | |
| Study Area Code of Reporting Carrier | 300619 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: KALIDA TEL. CO., INC. | | | | | |
| Signature of Authorized Officer or employee: Chris Phillips <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> | | | | Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Chris Phillips | | | | | |
| Title or position of Authorized Officer or employee: Manager | | | | | |
| Telephone number of Authorized Officer or employee: 419-532-3218 | | | | | |
| Study Area Code of Reporting Carrier | 300625 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MIDDLE POINT HOME TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Bruce Hanson | | | | <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> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Bruce Hanson | | | | | |
| Title or position of Authorized Officer or employee: Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 320-847-2211 | | | | | |
| Study Area Code of Reporting Carrier | 300633 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MINFORD TEL. CO., INC. | | | | | |
| Signature of Authorized Officer or employee: Paula McGraw | | | | Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/20/2019 Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Paula McGraw | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 740-820-2151 | | | | | |
| Study Area Code of Reporting Carrier | 300634 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: THE NOVA TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Charles Mattingly</p> | | | | <p>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</p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Charles Mattingly</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 903-663-0099</p> | | | | | |
| Study Area Code of Reporting Carrier | 300644 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: THE OTTOVILLE MUTUAL TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: William Honigford</p> | | | | <p><small>Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=the ottoville mutual tel. co.,l=Ottoville OH 45876-0427, Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: William Honigford</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 419-453-3324</p> | | | | | |
| Study Area Code of Reporting Carrier | 300650 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PATTERSONVILLE TEL. CO.-OH</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Aaron Jones</p> | | | | <p><small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh,l=Carrollton OH 44615, Date:5/22/2019</small></p> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Aaron Jones</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 330-895-4391</p> | | | | | |
| Study Area Code of Reporting Carrier | 300651 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: RIDGEVILLE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Matthew Eggers</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: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Matthew Eggers</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President, Board of Directors</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 419-267-5185</p> | | | | | |
| Study Area Code of Reporting Carrier | 300654 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SYCAMORE TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Richard Ekleberry II | | | | <small>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel. co.,l= , Date:5/29/2019</small> | |
| Date: 5/29/2019 | | | | | |
| Printed name of Authorized Officer or employee: Richard Ekleberry II | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 419-927-6012 | | | | | |
| Study Area Code of Reporting Carrier | 300658 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TELEPHONE SERVICE CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bruce Hanson</p> | | | | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Bruce Hanson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 320-847-2211</p> | | | | | |
| Study Area Code of Reporting Carrier | 300659 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ALLBAND COMMUNICATIONS COOPERATIVE</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ron Siegel</p> | | | | <small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband communications cooperative,/= , Date:5/21/2019</small> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Ron Siegel</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 989-369-9870</p> | | | | | |
| Study Area Code of Reporting Carrier | 310542 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BARAGA TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Paul Stark</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:5/20/2019</small></p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Paul Stark</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 906-353-6644</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>310675</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BARRY COUNTY TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David Stoll</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: 5/29/2019</p> | |
| <p>Printed name of Authorized Officer or employee: David Stoll</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: GM/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 269-623-9971</p> | | | | | |
| Study Area Code of Reporting Carrier | 310676 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BLOOMINGDALE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Steve Shults</p> | | | | <p><small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdale.com.net,O=bloomingdale tel. co.,l=Bloomingdale MI 49026, Date:5/30/2019</small></p> <p>Date: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Steve Shults</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 269-521-7313</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>310679</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CARR TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Terri Bogner | | | | Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel. co.,l= , Date:5/20/2019 | |
| Date: 5/20/2019 | | | | | |
| Printed name of Authorized Officer or employee: Terri Bogner | | | | | |
| Title or position of Authorized Officer or employee: Secretary | | | | | |
| Telephone number of Authorized Officer or employee: 231-898-2244 | | | | | |
| Study Area Code of Reporting Carrier | 310683 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ACE TEL. CO. OF MI, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Todd Roesler</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Todd Roesler</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 507-896-6292</p> | | | | | |
| Study Area Code of Reporting Carrier | 310704 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MIDWAY TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Camie Nebel-Conklin</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: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Camie Nebel-Conklin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 906-387-9911</p> | | | | | |
| Study Area Code of Reporting Carrier | 310711 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: OGDEN TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Kristen Fisher | | | | <small>Digitally signed by Kristen Fisher DN:cn=Kristen Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l= , Date:5/29/2019</small> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: Kristen Fisher | | | | | |
| Title or position of Authorized Officer or employee: Secretary-Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 517-443-5595 | | | | | |
| Study Area Code of Reporting Carrier | 310714 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ONTONAGON COUNTY TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Camie Nebel-Conklin</p> | | | | <p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel. co.,l= , Date:5/28/2019</small></p> <p>Date: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Camie Nebel-Conklin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 906-387-9911</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 310717 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SAND CREEK TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Harvey Souders</p> | | | | <p><small>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</small></p> <p>Date: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Harvey Souders</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 517-436-3130</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 310725 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SPRINGPORT TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Cutler</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: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Mark Cutler</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Accountant</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 517-857-3100</p> | | | | | |
| Study Area Code of Reporting Carrier | 310728 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: UPPER PENINSULA TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Becky Schetter</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: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Becky Schetter</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 906-639-2111</p> | | | | | |
| Study Area Code of Reporting Carrier | 310732 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WALDRON TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Lucinda Bernath</p> | | | | <p>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</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Lucinda Bernath</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 517-286-6211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>310734</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WINN TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Graf</p> | | | | <p><small>Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winntel.com,O=winntel. co.,l=Winn MI 48896, Date:5/31/2019</small></p> <p>Date: 5/31/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Mark Graf</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 989-953-9876</p> | | | | | |
| Study Area Code of Reporting Carrier | 310737 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MICHIGAN CENTRAL BROADBAND COMPANY, LLC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Becky Schetter</p> | | | | <p>Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=michigan central broadband company, llc,lc=Carney MI 49812-0086, Date:5/30/2019</p> | |
| <p>Date: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Becky Schetter</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 906-639-2111</p> | | | | | |
| Study Area Code of Reporting Carrier | 310785 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BLOOMINGDALE HOME TELEPHONE COMPANY, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ronja Branson</p> | | | | <p><small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingtontel.com,O=bloomington home telephone company, inc.,l=Bloomington IN 47832, Date:5/22/2019</small></p> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Ronja Branson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 765-498-2000</p> | | | | | |
| Study Area Code of Reporting Carrier | 320742 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Darin LaCoursiere</p> | | | | <p><small>Digitally signed by Darin LaCoursiere DN: cn=Darin LaCoursiere, email=darint@weEndeavor.com, O=clay cty. rural tel coop inc d/b/a endeavor, l=Cloverdale IN 46120-0237, Date: 5/28/2019</small></p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Darin LaCoursiere</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President and CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 765-795-4261</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>320753</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CRAIGVILLE TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Lee Von Gunten</p> | | | | <p><small>Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel. co., inc.,l=Craigville IN 46731, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Lee Von Gunten</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 260-565-3131</p> | | | | | |
| Study Area Code of Reporting Carrier | 320756 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MONON TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bruce Hanway</p> | | | | <p><small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Bruce Hanway</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 219-253-6601</p> | | | | | |
| Study Area Code of Reporting Carrier | 320790 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MULBERRY COOP. TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Randy Maish</p> | | | | <p><small>Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop. tel. co., inc.,l=Mulberry IN 46058-0370, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Randy Maish</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 765-296-2885</p> | | | | | |
| Study Area Code of Reporting Carrier | 320792 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NEW LISBON TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Greene</p> | | | | <p><small>Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel. co., inc.,l=New Lisbon IN 47366, Date:5/30/2019</small></p> <p>Date: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: John Greene</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 765-332-2413</p> | | | | | |
| Study Area Code of Reporting Carrier | 320796 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NEW PARIS TEL., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Paul Penrose</p> | | | | <p><small>Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,l=New Paris IN 46553-0047, Date:5/30/2019</small></p> | |
| <p>Date: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Paul Penrose</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 574-831-7115</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>320797</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTHWESTERN INDIANA TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Thomas Long</p> | | | | <p><small>Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:5/29/2019</small></p> <p>Date: 5/29/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Thomas Long</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 219-996-2981</p> | | | | | |
| Study Area Code of Reporting Carrier | 320800 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Anthony Clark</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: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Anthony Clark</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 812-667-5100</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>320819</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SUNMAN TELECOMM. CORP. dba ENHANCED TELECOMM. | | | | | |
| Signature of Authorized Officer or employee: Michael Alig | | | | <small>Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm. corp. dba enhanced telecomm.,l=Sunman IN 47041, Date:5/29/2019</small> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: Michael Alig | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 812-623-2122 | | | | | |
| Study Area Code of Reporting Carrier | 320825 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SWEETSER RURAL TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Scott Winger</p> | | | | <p><small>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</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Scott Winger</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 765-384-4311</p> | | | | | |
| Study Area Code of Reporting Carrier | 320827 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | |
|--|---------------|--|----------------|
| Name of Reporting Carrier <u>Washington County Rural Telephone Coop Inc</u> | | | |
| Signature of authorized officer <u>[Signature]</u> | | Date | <u>5/16/19</u> |
| Printed name of authorized officer <u>Roland King</u> | | | |
| Title or position of authorized officer <u>President</u> | | | |
| Telephone number of authorized officer: <u>812-967-3171</u> ext. | | | |
| Study Area Code of Reporting Carrier | <u>320824</u> | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: AMERY TELCOM, INC. | | | | | |
| Signature of Authorized Officer or employee: Michael Jensen <small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/17/2019</small> | | | | Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Michael Jensen | | | | | |
| Title or position of Authorized Officer or employee: President & General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 715-268-7101 | | | | | |
| Study Area Code of Reporting Carrier | 330842 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: AMHERST TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Carl Bohman</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: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Carl Bohman</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-824-5529</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 330843 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BELMONT TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Deb Egli</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: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Deb Egli</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 608-744-3500</p> | | | | | |
| Study Area Code of Reporting Carrier | 330847 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BERGEN TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brad Ellefson</p> | | | | <p>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</p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Brad Ellefson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 262-736-9981</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>330848</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CHEQUAMEGON COMMUNICATIONS COOPERATIVE, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Thompson</p> | | | | <p><small>Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Robert Thompson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-798-3303</p> | | | | | |
| Study Area Code of Reporting Carrier | 330860 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CHIBARDUN TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: N. Scott Behn</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: N. Scott Behn</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-458-5400</p> | | | | | |
| Study Area Code of Reporting Carrier | 330861 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: COCHRANE COOP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Gina Tomlinson</p> | | | | <p><small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop. tel. co.,l=Cochrane WI 54622-0189, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Gina Tomlinson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 608-248-2323</p> | | | | | |
| Study Area Code of Reporting Carrier | 330866 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: COON VALLEY FARMERS TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Carol Olson</p> | | | | <p><small>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers tel. co., inc.,l=Coon Valley WI 54623-0398, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Carol Olson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 608-452-3101</p> | | | | | |
| Study Area Code of Reporting Carrier | 330868 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CUBA CITY TEL. EXCH. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Deb Egli</p> | | | | <p>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city tel. exch. co.,l=Cuba City WI 53807, Date:5/28/2019</p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Deb Egli</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 608-744-3500</p> | | | | | |
| Study Area Code of Reporting Carrier | 330872 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS IND. TEL. CO.-WI</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Anderson</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Mark Anderson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager and Compliance Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-463-5322</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>330879</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: LAKEFIELD TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Robert Webb | | | | <small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=lakefield telephone company,l=Green Bay WI 54307-9079, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Robert Webb | | | | | |
| Title or position of Authorized Officer or employee: Vice President/COO | | | | | |
| Telephone number of Authorized Officer or employee: 920-617-7351 | | | | | |
| Study Area Code of Reporting Carrier | 330896 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LA VALLE TEL. COOP.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Gregory Rockweiler</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Gregory Rockweiler</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Assistant Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 608-985-7201</p> | | | | | |
| Study Area Code of Reporting Carrier | 330899 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Donna Rezin</p> | | | | <p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=Lemonweir valley tel. co.,l=Camp Douglas WI 54618, Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Donna Rezin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 608-427-6515</p> | | | | | |
| Study Area Code of Reporting Carrier | 330900 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: LAKELAND COMMUNICATIONS GROUP, LLC-LUCK | | | | | |
| Signature of Authorized Officer or employee: Crystal Morley | | | | <small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland communications group, llc-luck,l=Milltown WI 54858, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Crystal Morley | | | | | |
| Title or position of Authorized Officer or employee: Accounting Manager | | | | | |
| Telephone number of Authorized Officer or employee: 715-825-5105 | | | | | |
| Study Area Code of Reporting Carrier | 330902 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--------|--|---------------|--|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier Lakeland Communications Group, LLC | | | | |
| Signature of authorized officer <i>Crystal Morley</i> | | Date 12/4/2019 | | |
| Printed name of authorized officer Crystal Morley | | | | |
| Title or position of authorized officer Accounting Manager | | | | |
| Telephone number of authorized officer: (715) 825-5105 ext. | | | | |
| Study Area Code of Reporting Carrier | 330902 | Filing Due Date for this form (mm/dd/yyyy) | December 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MANAWA TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Justin Huebner</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: 5/29/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Justin Huebner</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Executive Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-421-8140</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 330905 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NIAGARA TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Webb</p> | | | | <p><small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=niagara telephone company,l=Green Bay WI 54307-9079, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Robert Webb</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 920-617-7351</p> | | | | | |
| Study Area Code of Reporting Carrier | 330920 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BAYLAND TELEPHONE, LLC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Webb</p> | | | | <p><small>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</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Robert Webb</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 920-617-7351</p> | | | | | |
| Study Area Code of Reporting Carrier | 330925 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PRICE COUNTY TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Thompson</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Robert Thompson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-798-3303</p> | | | | | |
| Study Area Code of Reporting Carrier | 330937 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTHEAST TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Webb</p> | | | | <p><small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=northeast tel. co.,l=Green Bay WI 54307-9079, Date:5/17/2019</small></p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Robert Webb</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 920-617-7351</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>330938</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|--|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SPRING VALLEY TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Carol Anderson</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Carol Anderson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Assistant Manager/Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-778-4433</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>330953</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Cheryl Rue</p> | | | | <p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Cheryl Rue</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-695-2691</p> | | | | | |
| Study Area Code of Reporting Carrier | 330960 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: UNION TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Katherine Kehl</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Katherine Kehl</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-335-6301</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: VERNON COMMUNICATIONS COOPERATIVE | | | | | |
| Signature of Authorized Officer or employee: Rodney Olson | | | | <small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Rodney Olson | | | | | |
| Title or position of Authorized Officer or employee: CEO & General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 608-634-7421 | | | | | |
| Study Area Code of Reporting Carrier | 330966 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WITTENBERG TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Linda Garbelman</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: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Linda Garbelman</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO/Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 715-253-2115</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>330973</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ADAMS TEL. COOP.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: James Broemmer Jr.</p> | | | | <p><small>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbrommer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: James Broemmer Jr.</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 217-696-4411</p> | | | | | |
| Study Area Code of Reporting Carrier | 340976 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ALHAMBRA - GRANTFORK TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kevin Osterbur</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kevin Osterbur</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 618-488-2165</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>340978</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CAMBRIDGE TEL. CO.-IL | | | | | |
| Signature of Authorized Officer or employee: Scott Rubins | | | | <small>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</small> Date: 5/23/2019 | |
| Printed name of Authorized Officer or employee: Scott Rubins | | | | | |
| Title or position of Authorized Officer or employee: Vice President Management Services | | | | | |
| Telephone number of Authorized Officer or employee: 309-944-2103 | | | | | |
| Study Area Code of Reporting Carrier | 340983 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CASS TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tom Allen</p> | | | | <p><small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tom.allen@casscabletv.com,O=cass telephone company,l=Virginia IL 62691, Date:5/21/2019</small></p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Tom Allen</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/Chief Operating Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 217-452-7800</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>340984</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|----------------------------------|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier | CLARKSVILLE MUTUAL TELEPHONE CO. | | |
| Signature of authorized officer | <i>Patricia Rhoads</i> | Date | 5-29-19 |
| Printed name of authorized officer | PATRICIA RHOADS | | |
| Title or position of authorized officer | SECRETARY - TREASURER | | |
| Telephone number of authorized officer | 27889-3822 | | |
| Study Area Code of Reporting Carrier | 340996 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FLAT ROCK TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kevin Jacobsen</p> | | | | <small>Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=flat rock tel. coop., inc.,l=Steeleville IL 62288-0158, Date:5/21/2019</small> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Kevin Jacobsen</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Executive Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 618-774-1000</p> | | | | | |
| Study Area Code of Reporting Carrier | 341012 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GENESEO TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Scott Rubins</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: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Scott Rubins</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President Management Services</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 309-944-2103</p> | | | | | |
| Study Area Code of Reporting Carrier | 341016 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|---|----------------------------|--|--|--------------|-----------|
| Name of Reporting Carrier | Glasford Telephone Company | | | | |
| Signature of authorized officer | <i>Duane R. Goetze</i> | | | Date | 5/30/2019 |
| Printed name of authorized officer | Duane Goetze | | | | |
| Title or position of authorized officer | President | | | | |
| Telephone number of authorized officer: | (309) 389-2111, ext. | | | | |
| Study Area Code of Reporting Carrier | 341017 | | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: GRAFTON TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Leigh Sickinger | | | | <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> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Leigh Sickinger | | | | | |
| Title or position of Authorized Officer or employee: Vice President | | | | | |
| Telephone number of Authorized Officer or employee: 618-786-3400 | | | | | |
| Study Area Code of Reporting Carrier | 341020 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

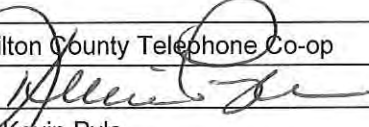
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SHAWNEE TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: James Grisham</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: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: James Grisham</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 618-276-4211</p> | | | | | |
| Study Area Code of Reporting Carrier | 341025 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: KINSMAN MUTUAL TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Michelle Baudino | | | | <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> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: Michelle Baudino | | | | | |
| Title or position of Authorized Officer or employee: Secretary/Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 815-392-4210 | | | | | |
| Study Area Code of Reporting Carrier | 341041 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LA HARPE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Todd Irish</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Todd Irish</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 217-659-7721</p> | | | | | |
| Study Area Code of Reporting Carrier | 341043 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LEAF RIVER TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Aaron Palmer</p> | | | | <p><small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lmet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/30/2019</small></p> <p>Date: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Aaron Palmer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 815-738-2216</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 341045 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LEONORE MUTUAL TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Donna Naas</p> | | | | <p>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmte@lmte.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/30/2019</p> | |
| <p>Date: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Donna Naas</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 815-856-3164</p> | | | | | |
| Study Area Code of Reporting Carrier | 341046 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MCNABB TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Roger Pletsch | | | | <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> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: Roger Pletsch | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 815-882-2201 | | | | | |
| Study Area Code of Reporting Carrier | 341048 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MARSEILLES TEL. CO. OF MARS. | | | | | |
| Signature of Authorized Officer or employee: Ann Dickerson | | | | <small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:5/27/2019</small> Date: 5/27/2019 | |
| Printed name of Authorized Officer or employee: Ann Dickerson | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 309-367-4197 | | | | | |
| Study Area Code of Reporting Carrier | 341050 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MONTROSE MUTUAL TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Barry Adair</p> | | | | <p>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</p> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Barry Adair</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: EVP/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 618-665-3311</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>341058</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | | | | | |
|--|--|--------|--|---|----------------------|--------------|--|-----------|--|
| Name of Reporting Carrier | | | | | NEW WINDSOR TEL, CO. | | | | |
| Signature of authorized officer | | | | <i>Kirby Willems</i> | | Date | | 5-30-2019 | |
| Printed name of authorized officer | | | | KIRBY WILLEMS | | | | | |
| Title or position of authorized officer | | | | SECRETARY | | | | | |
| Telephone number of authorized officer: | | | | (309) 667-2712 | | | | | |
| 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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: ONEIDA TEL. EXCHANGE | | | | | |
| Signature of Authorized Officer or employee: Gary Peterson | | | | <small>Digitally signed by Gary Peterson DN:cn=Gary Peterson,email=wins5@winco.net,O=oneida tel. exchange, = , Date:5/16/2019</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Gary Peterson | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 309-483-6418 | | | | | |
| Study Area Code of Reporting Carrier | 341066 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: REYNOLDS TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Jace Taylor <small>Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/23/2019</small> | | | | Date: 5/23/2019 | |
| Printed name of Authorized Officer or employee: Jace Taylor | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 309-372-4214 | | | | | |
| Study Area Code of Reporting Carrier | 341075 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TONICA TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Lloyd Vogel</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: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Lloyd Vogel</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 815-442-9901</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>341086</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WABASH TEL COOP, INC. DBA WABASH COMM CO-OP</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Barry Adair</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, =Louisville IL 62858, Date:5/22/2019</p> | |
| <p>Date: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Barry Adair</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: EVP/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 618-665-3311</p> | | | | | |
| Study Area Code of Reporting Carrier | 341088 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: STELLE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Candice Chaffee</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: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Candice Chaffee</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Financial /Admin Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 815-256-2345</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 341092 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | |
|--|---------------|---|----------------|
| Name of Reporting Carrier <u>Arcadia Telephone Cooperative</u> | | | |
| Signature of authorized officer <u>Mark Slechta</u> | | Date | <u>5-24-19</u> |
| Printed name of authorized officer <u>Mark Slechta</u> | | | |
| Title or position of authorized officer <u>GM</u> | | | |
| Telephone number of authorized officer: <u>(721) 689-7238 ext.</u> | | | |
| Study Area Code of Reporting Carrier | <u>351098</u> | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | |
|--|--|---|------------------------|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | |
| Name of Reporting Carrier Westside Independent Telephone Company | | | | |
| Signature of authorized officer <i>Kevin Skinner</i> | | | Date 12/03/2019 | |
| Printed name of authorized officer Kevin Skinner | | | | |
| Title or position of authorized officer CFO | | | | |
| Telephone number of authorized officer: (712) 673-2311 | | | | |
| Study Area Code of Reporting Carrier 351100 | | Filing Due Date for this form (mm/dd/yyyy) December 2019 | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ATKINS TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Gerald Spaight</p> | | | | <p>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</p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Gerald Spaight</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager / Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-446-7331</p> | | | | | |
| Study Area Code of Reporting Carrier | 351101 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: AYRSHIRE FMRS. MUT. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Donald Miller</p> | | | | <p><small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire fmrs. mut. tel. co.,l=Ayrshire IA 50515-0248, Date:5/23/2019</small></p> | |
| <p>Date: 5/23/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Donald Miller</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-776-2222</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351105 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BALDWIN-NASHVILLE TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brian Rickels</p> | | | | <p><small>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville tel. co., inc.,l=Baldwin IA 52207-0050, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Brian Rickels</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-673-6001</p> | | | | | |
| Study Area Code of Reporting Carrier | 351107 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BREDA TEL. CORPORATION</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kevin Skinner</p> | | | | <p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=breda tel. corporation,l=Breda IA 51436-0109, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Kevin Skinner</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-673-2311</p> | | | | | |
| Study Area Code of Reporting Carrier | 351112 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: BROOKLYN MUTUAL TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Tim Atkinson | | | | <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> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Tim Atkinson | | | | | |
| Title or position of Authorized Officer or employee: General Manager/Compliance Officer | | | | | |
| Telephone number of Authorized Officer or employee: 641-522-9211 | | | | | |
| Study Area Code of Reporting Carrier | 351113 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: BUTLER-BREMER MUT. TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Richard McBurney | | | | <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> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Richard McBurney | | | | | |
| Title or position of Authorized Officer or employee: CEO | | | | | |
| Telephone number of Authorized Officer or employee: 319-276-4458 | | | | | |
| Study Area Code of Reporting Carrier | 351115 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CENTER JUNCTION TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Russ Benke</p> | | | | <p><small>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=center junction tel. co., inc.,l=Center Junction IA 52212, Date:5/20/2019</small></p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Russ Benke</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-487-2631</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351121 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CITIZENS MUTUAL TELEPHONE COOPERATIVE</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Joe Snyder</p> | | | | <p><small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual telephone cooperative,l=Bloomfield IA 52537, Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Joe Snyder</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 641-664-2074</p> | | | | | |
| Study Area Code of Reporting Carrier | 351129 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CLEAR LAKE INDP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Thomas Lovell</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: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Thomas Lovell</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 641-357-2111</p> | | | | | |
| Study Area Code of Reporting Carrier | 351132 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: C-M-L TEL. COOP. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bruce Johnson</p> | | | | <p><small>Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel. coop. assn.,l=Meriden IA 51037-0018, Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Bruce Johnson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-443-8222</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351133 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CUMBERLAND TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Vickie Adams</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: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Vickie Adams</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Office Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-774-2221</p> | | | | | |
| Study Area Code of Reporting Carrier | 351146 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DANVILLE MUT. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Timothy FencI</p> | | | | <p><small>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfenci@danvilletelco.net,O=danville mut. tel. co.,l=Danville IA 52623, Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Timothy FencI</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager & CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-392-4251</p> | | | | | |
| Study Area Code of Reporting Carrier | 351147 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS MUTUAL COOPERATIVE TEL CO (DEFIANCE)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Thomas Conry</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: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Thomas Conry</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-744-3131</p> | | | | | |
| Study Area Code of Reporting Carrier | 351149 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DUNKERTON TEL. COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Sue Bruns</p> | | | | <p><small>Digitally signed by Sue Bruns DN:cn=Sue Bruns,email=sue@dunkerton.net,O=dunkerton tel. coop., inc.,l=Dunkerton IA 50626, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Sue Bruns</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-822-4512</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351153 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: EAST BUCHANAN TEL. COOP.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Butch Rorabaugh</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Butch Rorabaugh</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-935-3011</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351156</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ELLSWORTH COOP. TEL. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Joshua Angove</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: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Joshua Angove</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 515-836-4431</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351157 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS MUTUAL COOP TEL CO- HARLAN</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Thomas Conry</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: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Thomas Conry</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-744-3131</p> | | | | | |
| Study Area Code of Reporting Carrier | 351168 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: FARMERS MUTUAL COOP. TEL. CO.-MOULTON | | | | | |
| Signature of Authorized Officer or employee: Tammy Wheeler | | | | <small>Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop. tel. co.-moulton,l=Moulton IA 52572, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Tammy Wheeler | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 641-642-3249 | | | | | |
| Study Area Code of Reporting Carrier | 351169 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS MUTUAL TEL. CO.-JESUP</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tony Lang</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: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Tony Lang</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-827-1151</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351171</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS MUTUAL TEL. COOP.-SHELLSBURG</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Curtis Eldred</p> | | | | <p><small>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</small></p> <p>Date: 5/29/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Curtis Eldred</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-436-2224</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351173</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

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

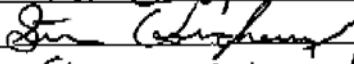
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS TEL. CO.-ESSEX</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tim Hill</p> | | | | <p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex, Essex IA 51638, Date:5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Tim Hill</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-379-3001</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351176</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS TEL. CO.-RICEVILLE</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Josh Hveem</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: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Josh Hveem</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 641-765-4201</p> | | | | | |
| Study Area Code of Reporting Carrier | 351177 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|---|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier | Fenton Co-op Tel. Co. | | |
| Signature of authorized officer |  | Date | 5-24-19 |
| Printed name of authorized officer | Steven C Longhency | | |
| Title or position of authorized officer | GM | | |
| Telephone number of authorized officer: () - , ext. | 515-889-2785 | | |
| Study Area Code of Reporting Carrier | 351179 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

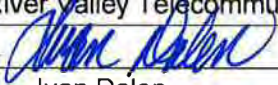
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: GRISWOLD COOP. TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Amy McLaren <small>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold coop. tel. co.,l=Griswold IA 51535-0640, Date:5/17/2019</small> | | | | Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Amy McLaren | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 712-778-2121 | | | | | |
| Study Area Code of Reporting Carrier | 351195 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|---------|---|---|---------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HAWKEYE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David Byers</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: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: David Byers</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: COO/Assistant Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-539-2122</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351199</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: HOSPERS TEL. EXCHANGE, INC. | | | | | |
| Signature of Authorized Officer or employee: Doug Boone | | | | <small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=hospers tel. exchange, inc.,l=Sioux Center IA 51250, Date:5/20/2019</small> | |
| Date: 5/20/2019 | | | | | |
| Printed name of Authorized Officer or employee: Doug Boone | | | | | |
| Title or position of Authorized Officer or employee: Chief Executive Officer | | | | | |
| Telephone number of Authorized Officer or employee: 712-722-3451 | | | | | |
| Study Area Code of Reporting Carrier | 351202 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: KALONA COOP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Casey Peck</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: 5/24/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Casey Peck</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-656-3668</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351214 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: KEYSTONE FRMS. COOP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Byran Kimm</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: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Byran Kimm</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-442-3241</p> | | | | | |
| Study Area Code of Reporting Carrier | 351217 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LA PORTE CITY TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Chris Hopp</p> | | | | <p>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</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Chris Hopp</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Executive Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-245-4480</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351220</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LA MOTTE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: JoAnne Gregorich</p> | | | | <p><small>Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=la motte tel. co., l=LaMotte IA 52054, Date: 5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: JoAnne Gregorich</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-773-2213</p> | | | | | |
| Study Area Code of Reporting Carrier | 351222 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: LEHIGH VALLEY COOP. TEL. ASSN. | | | | | |
| Signature of Authorized Officer or employee: Jim Suchan | | | | <small>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop. tel. assn.,l=Lehigh IA 50557-0137, Date:5/16/2019</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Jim Suchan | | | | | |
| Title or position of Authorized Officer or employee: Chief Executive Officer | | | | | |
| Telephone number of Authorized Officer or employee: 515-359-2211 | | | | | |
| Study Area Code of Reporting Carrier | 351225 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LONE ROCK COOP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dan Meyer</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: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Dan Meyer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 515-925-3271</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351228 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LOST NATION-ELWOOD TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jan Muhl</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jan Muhl</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-678-2470</p> | | | | | |
| Study Area Code of Reporting Carrier | 351229 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: NORTHEAST IOWA TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: David Byers | | | | <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> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: David Byers | | | | | |
| Title or position of Authorized Officer or employee: COO/Assistant Secretary | | | | | |
| Telephone number of Authorized Officer or employee: 563-539-2122 | | | | | |
| Study Area Code of Reporting Carrier | 351230 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS MUTUAL COOPERATIVE TEL CO (MANILLA)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Thomas Conry</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Thomas Conry</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-744-3131</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351235</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MARNE & ELK HORN TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Janell Hansen</p> | | | | <p><small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metcteam.com,O=marne & elk horn tel. co.,l=Elk Horn IA 51531, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Janell Hansen</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-764-6161</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351237 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|--|---|---------|
| Name of Reporting Carrier | | | | Miles Cooperative Telephone Association | |
| Signature of authorized officer | | | Date | | 5/24/19 |
| Printed name of authorized officer | | | | | |
| Scott Boehde | | | | | |
| Title or position of authorized officer | | | | | |
| General Manager / Compliance Officer | | | | | |
| Telephone number of authorized officer: 563-682-7111 ext. | | | | | |
| Study Area Code of Reporting Carrier | | 351242 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MINBURN TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Debra Lucht | | | | <small>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</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Debra Lucht | | | | | |
| Title or position of Authorized Officer or employee: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 515-677-2264 | | | | | |
| Study Area Code of Reporting Carrier | 351245 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MINERVA VALLEY TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Levi Bappe</p> | | | | <p>Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvity@netins.net,O=minerva valley tel. co., inc.,l=Zearing IA 50278-0176, Date:5/24/2019</p> | |
| <p>Date: 5/24/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Levi Bappe</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 641-487-7399</p> | | | | | |
| Study Area Code of Reporting Carrier | 351246 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MODERN COOP. TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Jeffrey Brower | | | | <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> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Jeffrey Brower | | | | | |
| Title or position of Authorized Officer or employee: General Manager/COO | | | | | |
| Telephone number of Authorized Officer or employee: 319-667-2375 | | | | | |
| Study Area Code of Reporting Carrier | 351247 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MUTUAL TEL. CO. OF MORNING SUN</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Randy Foor</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Randy Foor</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Executive Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-868-7636</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351250</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MEDIAPOLIS TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Angie Rupe | | | | <small>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</small> Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Angie Rupe | | | | | |
| Title or position of Authorized Officer or employee: Office Manager & CFO | | | | | |
| Telephone number of Authorized Officer or employee: 319-394-3456 | | | | | |
| Study Area Code of Reporting Carrier | 351251 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|--|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTH ENGLISH COOP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Reed Ostenberg</p> | | | | <p><small>Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop. tel. co., North English IA 52316, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Reed Ostenberg</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-664-3821</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351257</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTHWEST IOWA TELEPHONE, LLC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Paul Bergmann</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Paul Bergmann</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-271-5535</p> | | | | | |
| Study Area Code of Reporting Carrier | 351260 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: NORTHWEST TEL. COOP. | | | | | |
| Signature of Authorized Officer or employee: Donald Miller <small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel. coop.,l= , Date:5/23/2019</small> | | | | Date: 5/23/2019 | |
| Printed name of Authorized Officer or employee: Donald Miller | | | | | |
| Title or position of Authorized Officer or employee: CEO | | | | | |
| Telephone number of Authorized Officer or employee: 712-776-2222 | | | | | |
| Study Area Code of Reporting Carrier | 351261 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: OLIN TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Frank Wood</p> | | | | <p>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</p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Frank Wood</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-484-2200</p> | | | | | |
| Study Area Code of Reporting Carrier | 351264 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ONSLow COOP. TEL. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Russ Benke</p> | | | | <p><small>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</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Russ Benke</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-485-2833</p> | | | | | |
| Study Area Code of Reporting Carrier | 351265 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PALO COOPERATIVE TELEPHONE ASSOCIATION</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Erin Petersen</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/24/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Erin Petersen</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-851-3431</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351269</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PALMER MUTUAL TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Andy Peterson | | | | <small>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Andy Peterson | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 712-359-2411 | | | | | |
| Study Area Code of Reporting Carrier | 351270 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PRESTON TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: MaryBeth Heister | | | | <small>Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=rogerak@prestontel.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/21/2019</small> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: MaryBeth Heister | | | | | |
| Title or position of Authorized Officer or employee: Secretary-Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 563-689-3811 | | | | | |
| Study Area Code of Reporting Carrier | 351276 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: RADCLIFFE TEL. CO., INC. | | | | | |
| Signature of Authorized Officer or employee: Edwin Drake | | | | <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> Date: 5/22/2019 | |
| Printed name of Authorized Officer or employee: Edwin Drake | | | | | |
| Title or position of Authorized Officer or employee: Manager | | | | | |
| Telephone number of Authorized Officer or employee: 515-899-2341 | | | | | |
| Study Area Code of Reporting Carrier | 351277 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: RINGSTED TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Aaron McCartan <small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:5/22/2019</small> | | | | Date: 5/22/2019 | |
| Printed name of Authorized Officer or employee: Aaron McCartan | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 712-866-8000 | | | | | |
| Study Area Code of Reporting Carrier | 351280 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

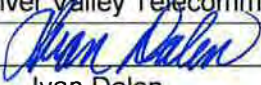
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ROCKWELL COOP. TEL. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David Severin</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: David Severin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Mgr/Assist Secretary-Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 641-822-3212</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351282 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SAC COUNTY MUTUAL TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ronald Sorensen</p> | | | | <p><small>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual tel. co.,l=Odebolt IA 51458, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Ronald Sorensen</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Compliance Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-668-2200</p> | | | | | |
| Study Area Code of Reporting Carrier | 351285 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SCHALLER TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Missy Kestel | | | | <small>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel. co.,l=schaller IA 51053, Date:5/16/2019</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Missy Kestel | | | | | |
| Title or position of Authorized Officer or employee: Accounting General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 712-275-4211 | | | | | |
| Study Area Code of Reporting Carrier | 351291 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SCRANTON TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Allen Jacob</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: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Allen Jacob</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-652-3355</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351294</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SOUTH SLOPE COOP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Chuck Deisbeck</p> | | | | <p><small>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop. tel. co.,l=North Liberty IA 52317, Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Chuck Deisbeck</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-626-2211</p> | | | | | |
| Study Area Code of Reporting Carrier | 351298 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SPRINGVILLE COOP. TEL. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jean Schilling</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jean Schilling</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Office Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-854-6107</p> | | | | | |
| Study Area Code of Reporting Carrier | 351302 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SOUTH SLOPE COOP TEL CO-SWISHER</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Chuck Deisbeck</p> | | | | <p>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel co-swisher,l=North Liberty IA 52317, Date:5/21/2019</p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Chuck Deisbeck</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-626-2211</p> | | | | | |
| Study Area Code of Reporting Carrier | 351304 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SULLY TEL. ASSOC. | | | | | |
| Signature of Authorized Officer or employee: Earl "Jack" De Angelo | | | | <small>Digitally signed by Earl "Jack" De Angelo DN:cn=Earl "Jack" De Angelo,email=jackd@sullytel.com,O=sully tel. assoc.,l=Sully IA 50251, Date:5/16/2019</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Earl "Jack" De Angelo | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 641-594-2905 | | | | | |
| Study Area Code of Reporting Carrier | 351306 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SUPERIOR TEL. COOP. | | | | | |
| Signature of Authorized Officer or employee: Cheryl Noble <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> | | | | Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Cheryl Noble | | | | | |
| Title or position of Authorized Officer or employee: Office Manager | | | | | |
| Telephone number of Authorized Officer or employee: 712-858-4591 | | | | | |
| Study Area Code of Reporting Carrier | 351307 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | |
|--|---------------|--|---|--------------|
| Name of Reporting Carrier 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 | | | | |
| 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. | | | | |

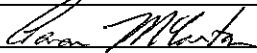
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: TITONKA TEL. CO. DBA TITONKA-BURT COMM | | | | | |
| Signature of Authorized Officer or employee: Vicky Nelson | | | | <small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka tel. co. dba titonka-burt comm, =Titonka IA 50480-0321, Date:5/21/2019</small> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Vicky Nelson | | | | | |
| Title or position of Authorized Officer or employee: Secretary-Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 515-928-2110 | | | | | |
| Study Area Code of Reporting Carrier | 351310 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|--|--------|--|--|------------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | |
| Name of Reporting Carrier Titonka Telephone Company | | | | |
| Signature of authorized officer  | | | Date | 07/10/2019 |
| Printed name of authorized officer Aaron McCartan | | | | |
| Title or position of authorized officer General Manager | | | | |
| Telephone number of authorized officer: (515) 928-2110, ext. | | | | |
| Study Area Code of Reporting Carrier | 351310 | | Filing Due Date for this form (mm/dd/yyyy) | July 2019 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: VAN HORNE COOP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kerry Less</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: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Kerry Less</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO - Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-228-8791</p> | | | | | |
| Study Area Code of Reporting Carrier | 351320 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: VENTURA TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Thomas Lovell</p> | | | | <p>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel. co., inc.,l=Clear Lake IA 50428-0066, Date:5/16/2019</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Thomas Lovell</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 641-357-2111</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351322</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kevin Cabbage</p> | | | | <p><small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmcnet.com,O=farmers mutual telephone co. of stanton, iowa,l=Stanton IA 51573-0220, Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Kevin Cabbage</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-829-2111</p> | | | | | |
| Study Area Code of Reporting Carrier | 351324 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

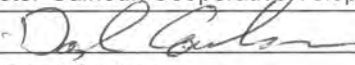
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WEBSTER-CALHOUN COOP. TEL. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Daryl Carlson</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: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Daryl Carlson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Executive Vice President/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 515-352-3151</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351328 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | |
|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier Webster-Calhoun Cooperative Telephone Association | | | |
| Signature of authorized officer  | | Date 12/9/2019 | |
| Printed name of authorized officer Daryl Carlson | | | |
| Title or position of authorized officer EVP General Manager | | | |
| Telephone number of authorized officer: (515) 352-3151 | | | |
| Study Area Code of Reporting Carrier 351328 | | Filing Due Date for this form (mm/dd/yyyy) December 2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: WEST IOWA TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Robert Gannon | | | | <small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Robert Gannon | | | | | |
| Title or position of Authorized Officer or employee: Chief Executive Officer | | | | | |
| Telephone number of Authorized Officer or employee: 712-786-5572 | | | | | |
| Study Area Code of Reporting Carrier | 351331 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WEST LIBERTY TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jerry Melick</p> | | | | <p><small>Digitally signed by Jerry Melick DN:cn=Jerry Melick,email=jsmelick@corp.lcom.net,O=west liberty tel. co.,l= , Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jerry Melick</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 319-627-2145</p> | | | | | |
| Study Area Code of Reporting Carrier | 351332 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WESTERN IOWA TEL. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Heath Mallory</p> | | | | <p>Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa tel. assn.,l=Lawton IA 51030-0038, Date:5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Heath Mallory</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-944-5711</p> | | | | | |
| Study Area Code of Reporting Carrier | 351334 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WESTSIDE INDP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kevin Skinner</p> | | | | <p>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</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kevin Skinner</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-673-2311</p> | | | | | |
| Study Area Code of Reporting Carrier | 351335 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WILTON TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Stacie Harris</p> | | | | <p>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</p> | |
| <p>Date: 5/31/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Stacie Harris</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-732-3000</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351336</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WYOMING MUTUAL TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Debra Williams</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: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Debra Williams</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Office Manager/Board Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 563-488-2535</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351343 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PRAIRIE TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kevin Skinner</p> | | | | <p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=prairie tel. co., inc.,l=Breda IA 51436-0109, Date:5/16/2019</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Kevin Skinner</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-673-2311</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--------|--|--|-----------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MABEL COOP. TEL. CO.-IA | | | | | |
| Signature of Authorized Officer or employee: Julie Kolka <div> <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> </div> | | | | Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Julie Kolka | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 507-493-5411 | | | | | |
| Study Area Code of Reporting Carrier | 351424 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CITY OF BARNESVILLE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Guy Swenson</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>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Guy Swenson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: TEC Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 218-354-2292</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361353 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CLARA CITY TEL. EXCH. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bruce Hanson</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Bruce Hanson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 320-847-2211</p> | | | | | |
| Study Area Code of Reporting Carrier | 361370 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CONSOLIDATED TEL. CO.-MN</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Roach</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: 5/19/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Mark Roach</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 218-454-1104</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361373</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DUNNELL TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Charles Mattingly</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Charles Mattingly</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Managing Member</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 903-663-0099</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361381</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FARMERS MUTUAL TEL. CO.-BELLINGHAM</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kevin Beyer</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: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Kevin Beyer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 320-568-2105</p> | | | | | |
| Study Area Code of Reporting Carrier | 361389 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|---|----------------------------|------------|
| Name of Reporting Carrier | | | | 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 | | | | | |
| 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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: GARDONVILLE COOP. TEL. ASSN. | | | | | |
| Signature of Authorized Officer or employee: David Wolf | | | | <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> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: David Wolf | | | | | |
| Title or position of Authorized Officer or employee: CEO and General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 320-524-2211 | | | | | |
| Study Area Code of Reporting Carrier | 361396 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HALSTAD TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Forseth</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: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Mark Forseth</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 218-456-2125</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361401 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: FEDERATED TELEPHONE COOPERATIVE | | | | | |
| Signature of Authorized Officer or employee: Kevin Beyer <small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated telephone cooperative,l=Chokio MN 56221, Date:5/23/2019</small> | | | | Date: 5/23/2019 | |
| Printed name of Authorized Officer or employee: Kevin Beyer | | | | | |
| Title or position of Authorized Officer or employee: CEO | | | | | |
| Telephone number of Authorized Officer or employee: 320-324-7111 | | | | | |
| Study Area Code of Reporting Carrier | 361403 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: KASSON & MANTORVILLE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Beth Tollefson</p> | | | | <p><small>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville tel. co.,l= , Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Beth Tollefson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 507-634-2511</p> | | | | | |
| Study Area Code of Reporting Carrier | 361412 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: LISMORE COOPERATIVE TELEPHONE CO. | | | | | |
| Signature of Authorized Officer or employee: Tarri Joens | | | | <small>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</small> | |
| Date: 5/22/2019 | | | | | |
| Printed name of Authorized Officer or employee: Tarri Joens | | | | | |
| Title or position of Authorized Officer or employee: Office Manager | | | | | |
| Telephone number of Authorized Officer or employee: 507-472-8748 | | | | | |
| Study Area Code of Reporting Carrier | 361419 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

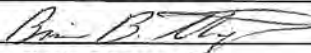
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CHRISTENSEN COMMUNICATIONS COMPANY | | | | | |
| Signature of Authorized Officer or employee: Brent Christensen | | | | <small>Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen communications company,l= , Date:5/17/2019</small> | |
| Date: 5/17/2019 | | | | | |
| Printed name of Authorized Officer or employee: Brent Christensen | | | | | |
| Title or position of Authorized Officer or employee: Vice President/COO | | | | | |
| Telephone number of Authorized Officer or employee: 507-642-5514 | | | | | |
| Study Area Code of Reporting Carrier | 361425 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|--|---------------|--|---------------------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier Manchester-Hartland Telephone Company | | | |
| Signature of authorized officer  | | Date | 5/22/2019 |
| Printed name of authorized officer Brian Thompson | | | |
| Title or position of authorized officer President | | | |
| Telephone number of authorized officer: (507) 826-3212 , ext. | | | |
| Study Area Code of Reporting Carrier | 361426 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MINNESOTA VALLEY TEL. CO. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Danny Busche</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Danny Busche</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 507-557-2275</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361439 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PARK REGION MUTUAL TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dave Bickett</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: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Dave Bickett</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 218-826-6161</p> | | | | | |
| Study Area Code of Reporting Carrier | 361450 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PAUL BUNYAN RURAL TEL. COOP.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dave Schultz</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: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Dave Schultz</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 218-444-1141</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361451</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SACRED HEART TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bruce Hanson</p> | | | | <p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel. co.,l=, Date:5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Bruce Hanson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 320-847-2211</p> | | | | | |
| Study Area Code of Reporting Carrier | 361476 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SCOTT RICE TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Curt Kawlewski</p> | | | | <p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=scott rice telephone company, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Curt Kawlewski</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 507-233-4172</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361479</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SLEEPY EYE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Curt Kawlewski</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Curt Kawlewski</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 507-233-4172</p> | | | | | |
| Study Area Code of Reporting Carrier | 361483 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SPRING GROVE COMMUNICATIONS | | | | | |
| Signature of Authorized Officer or employee: Jill Fishbauger | | | | <small>Digitally signed by Jill Fishbauger DN:cn=Jill Fishbauger,email=jill@springgrove.coop,O=spring grove communications,l=Spring Grove MN 55974-0516, Date:5/20/2019</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Jill Fishbauger | | | | | |
| Title or position of Authorized Officer or employee: CEO/General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 507-498-3456 | | | | | |
| Study Area Code of Reporting Carrier | 361485 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: STARBUCK TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Bruce Hanson | | | | <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel. co.,l= , Date:5/20/2019</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Bruce Hanson | | | | | |
| Title or position of Authorized Officer or employee: Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 320-847-2211 | | | | | |
| Study Area Code of Reporting Carrier | 361487 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: UPSALA COOPERATIVE TELEPHONE ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tony Gebhard</p> | | | | <p><small>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</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Tony Gebhard</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 320-573-1390</p> | | | | | |
| Study Area Code of Reporting Carrier | 361494 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTHERN TELEPHONE COMPANY OF MN</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Shane Young</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: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Shane Young</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 218-488-6565</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361500</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WEST CENTRAL TELEPHONE ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Chad Bullock</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Chad Bullock</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO-GM</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 218-837-5151</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361501</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier

Signature of authorized officer

CLB

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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WESTERN TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Curt Kawlewski</p> | | | | <p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western telephone company, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Curt Kawlewski</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 507-233-4172</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361502</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | |
|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier 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 <small>ext.</small> | | | |
| Study Area Code of Reporting Carrier 361505 | | Filing Due Date for this form (mm/dd/yyyy) June 17 2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WINTHROP TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Danny Busche</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Danny Busche</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 507-557-2275</p> | | | | | |
| Study Area Code of Reporting Carrier | 361508 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WOODSTOCK TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Terry Nelson</p> | | | | <p><small>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Terry Nelson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Operations Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 507-658-3830</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361510</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | | | |
|--|--|--------|--|---|-----------------------------|------|-----------|
| Name of Reporting Carrier | | | | | Wolverton Telephone Company | | |
| Signature of authorized officer | | | |  | | Date | 5/17/2019 |
| Printed name of authorized officer | | | | Karl Blake | | | |
| Title or position of authorized officer | | | | Executive Vice President | | | |
| Telephone number of authorized officer: | | | | (701) 284-7221, ext. | | | |
| Study Area Code of Reporting Carrier | | 361512 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: ZUMBROTA TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Bruce Hanson | | | | <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota telephone company,lc=, Date:5/20/2019</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Bruce Hanson | | | | | |
| Title or position of Authorized Officer or employee: Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 320-847-2211 | | | | | |
| Study Area Code of Reporting Carrier | 361515 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: INTERSTATE TELECOMMUNICATIONS COOP., INC.-MN</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bryan Roth</p> | | | | <p><small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itctel.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Bryan Roth</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-874-2181</p> | | | | | |
| Study Area Code of Reporting Carrier | 361654 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: ARAPAHOE TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: John Koller | | | | <small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: John Koller | | | | | |
| Title or position of Authorized Officer or employee: VP Operations | | | | | |
| Telephone number of Authorized Officer or employee: 308-962-7298 | | | | | |
| Study Area Code of Reporting Carrier | 371516 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: THREE RIVER TELCO</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Steven Dorf</p> | | | | <p><small>Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/30/2019</small></p> | |
| <p>Date: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Steven Dorf</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-569-2666</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371525</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CAMBRIDGE TELEPHONE COMPANY - NE</p> | | | | | |
| <p>Signature of Authorized Officer or employee: J. Shoemaker</p> | | | | <p>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge telephone company - ne,l=Cambridge NE 69022, Date:5/28/2019</p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: J. Shoemaker</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: V P Regulatory Affairs</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 308-697-3333</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371526</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CLARKS TELECOMMUNICATIONS CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Patrick McElroy</p> | | | | <small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=clarks telecommunications co.,l= , Date:5/16/2019</small> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Patrick McElroy</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-632-4321</p> | | | | | |
| Study Area Code of Reporting Carrier | 371531 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CONSOLIDATED TELEPHONE COMPANY- NE</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Wendy Thompson Fast</p> | | | | <p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telephone company- ne, =Lincoln NE 68506-0147, Date:5/22/2019</small></p> | |
| <p>Date: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Wendy Thompson Fast</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-489-2728</p> | | | | | |
| Study Area Code of Reporting Carrier | 371532 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CURTIS TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Wendy Thompson Fast</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Wendy Thompson Fast</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-489-2728</p> | | | | | |
| Study Area Code of Reporting Carrier | 371536 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: GLENWOOD TELEPHONE MEMBERSHIP CORP. | | | | | |
| Signature of Authorized Officer or employee: Stanley Rouse | | | | <small>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</small> | |
| Date: 5/17/2019 | | | | | |
| Printed name of Authorized Officer or employee: Stanley Rouse | | | | | |
| Title or position of Authorized Officer or employee: CEO/General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 402-756-3131 | | | | | |
| Study Area Code of Reporting Carrier | 371553 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Hamilton Telephone Company**

Signature of authorized officer

Date

5-17-19

Printed name of authorized officer

John Nelson

Title or position of authorized officer

First vice President

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

Study Area Code of Reporting Carrier

371655

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

June 17 2019

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: HARTINGTON TELECOMMUNICATIONS CO., INC. | | | | | |
| Signature of Authorized Officer or employee: Mike Becker | | | | <small>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</small> | |
| Date: 5/16/2019 | | | | | |
| Printed name of Authorized Officer or employee: Mike Becker | | | | | |
| Title or position of Authorized Officer or employee: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 402-254-3901 | | | | | |
| Study Area Code of Reporting Carrier | 371556 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HARTMAN TELEPHONE EXCHANGES INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Linda McKain</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Linda McKain</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Accounting Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 308-423-5607</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371557</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: HENDERSON CO-OP TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: James Mestl | | | | <small>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henderson co-op telephone company,l=Henderson NE 68371, Date:5/16/2019</small> | |
| Date: 5/16/2019 | | | | | |
| Printed name of Authorized Officer or employee: James Mestl | | | | | |
| Title or position of Authorized Officer or employee: Board President | | | | | |
| Telephone number of Authorized Officer or employee: 402-723-4448 | | | | | |
| Study Area Code of Reporting Carrier | 371559 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HERSHEY COOPERATIVE TELEPHONE CO</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Rex Woolley</p> | | | | <p><small>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co,l=Hershey NE 69143, Date:5/28/2019</small></p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Rex Woolley</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager & CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 308-368-5561</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371561</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|--|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CONSOLIDATED TELECOM, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Wendy Thompson Fast</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Wendy Thompson Fast</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-489-2728</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371562</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GLENWOOD NETWORK SERVICES, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Stanley Rouse</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Stanley Rouse</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-756-3131</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371567</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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> | | | | | |

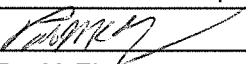
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NEBRASKA CENTRAL TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Nancy McGregor-Jader</p> | | | | <p>Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central telephone company,l=Gibbon NE 68840-0700, Date:5/17/2019</p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Nancy McGregor-Jader</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 308-468-6341</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371574</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTHEAST NEBRASKA TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Patrick McElroy</p> | | | | <p>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska telephone company, Date:5/16/2019</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Patrick McElroy</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-632-4321</p> | | | | | |
| Study Area Code of Reporting Carrier | 371576 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | |
|--|--|--|---------------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier Northeast Nebraska Telephone Company | | | |
| Signature of authorized officer  | | Date 12/6/19 | |
| Printed name of authorized officer Pat McElroy | | | |
| Title or position of authorized officer GM/CEO | | | |
| Telephone number of authorized officer: (402) 632-4321 , ext. | | | |
| Study Area Code of Reporting Carrier 371576 | | Filing Due Date for this form (mm/dd/yyyy) | December 2019 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SODTOWN TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mike Plautz</p> | | | | <p><small>Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=secretary@sdntele.com,O=sodtown tel. co.,l= , Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Mike Plautz</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 308-467-2310</p> | | | | | |
| Study Area Code of Reporting Carrier | 371590 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SOUTHEAST NEBRASKA COMMUNICATIONS, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ray Joy</p> | | | | <p><small>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Ray Joy</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-245-4451</p> | | | | | |
| Study Area Code of Reporting Carrier | 371591 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTH DAKOTA TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Shawna Senger</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Shawna Senger</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-662-6428</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>381447</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | | |
|--|--|--------|--|---|-----------------------------|--------------|
| Name of Reporting Carrier | | | | | Wolverton Telephone Company | |
| Signature of authorized officer | | | |  | | |
| Date | | | | 5/17/2019 | | |
| Printed name of authorized officer | | | | | Karl Blake | |
| Title or position of authorized officer | | | | | Executive Vice President | |
| Telephone number of authorized officer: | | | | | (701) 284-7221, ext. | |
| Study Area Code of Reporting Carrier | | 381509 | | Filing Due Date for this form (mm/dd/yyyy) | | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ABSARAKA COOP TELEPHONE CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ann Faught</p> | | | | <p><small>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop telephone co.,l= , Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Ann Faught</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-896-3404</p> | | | | | |
| Study Area Code of Reporting Carrier | 381601 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

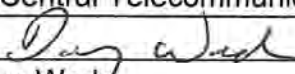
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BEK COMMUNICATIONS COOPERATIVE</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brandon Vaughan</p> | | | | <p><small>Digitally signed by Brandon Vaughan DN: cn=Brandon Vaughan, email=brandonv@bektel.coop, O=bek communications cooperative, I=Steele ND 58482, Date: 5/17/2019</small></p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Brandon Vaughan</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO/Financial Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-475-1246</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>381604</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--|---|--|--|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier Consolidated Telcom | | | | |
| Signature of authorized officer <i>Bill Schaller</i> | | Date 5/28/2019 | | |
| Printed name of authorized officer Bill Schaller | | | | |
| Title or position of authorized officer President | | | | |
| Telephone number of authorized officer: (701) 483-4000 | | | | |
| Study Area Code of Reporting Carrier 381607 | | Filing Due Date for this form (mm/dd/yyyy) June 17 2019 | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|---------------|--|---------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier Dakota Central Telecommunications Cooperative / DCTI | | | |
| 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 | | | |
| 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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--------|--|----------------------|--------------------------------------|-----------|
| Name of Reporting Carrier | | | | Polar Communications Mutual Aid Corp | |
| Signature of authorized officer | | | Date | | 5/17/2019 |
| Printed name of authorized officer | | | Karl Blake | | |
| Title or position of authorized officer | | | CEO | | |
| Telephone number of authorized officer: | | | (701) 284-7221, ext. | | |
| Study Area Code of Reporting Carrier | 381614 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GRIGGS COUNTY TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tyler Kilde</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Tyler Kilde</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-437-9209</p> | | | | | |
| Study Area Code of Reporting Carrier | 381615 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MIDSTATE TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Ryan Wilhelmi | | | | <small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate telephone company,l=Stanley ND 58784-0400, Date:5/22/2019</small> Date: 5/22/2019 | |
| Printed name of Authorized Officer or employee: Ryan Wilhelmi | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 701-628-2522 | | | | | |
| Study Area Code of Reporting Carrier | 381617 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GRIGGS COUNTY TEL. CO. (MOORE&LIBERTY)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tyler Kilde</p> | | | | <p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county tel. co. (moore&liberty),l=Enderlin ND 58027-0066, Date:5/22/2019</small></p> | |
| <p>Date: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Tyler Kilde</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-437-9209</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>381622</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|--|--------------------------------------|--------------|
| Name of Reporting Carrier | | | | Polar Communications Mutual Aid Corp | |
| Signature of authorized officer | | | Date | | 5/17/2019 |
| Printed name of authorized officer | | | Karl Blake | | |
| Title or position of authorized officer | | | CEO | | |
| Telephone number of authorized officer: | | | (701) 284-7221, ext. | | |
| Study Area Code of Reporting Carrier | | 381630 | Filing Due Date for this form (mm/dd/yyyy) | | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jeffrey Olson</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, =Abercrombie ND 58001, Date:5/21/2019</p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Jeffrey Olson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-553-8309</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>381631</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WEST RIVER TELECOMMUNICATIONS COOPERATIVE</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Troy Schilling</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: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Troy Schilling</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-748-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>381637</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MIDSTATE COMMUNICATIONS INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ryan Wilhelmi</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Ryan Wilhelmi</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-628-2522</p> | | | | | |
| Study Area Code of Reporting Carrier | 381638 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kari Flanagan</p> | | | | <p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,l=Garretson SD 57030, Date:5/22/2019</p> | |
| <p>Date: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kari Flanagan</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-594-8228</p> | | | | | |
| Study Area Code of Reporting Carrier | 391405 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GOLDEN WEST TELECOM COOP (ARMOUR)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dennis Law</p> | | | | <p><small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west telecom coop (armour), l=Wall SD 57790-0411, Date: 5/20/2019</small></p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Dennis Law</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-279-2161</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>391640</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CITY OF FAITH MUNICIPAL TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Debbie Brown</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: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Debbie Brown</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Finance Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-967-2261</p> | | | | | |
| Study Area Code of Reporting Carrier | 391653 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: INTERSTATE TELECOMMUNICATIONS COOP., INC. | | | | | |
| Signature of Authorized Officer or employee: Bryan Roth | | | | <small>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</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Bryan Roth | | | | | |
| Title or position of Authorized Officer or employee: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 605-874-2181 | | | | | |
| Study Area Code of Reporting Carrier | 391654 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | | | | | | |
|---|--|--|--------|---|---|--|---------------|--|-----------|--|
| Name of Reporting Carrier | | | | | Interstate Telecommunications Cooperative, Inc. | | | | | |
| Signature of authorized officer | | | |  | | | Date | | 12/9/2019 | |
| Printed name of authorized officer | | | | Bryan Roth | | | | | | |
| Title or position of authorized officer | | | | CEO | | | | | | |
| Telephone number of authorized officer: | | | | (605) 874-2181 ext. | | | | | | |
| Study Area Code of Reporting Carrier | | | 391654 | | Filing Due Date for this form (mm/dd/yyyy) | | December 2019 | | | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK | | | | | |
| Signature of Authorized Officer or employee: Kari Flanagan | | | | <small>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</small> Date: 5/22/2019 | |
| Printed name of Authorized Officer or employee: Kari Flanagan | | | | | |
| Title or position of Authorized Officer or employee: CFO | | | | | |
| Telephone number of Authorized Officer or employee: 605-594-8228 | | | | | |
| Study Area Code of Reporting Carrier | 391657 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: GOLDEN WEST TELECOM. COOP, INC. | | | | | |
| Signature of Authorized Officer or employee: Dennis Law | | | | <small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west telecom. coop, inc., l=Wall SD 57790-0411, Date: 5/20/2019</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Dennis Law | | | | | |
| Title or position of Authorized Officer or employee: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 605-279-2161 | | | | | |
| Study Area Code of Reporting Carrier | 391659 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: FORT RANDALL TEL. CO. DBA MT. RUSHMORE TEL CO | | | | | |
| Signature of Authorized Officer or employee: Bruce Hanson | | | | <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> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Bruce Hanson | | | | | |
| Title or position of Authorized Officer or employee: Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 320-847-2211 | | | | | |
| Study Area Code of Reporting Carrier | 391660 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: GOLDEN WEST TELECOM COOP (KADOKA) | | | | | |
| Signature of Authorized Officer or employee: Dennis Law | | | | <small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west telecom coop (kadoka), I=Wall SD 57790-0411, Date: 5/20/2019</small> | |
| Date: 5/20/2019 | | | | | |
| Printed name of Authorized Officer or employee: Dennis Law | | | | | |
| Title or position of Authorized Officer or employee: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 605-279-2161 | | | | | |
| Study Area Code of Reporting Carrier | 391667 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: KENNEBEC TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Rod Bowar</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: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Rod Bowar</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President/Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-869-2220</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>391668</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MIDSTATE COMMUNICATIONS, INC. | | | | | |
| Signature of Authorized Officer or employee: Mark Benton | | | | <small>Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/28/2019</small> Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Mark Benton | | | | | |
| Title or position of Authorized Officer or employee: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 605-778-6221 | | | | | |
| Study Area Code of Reporting Carrier | 391670 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

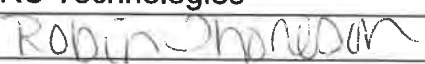
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WEST RIVER TELECOMMUNICATIONS COOP.(MOBRIDGE)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Troy Schilling</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: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Troy Schilling</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 701-748-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>391671</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GOLDEN WEST TELECOM COOP (SIOUX VALLEY)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dennis Law</p> | | | | <p><small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west telecom coop (sioux valley), l=Wall SD 57790-0411, Date: 5/20/2019</small></p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Dennis Law</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-279-2161</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>391677</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: INTERSTATE TELECOMMUNICATIONS COOP., INC.-SST | | | | | |
| Signature of Authorized Officer or employee: Bryan Roth | | | | <small>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</small> | |
| Date: 5/20/2019 | | | | | |
| Printed name of Authorized Officer or employee: Bryan Roth | | | | | |
| Title or position of Authorized Officer or employee: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 605-874-2181 | | | | | |
| Study Area Code of Reporting Carrier | 391679 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TRIOTEL COMMUNICATIONS, INC. (TRI-COUNTY)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bryan Roth</p> | | | | <p><small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel communications, inc. (tri-county),l=Salem SD 57058-0630, Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Bryan Roth</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-425-2238</p> | | | | | |
| Study Area Code of Reporting Carrier | 391682 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: VALLEY TELECOMM. COOP. ASSN., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jeff Symens</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jeff Symens</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-437-2615</p> | | | | | |
| Study Area Code of Reporting Carrier | 391685 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GOLDEN WEST TELECOM COOP (VIVIAN)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dennis Law</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: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Dennis Law</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 605-279-2161</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>391686</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ARKANSAS TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Randy McCaslin</p> | | | | <p><small>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/29/2019</small></p> | |
| <p>Date: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Randy McCaslin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 501-745-2114</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>401692</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

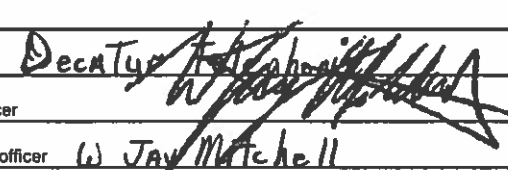
| | | | |
|---|-------------|---|---------------------|
| Name of Reporting Carrier <i>Cleveland County Telephone</i> | | | |
| Signature of authorized officer <i>[Signature]</i> | | | Date <i>5/30/19</i> |
| Printed name of authorized officer <i>W. J. Mitchell</i> | | | |
| Title or position of authorized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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | |
|--|-------------|---|---------------------|
| Name of Reporting Carrier <u>Decatur Telephone</u> | | | |
| Signature of authorized officer  | | | Date <u>5/30/19</u> |
| Printed name of authorized officer <u>W. Jay Mitchell</u> | | | |
| Title or position of authorized officer <u>Vice Pres</u> | | | |
| Telephone number of authorized officer: <u>417-776-2247xt.</u> | | | |
| Study Area Code of Reporting Carrier | <u>1699</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>June 17 2019</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|---------|---|--|---------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SOUTH ARKANSAS TEL. CO.,INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Greg Ashcraft</p> | | | | <p>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</p> | |
| <p>Date: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Greg Ashcraft</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 870-942-4344</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>401702</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LAVACA TELEPHONE-AR</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Keith Gibson</p> | | | | <small>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</small> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Keith Gibson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 479-674-2211</p> | | | | | |
| Study Area Code of Reporting Carrier | 401704 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PRAIRIE GROVE TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Rick Reed <small>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</small> | | | | Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Rick Reed | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 479-846-7200 | | | | | |
| Study Area Code of Reporting Carrier | 401718 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SOUTHWEST ARKANSAS TEL. COOP. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tina Moore</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: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Tina Moore</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Accountant</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 870-653-8222</p> | | | | | |
| Study Area Code of Reporting Carrier | 401724 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WALNUT HILL TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Adam Dixon</p> | | | | <p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=walnut hill telephone company,lc=, Date:5/28/2019</small></p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Adam Dixon</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Operating Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 870-921-5757</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>401729</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SCOTT COUNTY TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Karen Gilliam | | | | <small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/29/2019</small> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: Karen Gilliam | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 479-923-4200 | | | | | |
| Study Area Code of Reporting Carrier | 403031 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: COUNCIL GROVE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dale Jones</p> | | | | <p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Dale Jones</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-767-5153</p> | | | | | |
| Study Area Code of Reporting Carrier | 411758 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CUNNINGHAM TELEPHONE CO. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brent Cunningham</p> | | | | <p><small>Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:5/21/2019</small></p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Brent Cunningham</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 785-545-3215</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>411761</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ELKHART TELEPHONE COMPANY INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Trenton Boaldin</p> | | | | <p><small>Digitally signed by Trenton Boaldin DN:cn=Trenton Boaldin,email=tdboaldin@epictouch.com,O=elkhart telephone company inc.,l=Elkhart KS 67950, Date:5/23/2019</small></p> | |
| <p>Date: 5/23/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Trenton Boaldin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-697-2111</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>411764</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GOLDEN BELT TELEPHONE ASSN. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Beau Rebel</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Beau Rebel</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 785-372-4236</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>411777</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GORHAM TELEPHONE COMPANY INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tonya Murphy</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: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Tonya Murphy</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 785-637-5300</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 411778 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HOME TELEPHONE COMPANY INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tina Anderson</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: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Tina Anderson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Customer Acct & Billing Mgr/Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-654-3381</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 411782 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: KANOKLA TELEPHONE ASSOCIATION - KS | | | | | |
| Signature of Authorized Officer or employee: Jill Kuehny | | | | <small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:5/28/2019</small> Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Jill Kuehny | | | | | |
| Title or position of Authorized Officer or employee: Chief Executive Officer | | | | | |
| Telephone number of Authorized Officer or employee: 620-845-5682 | | | | | |
| Study Area Code of Reporting Carrier | 411788 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|---------|---|---|---------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MADISON TELEPHONE, LLC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Shana Rains</p> | | | | <p><small>Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/17/2019</small></p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Shana Rains</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Accountant</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-437-2356</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>411801</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MUTUAL TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Tietjens</p> | | | | <p><small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual telephone company,l=Little River KS 67457, Date:5/28/2019</small></p> <p>Date: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: John Tietjens</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President & General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-897-6200</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>411809</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PEOPLES TELECOMMUNICATIONS, LLC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kathy Billinger</p> | | | | <p>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peopletelecom.net,O=peoples telecommunications, llc, =LaCygne KS 66040, Date:5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kathy Billinger</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 913-757-2500</p> | | | | | |
| Study Area Code of Reporting Carrier | 411814 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CRAW-KAN TELEPHONE COOP INC- KS | | | | | |
| Signature of Authorized Officer or employee: Craig Wilbert | | | | <small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc- ks,l=Girard KS 66743-0100, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Craig Wilbert | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 620-724-8235 | | | | | |
| Study Area Code of Reporting Carrier | 411818 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: S & A TELEPHONE COMPANY, INC. | | | | | |
| Signature of Authorized Officer or employee: Janet Bathurst | | | | <small>Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a telephone company, inc.,l=Allen KS 66833-0068, Date:5/21/2019</small> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Janet Bathurst | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 620-528-3223 | | | | | |
| Study Area Code of Reporting Carrier | 411829 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SOUTHERN KANSAS TEL. CO.,INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: William McVey</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: 5/18/2019</p> | |
| <p>Printed name of Authorized Officer or employee: William McVey</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-584-8337</p> | | | | | |
| Study Area Code of Reporting Carrier | 411833 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: UNITED TELEPHONE ASSOCIATION, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jennifer Pachner</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: 5/23/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Jennifer Pachner</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Controller</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-227-8641</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>411841</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WHEAT STATE TELEPHONE, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Randy Hoffman</p> | | | | <p>Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/21/2019</p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Randy Hoffman</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-782-3341</p> | | | | | |
| Study Area Code of Reporting Carrier | 411847 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: BPS Telephone Company | | | | | |
| Signature of Authorized Officer or employee: Lisa Winberry <small>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</small> | | | | Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Lisa Winberry | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 573-293-2277 | | | | | |
| Study Area Code of Reporting Carrier | 420463 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: IAMO TELEPHONE COMPANY - MO</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Tom Steinolfson</p> | | | | <small>Digitally signed by Tom Steinolfson DN:cn=Tom Steinolfson,email=toms@iamotelephone.com,O=iamo telephone company - mo, Date:5/22/2019</small> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Tom Steinolfson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 712-583-3232</p> | | | | | |
| Study Area Code of Reporting Carrier | 421206 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CRAW-KAN TELEPHONE COOP INC - MO | | | | | |
| Signature of Authorized Officer or employee: Craig Wilbert | | | | <small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc - mo,l=Girard KS 66743-0100, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Craig Wilbert | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 620-724-8235 | | | | | |
| Study Area Code of Reporting Carrier | 421759 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CITIZENS TELEPHONE CO - MISSOURI</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brian Cornelius</p> | | | | <p><small>Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens telephone co - missouri,l=Higginsville MO 64037-0737, Date:5/22/2019</small></p> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Brian Cornelius</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President & General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 660-584-6520</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>421865</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| <p align="center">Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FIDELITY TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Carla Cooper</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: 5/24/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Carla Cooper</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: VP of Finance</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 573-468-1218</p> | | | | | |
| Study Area Code of Reporting Carrier | 421882 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p align="center">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GREEN HILLS TELEPHONE CORP.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David Adams</p> | | | | <p><small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghrc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/30/2019</small></p> <p>Date: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: David Adams</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: EVP/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 660-644-5411</p> | | | | | |
| Study Area Code of Reporting Carrier | 421890 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

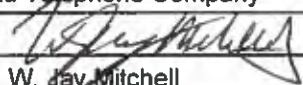
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: KLM TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Joe Jetensky</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: 5/24/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Joe Jetensky</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 402-426-6245</p> | | | | | |
| Study Area Code of Reporting Carrier | 421900 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: KINGDOM TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Marla McCowan</p> | | | | <p><small>Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/20/2019</small></p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Marla McCowan</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Assistant Board Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 573-386-2241</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>421901</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--|---------------|---|---------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier Le-Ru Telephone Company | | | | |
| Signature of authorized officer  | | | Date | 5-30-19 |
| Printed name of authorized officer W. Jay Mitchell | | | | |
| Title or position of authorized officer President | | | | |
| Telephone number of authorized officer: (417) 776-2247 | | | | |
| 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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MCDONALD COUNTY TELEPHONE CO. | | | | | |
| Signature of Authorized Officer or employee: Ross Babbitt | | | | <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> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Ross Babbitt | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 417-223-4313 | | | | | |
| Study Area Code of Reporting Carrier | 421912 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MILLER TELEPHONE COMPANY - MO</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Ludenia</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: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: John Ludenia</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 304-983-8642</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>421920</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NEW LONDON TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Wendy Ottman</p> | | | | <p>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</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Wendy Ottman</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President of Finance</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 573-835-4051</p> | | | | | |
| Study Area Code of Reporting Carrier | 421928 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: NORTHEAST MISSOURI RURAL TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Michele Gillespie | | | | <small>Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,c=US, Date:5/30/2019</small> Date: 5/30/2019 | |
| Printed name of Authorized Officer or employee: Michele Gillespie | | | | | |
| Title or position of Authorized Officer or employee: Chief Executive Officer | | | | | |
| Telephone number of Authorized Officer or employee: 660-874-4111 | | | | | |
| Study Area Code of Reporting Carrier | 421931 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|---------------------------|--|---|--------------|------------|
| Name of Reporting Carrier | Lathrop Telephone Company | | | | |
| Signature of authorized officer | <i>Gregg Davis</i> | | | Date | 05/21/2019 |
| Printed name of authorized officer | Gregg Davis | | | | |
| Title or position of authorized officer | President | | | | |
| Telephone number of authorized officer: | (660) 748-3231 | | | | |
| Study Area Code of Reporting Carrier | 421932 | | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|----------------------|---------|---|---|---------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ROCK PORT TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Rick Bradley</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Rick Bradley</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 660-744-5311</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>421942</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: STOUTLAND TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Wendy Ottman</p> | | | | <p><small>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</small></p> <p>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Wendy Ottman</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President of Finance</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 573-835-4051</p> | | | | | |
| Study Area Code of Reporting Carrier | 421951 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ATLAS TELEPHONE CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Barbara Summa</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: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Barbara Summa</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 918-783-5111</p> | | | | | |
| Study Area Code of Reporting Carrier | 431966 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BEGGS TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kay Mount</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: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kay Mount</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Pres. & General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 918-267-3636</p> | | | | | |
| Study Area Code of Reporting Carrier | 431968 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CANADIAN VALLEY TELEPHONE CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Orlean Smith</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: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Orlean Smith</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President / Gen Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 918-334-3700</p> | | | | | |
| Study Area Code of Reporting Carrier | 431974 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CHICKASAW TELEPHONE CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Larry Jones</p> | | | | <p>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</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Larry Jones</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 580-622-5223</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>431980</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CIMARRON TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: H. Baldwin | | | | <small>Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/29/2019</small> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: H. Baldwin | | | | | |
| Title or position of Authorized Officer or employee: Vice President & General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 918-865-3311 | | | | | |
| Study Area Code of Reporting Carrier | 431982 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: OKLAHOMA WESTERN TELEPHONE CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dean Pennello</p> | | | | <p><small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western telephone co.,l= , Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Dean Pennello</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 580-529-5000</p> | | | | | |
| Study Area Code of Reporting Carrier | 432014 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: POTTAWATOMIE TELEPHONE CO. | | | | | |
| Signature of Authorized Officer or employee: Danny Overland | | | | <small>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</small> Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Danny Overland | | | | | |
| Title or position of Authorized Officer or employee: Vice President | | | | | |
| Telephone number of Authorized Officer or employee: 405-997-5201 | | | | | |
| Study Area Code of Reporting Carrier | 432020 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SHIDLER TEL. CO. DBA KANOKLA NETWORKS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jill Kuehny</p> | | | | <p>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=shidler tel. co. dba kanokla networks,lc=Caldwell KS 67022-0111, Date:5/28/2019</p> | |
| <p>Date: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Jill Kuehny</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 620-845-5682</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>432023</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CAMERON TELEPHONE COMPANY - TEXAS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bruce Petry</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: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Bruce Petry</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 337-583-2092</p> | | | | | |
| Study Area Code of Reporting Carrier | 440425 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Blossom Telephone Co.

Signature of authorized officer

Clint Dorries

Date 5/21/2019

Printed name of authorized officer

Title or position of President

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

Study Area Code of Reporting Carrier

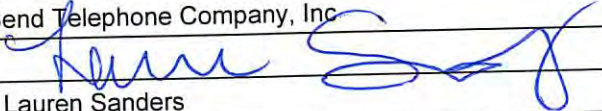
442038

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: NORTH TEXAS TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Toney Prather <small>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</small> | | | | Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Toney Prather | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 254-893-1000 | | | | | |
| Study Area Code of Reporting Carrier | 442043 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CAP ROCK TELEPHONE COOPERATIVE, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jim Whitefield</p> | | | | <p><small>Digitally signed by Jim Whitefield DN: cn=Jim Whitefield, email=advisory@caprock-spur.com, O=cap rock telephone cooperative, inc., I=Spur TX 79370-0300, Date: 5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jim Whitefield</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Executive Vice President/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 806-271-3336</p> | | | | | |
| Study Area Code of Reporting Carrier | 442046 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|---------|---|---|---------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CENTRAL TEXAS TELEPHONE CO-OP. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jamey Wigley</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Jamey Wigley</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 325-648-2237</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>442052</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: COLEMAN COUNTY TELEPHONE CO-OP. INC. | | | | | |
| Signature of Authorized Officer or employee: Tim Humpert | | | | <small>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</small> | |
| Date: 5/16/2019 | | | | | |
| Printed name of Authorized Officer or employee: Tim Humpert | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 325-348-3124 | | | | | |
| Study Area Code of Reporting Carrier | 442057 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|---------|---|--|---------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: COLORADO VALLEY TELEPHONE CO-OP. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kelly Allison</p> | | | | <p><small>Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovallay.com,O=colorado valley telephone co-op. inc.,l=La Grange TX 78945, Date:5/17/2019</small></p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kelly Allison</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 979-247-8315</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>442059</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: COMMUNITY TELEPHONE COMPANY, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Clifford Humpert</p> | | | | <p><small>Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community telephone company, inc.,l=Windthorst TX 76389, Date:5/31/2019</small></p> | |
| <p>Date: 5/31/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Clifford Humpert</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 940-423-6201</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>442061</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: DELL TELEPHONE CO-OP. INC. - TX | | | | | |
| Signature of Authorized Officer or employee: Marcy Guillen | | | | <small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc. - tx,l=Dell City TX 79837, Date:5/18/2019</small> Date: 5/18/2019 | |
| Printed name of Authorized Officer or employee: Marcy Guillen | | | | | |
| Title or position of Authorized Officer or employee: Office Manager | | | | | |
| Telephone number of Authorized Officer or employee: 915-964-2352 | | | | | |
| Study Area Code of Reporting Carrier | 442066 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

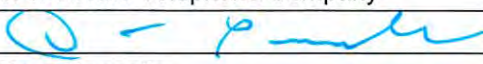
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ELECTRA TELEPHONE COMPANY, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dean Pennello</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Dean Pennello</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 580-529-5000</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>442069</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: FIVE AREA TELEPHONE CO-OP. INC. | | | | | |
| Signature of Authorized Officer or employee: Mark Washington | | | | <small>Digitally signed by Mark Washington DN:cn=Mark Washington,email=markwa@fivearea.com,O=five area telephone co-op. inc.,l=Muleshoe TX 79347, Date:5/22/2019</small> Date: 5/22/2019 | |
| Printed name of Authorized Officer or employee: Mark Washington | | | | | |
| Title or position of Authorized Officer or employee: Chief Executive Officer | | | | | |
| Telephone number of Authorized Officer or employee: 806-272-5533 | | | | | |
| Study Area Code of Reporting Carrier | 442071 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | |
|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier BOrder to Border Telephone Company | | | |
| Signature of authorized officer  | | Date May 31st, 2019 | |
| Printed name of authorized officer Dean Pennello | | | |
| Title or position of authorized officer Chief Financial Officer | | | |
| Telephone number of authorized officer: (580) 529-5000 , ext. | | | |
| Study Area Code of Reporting Carrier 442073 | | Filing Due Date for this form (mm/dd/yyyy) June 17 2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GANADO TELEPHONE COMPANY INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bill Rakowitz</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: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Bill Rakowitz</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 361-771-3331</p> | | | | | |
| Study Area Code of Reporting Carrier | 442076 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HILL COUNTRY TELEPHONE COOPERATIVE, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: R. Cook</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: 5/29/2019</p> | |
| <p>Printed name of Authorized Officer or employee: R. Cook</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 830-367-5333</p> | | | | | |
| Study Area Code of Reporting Carrier | 442086 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ALENCO COMMUNICATIONS, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ray Bussell</p> | | | | <p><small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/21/2019</small></p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Ray Bussell</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 817-447-0127</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>442090</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ETS TELEPHONE COMPANY, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Sam Luxton</p> | | | | <p>Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc.,l= , Date:5/30/2019</p> | |
| <p>Date: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Sam Luxton</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 281-225-0501</p> | | | | | |
| Study Area Code of Reporting Carrier | 442091 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: LA WARD TELEPHONE EXCHANGE INC. | | | | | |
| Signature of Authorized Officer or employee: Terri Parker | | | | <small>Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward telephone exchange inc.,l=La Ward TX 77970-0246, Date:5/16/2019</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Terri Parker | | | | | |
| Title or position of Authorized Officer or employee: Secretary/Treasurer | | | | | |
| Telephone number of Authorized Officer or employee: 361-872-2211 | | | | | |
| Study Area Code of Reporting Carrier | 442103 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LIPAN TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Beth Howard</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Beth Howard</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Sec / Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 254-646-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>442105</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MUNSTER TEL. CORP. OF TX DBA NORTEX COMM. | | | | | |
| Signature of Authorized Officer or employee: Alan Rohmer | | | | <small>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster tel. corp. of tx dba nortex comm.,l=Muenster TX 76252, Date:5/16/2019</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Alan Rohmer | | | | | |
| Title or position of Authorized Officer or employee: CFO | | | | | |
| Telephone number of Authorized Officer or employee: 940-759-2251 | | | | | |
| Study Area Code of Reporting Carrier | 442116 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PEOPLES TELEPHONE COOPERATIVE - TX</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Lloyd Steele</p> | | | | <p><small>Digitally signed by Lloyd Steele DN:cn=Lloyd Steele,email=steven.steele@gopeoples.net,O=peoples telephone cooperative - tx, =Quitman TX 75783-0228, Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Lloyd Steele</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 903-878-3132</p> | | | | | |
| Study Area Code of Reporting Carrier | 442130 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: POKA-LAMBRO TELEPHONE COOPERATIVE, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David McEndree</p> | | | | <p><small>Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro telephone cooperative, inc.,l=Tahoka TX 79373-1340, Date:5/22/2019</small></p> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: David McEndree</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 806-924-7234</p> | | | | | |
| Study Area Code of Reporting Carrier | 442131 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **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**

| | | | | | |
|--------------------------------------|---------------|--|---|---------------------|--|
| 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 AN OFFICER OF THE REPORTING CARRIER

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

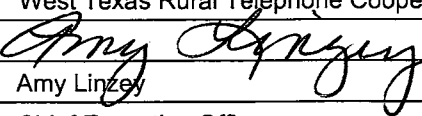
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SOUTH PLAINS TEL. COOP., INC. | | | | | |
| Signature of Authorized Officer or employee: Scotty Hart | | | | <small>Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel. coop.,inc.,l=Lubbock TX 79408-1379, Date:5/29/2019</small> Date: 5/29/2019 | |
| Printed name of Authorized Officer or employee: Scotty Hart | | | | | |
| Title or position of Authorized Officer or employee: CEO / General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 806-763-2301 | | | | | |
| Study Area Code of Reporting Carrier | 442143 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|---------|---|--|---------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TATUM TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Dean Pennello</p> | | | | <p>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</p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Dean Pennello</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 580-529-5000</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>442150</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|---|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier | West Texas Rural Telephone Cooperative, Inc. | | |
| Signature of authorized officer |  | Date | 05/23/2019 |
| Printed name of authorized officer | Amy Linzey | | |
| Title or position of authorized officer | Chief Executive Officer | | |
| Telephone number of authorized officer: | (806) 364-3331 ext. | | |
| Study Area Code of Reporting Carrier | 442166 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

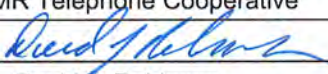
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|--------|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier ENMR Telephone Cooperative | | | |
| Signature of authorized officer  | | Date | 5/22/2019 |
| Printed name of authorized officer David J. Robinson | | | |
| Title or position of authorized officer Chief Executive Officer | | | |
| Telephone number of authorized officer: (575) 389-5100, ext. | | | |
| Study Area Code of Reporting Carrier | 442262 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SAN CARLOS APACHE TELECOMM. UTILITY, INC. | | | | | |
| Signature of Authorized Officer or employee: Shirley Ortiz | | | | <small>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</small> Date: 5/24/2019 | |
| Printed name of Authorized Officer or employee: Shirley Ortiz | | | | | |
| Title or position of Authorized Officer or employee: CEO/General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 928-475-7058 | | | | | |
| Study Area Code of Reporting Carrier | 452169 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|---|----------------------------------|-----------|
| Name of Reporting Carrier | | | | Tohono O'odham Utility Authority | |
| Signature of authorized officer | | | Date | | 5/23/2019 |
| Printed name of authorized officer | | | Harriet Toro | | |
| Title or position of authorized officer | | | Chairwoman | | |
| Telephone number of authorized officer: | | | (520) 383-2236 | | |
| Study Area Code of Reporting Carrier | | 452173 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| <p align="center">Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GILA RIVER TELECOMMUNICATIONS, INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: James Meyers</p> | | | | <p>Digitally signed by James Meyers DN:cn=James Meyers,email=jmeyers@gilarivertel.com,O=gila river telecommunications, inc., Date:5/16/2019</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: James Meyers</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 520-796-8885</p> | | | | | |
| Study Area Code of Reporting Carrier | 452179 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p align="center">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: FORT MOJAVE TELECOMMUNICATIONS, INC. | | | | | |
| Signature of Authorized Officer or employee: Chester Caulder | | | | <small>Digitally signed by Chester Caulder DN:cn=Chester Caulder,email=ccaelder@ftmojave.net,O=fort mojave telecommunications, inc., Date:5/17/2019</small> | |
| Date: 5/17/2019 | | | | | |
| Printed name of Authorized Officer or employee: Chester Caulder | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 928-346-2580 | | | | | |
| Study Area Code of Reporting Carrier | 452200 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MIDVALE TELEPHONE EXCHANGE, INC.-ARIZONA</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Stuart</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: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: John Stuart</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 208-355-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>452226</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC. | | | | | |
| Signature of Authorized Officer or employee: Judy Hollembeak | | | | <small>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</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Judy Hollembeak | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 719-764-2578 | | | | | |
| Study Area Code of Reporting Carrier | 462178 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BIJOU TEL COOPERATIVE ASSOC. INC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brian Creveling</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: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Brian Creveling</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 303-822-5400</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>462181</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Alan Wehe</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: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Alan Wehe</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 719-379-3839</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>462182</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: EASTERN SLOPE RURAL TEL ASSN INC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Patricia White</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: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Patricia White</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 719-743-2441</p> | | | | | |
| Study Area Code of Reporting Carrier | 462186 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: HAXTUN TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Adam Dixon <small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=haxtun telephone company,lc=, Date:5/28/2019</small> | | | | Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Adam Dixon | | | | | |
| Title or position of Authorized Officer or employee: Chief Operating Officer | | | | | |
| Telephone number of Authorized Officer or employee: 870-921-5757 | | | | | |
| Study Area Code of Reporting Carrier | 462190 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: NUNN TEL. COMPANY | | | | | |
| Signature of Authorized Officer or employee: Greg Grablander | | | | Digitally signed by Greg Grablander DN:cn=Greg Grablander,email=greg@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:5/28/2019 Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Greg Grablander | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 970-897-2200 | | | | | |
| Study Area Code of Reporting Carrier | 462194 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SOUTH PARK TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David Shipley</p> | | | | <p><small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@usch.com, O=south park telephone company, l=Colorado City CO 81019-0166, Date: 5/21/2019</small></p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: David Shipley</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 719-676-4151</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>462195</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PEETZ COOP. TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Randy Kottwitz</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Randy Kottwitz</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 970-334-2220</p> | | | | | |
| Study Area Code of Reporting Carrier | 462196 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PHILLIPS COUNTY TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Vincent Kropp | | | | <small>Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel. co.,l=Holyoke CO 80734, Date:5/21/2019</small> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Vincent Kropp | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 970-854-2201 | | | | | |
| Study Area Code of Reporting Carrier | 462197 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PINE DRIVE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Matthew Sellers</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: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Matthew Sellers</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 719-485-3400</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 462198 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PLAINS COOPERATIVE TEL. ASSOC. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Ronny Puckett</p> | | | | <p>Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/17/2019</p> | |
| <p>Date: 5/17/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Ronny Puckett</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 970-358-4211</p> | | | | | |
| Study Area Code of Reporting Carrier | 462199 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: RICO TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jeremy Smith</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>Date: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jeremy Smith</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 208-548-2345</p> | | | | | |
| Study Area Code of Reporting Carrier | 462201 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: STONEHAM COOPERATIVE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Taya Northrup</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/24/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Taya Northrup</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Office Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 970-735-2251</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 462206 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WIGGINS TEL. ASSOC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Terry Hendrickson</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: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Terry Hendrickson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 970-483-7343</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>462209</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

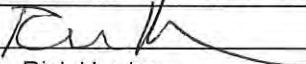
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MUD LAKE TELEPHONE COOPERATIVE ASSN. INC. | | | | | |
| Signature of Authorized Officer or employee: Justin Petersen | | | | <small>Digitally signed by Justin Petersen DN:cn=Justin Petersen,email=petersen.j@mudlake.net,O=mud lake telephone cooperative assn. inc.,l=Dubois ID 83423, Date:5/29/2019</small> | |
| Date: 5/29/2019 | | | | | |
| Printed name of Authorized Officer or employee: Justin Petersen | | | | | |
| Title or position of Authorized Officer or employee: CEO/General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 208-374-5401 | | | | | |
| Study Area Code of Reporting Carrier | 472227 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PROJECT MUTUAL TEL. COOP. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Rick Harder</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: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Rick Harder</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO/Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 208-434-7124</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>472231</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | |
|--|---------------|---|-----------------------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier PROJECT MUTUAL TELEPHONE COOP ASSN INC | | | |
| Signature of authorized officer  | | Date | 9/5/2019 |
| Printed name of authorized officer Rick Harder | | | |
| Title or position of authorized officer CFO/Treasurer | | | |
| Telephone number of authorized officer: (208) 434-7124 <small>, ext.</small> | | | |
| Study Area Code of Reporting Carrier | 472231 | Filing Due Date for this form (mm/dd/yyyy) | September 2019 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | | | | | |
|---|--|--|--------|---|---|------|--------------|----------|--|
| Name of Reporting Carrier | | | | | Rural Telephone Company - ID | | | | |
| Signature of authorized officer | | | |  | | Date | | 05/24/19 | |
| Printed name of authorized officer | | | | | Michael J. Martell | | | | |
| Title or position of authorized officer | | | | | Vice-President | | | | |
| Telephone number of authorized officer: | | | | | (208) 366-2614 | | | | |
| Study Area Code of Reporting Carrier | | | 472233 | | Filing Due Date for this form (mm/dd/yyyy) | | June 17 2019 | | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|---------|---|--|---------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: COLUMBINE TEL. CO. DBA SILVER STAR COMM.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jefferson England</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: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Jefferson England</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 307-883-6675</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>472295</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: INLAND TELEPHONE COMPANY - ID</p> | | | | | |
| <p>Signature of Authorized Officer or employee: James Brooks</p> | | | | <small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,l=Roslyn WA 98941, Date:5/21/2019</small> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: James Brooks</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer/Controller/Reg. Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 509-649-2211</p> | | | | | |
| Study Area Code of Reporting Carrier | 472423 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: INTERBEL TEL. COOPERATIVE INC. | | | | | |
| Signature of Authorized Officer or employee: Jason Moothart | | | | <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> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Jason Moothart | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 406-889-3311 | | | | | |
| Study Area Code of Reporting Carrier | 482242 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: RANGE TEL. COOP INC.-MT</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Gail Rainey</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: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Gail Rainey</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 406-347-2859</p> | | | | | |
| Study Area Code of Reporting Carrier | 482251 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: 3-RIVERS TEL. COOPERATIVE INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David Massey</p> | | | | <p><small>Digitally signed by David Massey DN:cn=David Massey,email=david.massey@3rivers.coop,O=3-rivers tel. cooperative inc.,l=Fairfield MT 59436, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: David Massey</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO/Director of Finance</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 406-467-4402</p> | | | | | |
| Study Area Code of Reporting Carrier | 482255 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TRIANGLE TEL. COOPERATIVE ASSN. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Craig Gates</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Craig Gates</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 406-394-7807</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 482257 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TRIANGLE TELEPHONE COOPERATIVE ASSN.,INC.-CMC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Craig Gates</p> | | | | <p><small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle telephone cooperative assn.,inc.-cmc,l=Havre MT 59501, Date:5/30/2019</small></p> | |
| <p>Date: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Craig Gates</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 406-394-7807</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>483310</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DELL TELEPHONE CO-OP. INC.-NM</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Marcy Guillen</p> | | | | <p><small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delitelco.com,O=deli telephone co-op. inc.-nm,l=Dell City TX 79837, Date:5/18/2019</small></p> <p>Date: 5/18/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Marcy Guillen</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Office Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 915-964-2352</p> | | | | | |
| Study Area Code of Reporting Carrier | 492066 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: VALLEY TELEPHONE COOPERATIVE INC-NM</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Steven Metts</p> | | | | <p>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley telephone cooperative inc-nm, =Willcox AZ 85644, Date:5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Steven Metts</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO / General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 520-384-2231</p> | | | | | |
| Study Area Code of Reporting Carrier | 492176 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

492262

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|---|--------|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier ENMR Telephone Cooperative | | | |
| Signature of authorized officer  | | Date | 5/22/2019 |
| Printed name of authorized officer David J. Robinson | | | |
| Title or position of authorized officer Chief Executive Officer | | | |
| Telephone number of authorized officer: (575) 389-5100 | | | |
| Study Area Code of Reporting Carrier | 492262 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: LA JICARITA RURAL TEL. COOP. INC. | | | | | |
| Signature of Authorized Officer or employee: Danny Gray | | | | <small>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural tel. coop. inc.,l=Mora NM 87732-0269, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Danny Gray | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 575-387-2216 | | | | | |
| Study Area Code of Reporting Carrier | 492263 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WESTERN NEW MEXICO TEL. CO., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Francis</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: 5/28/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: John Francis</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Exec. Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 575-535-2230</p> | | | | | |
| Study Area Code of Reporting Carrier | 492268 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PENASCO VALLEY TEL. COOPERATIVE INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kurt Garrard</p> | | | | <p>Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc.,l= , Date:5/21/2019</p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kurt Garrard</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 575-748-1241</p> | | | | | |
| Study Area Code of Reporting Carrier | 492270 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: ROOSEVELT COUNTY RURAL TEL. COOP., INC. | | | | | |
| Signature of Authorized Officer or employee: Cecile Archibeque | | | | <small>Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=cecile@yuccatelecom.com, O=roosevelt county rural tel. coop., inc., l=Portales NM 88130-0867, Date: 5/16/2019</small> | |
| Date: 5/16/2019 | | | | | |
| Printed name of Authorized Officer or employee: Cecile Archibeque | | | | | |
| Title or position of Authorized Officer or employee: General Manager/EO | | | | | |
| Telephone number of Authorized Officer or employee: 575-226-2255 | | | | | |
| Study Area Code of Reporting Carrier | 492272 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SACRED WIND COMMUNICATIONS, INC. | | | | | |
| Signature of Authorized Officer or employee: Terry Clark | | | | <small>Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacred-wind.com,O=sacred wind communications, inc.,l= , Date:5/20/2019</small> | |
| Date: 5/20/2019 | | | | | |
| Printed name of Authorized Officer or employee: Terry Clark | | | | | |
| Title or position of Authorized Officer or employee: Controller | | | | | |
| Telephone number of Authorized Officer or employee: 505-908-2661 | | | | | |
| Study Area Code of Reporting Carrier | 493403 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DIRECT COMMUNICATIONS CEDAR VALLEY, LLC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kip Wilson</p> | | | | <p><small>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,l=Rockland ID 83271, Date:5/16/2019</small></p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kip Wilson</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 208-548-2345</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>500758</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: GUNNISON TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Natalie Gleave | | | | <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> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Natalie Gleave | | | | | |
| Title or position of Authorized Officer or employee: Controller/Director | | | | | |
| Telephone number of Authorized Officer or employee: 435-528-7236 | | | | | |
| Study Area Code of Reporting Carrier | 502279 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BEEHIVE TELEPHONE CO., INC., UT</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Larry Mason</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Larry Mason</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Senior Vice President Regulatory Affairs</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 435-837-6000</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 502284 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 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> | | | | | |

502286

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--|--|--|--|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier 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 | | | | |
| 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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ALL WEST COMMUNICATIONS-UT</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jenny Prescott</p> | | | | <p><small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west communications-ut, =Kamas UT 84036, Date:5/20/2019</small></p> <p>Date: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jenny Prescott</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: VP Customer Service & Finance</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 435-783-4913</p> | | | | | |
| Study Area Code of Reporting Carrier | 502288 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: BEAR LAKE COMMUNICATIONS | | | | | |
| Signature of Authorized Officer or employee: Mike Plows | | | | <small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake communications,lc= , Date:5/31/2019</small> Date: 5/31/2019 | |
| Printed name of Authorized Officer or employee: Mike Plows | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 425-275-1013 | | | | | |
| Study Area Code of Reporting Carrier | 503032 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: RANGE TEL. COOPERATIVE INC.-WY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Gail Rainey</p> | | | | <p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. cooperative inc.-wy,l=Forsyth MT 59327, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Gail Rainey</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 406-347-2859</p> | | | | | |
| Study Area Code of Reporting Carrier | 512251 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

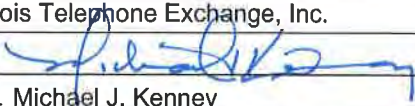
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CHUGWATER TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Carolyn Somers | | | | <small>Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=csomers@mwtdcorp.net,O=chugwater telephone company, Date:5/30/2019</small> Date: 5/30/2019 | |
| Printed name of Authorized Officer or employee: Carolyn Somers | | | | | |
| Title or position of Authorized Officer or employee: CFO | | | | | |
| Telephone number of Authorized Officer or employee: 307-233-8363 | | | | | |
| Study Area Code of Reporting Carrier | 512289 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ALL WEST COMMUNICATIONS-WY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jenny Prescott</p> | | | | <p>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west communications-wy,l=Kamas UT 84036, Date:5/20/2019</p> | |
| <p>Date: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Jenny Prescott</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: VP Customer Service & Finance</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 435-783-4913</p> | | | | | |
| Study Area Code of Reporting Carrier | 512290 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | |
|--|---------------|--|---------------------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier Dubois Telephone Exchange, Inc. | | | |
| Signature of authorized officer  | | Date 05/16/25019 | |
| Printed name of authorized officer Michael J. Kenney | | | |
| Title or position of authorized officer Vice President/General Manager | | | |
| Telephone number of authorized officer: (307) 455-2341 , ext. | | | |
| Study Area Code of Reporting Carrier | 512291 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SILVER STAR TEL. CO.- WY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jefferson England</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: 5/30/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Jefferson England</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 307-883-6675</p> | | | | | |
| Study Area Code of Reporting Carrier | 512295 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: WESTGATE COMMUNICATIONS LLC dba WEAUTEL | | | | | |
| Signature of Authorized Officer or employee: Richard Weaver | | | | <small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=richard@weavnet.com,O=westgate communications llc dba weavtel,l=Chelan WA 98816, Date:5/29/2019</small> | |
| Date: 5/29/2019 | | | | | |
| Printed name of Authorized Officer or employee: Richard Weaver | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 509-682-5556 | | | | | |
| Study Area Code of Reporting Carrier | 520580 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SKYLINE TELECOM COMPANY | | | | | |
| Signature of Authorized Officer or employee: Delinda Kluser | | | | Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otconnections.net,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/16/2019 | |
| Date: 5/16/2019 | | | | | |
| Printed name of Authorized Officer or employee: Delinda Kluser | | | | | |
| Title or position of Authorized Officer or employee: Vice President, Manager | | | | | |
| Telephone number of Authorized Officer or employee: 541-932-4411 | | | | | |
| Study Area Code of Reporting Carrier | 520581 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HAT ISLAND TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Gary Ricketts</p> | | | | <p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=hat island telephone company, Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Gary Ricketts</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 360-321-0051</p> | | | | | |
| Study Area Code of Reporting Carrier | 522417 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|---|--------------------------------|----------|
| Name of Reporting Carrier | | | | Pend Oreille Telephone Company | |
| Signature of authorized officer | | | Date | | 05/24/19 |
| Printed name of authorized officer | | | Michael J. Martell | | |
| Title or position of authorized officer | | | Vice-President | | |
| Telephone number of authorized officer: | | | (208) 366-2614 | | |
| Study Area Code of Reporting Carrier | | 522418 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HOOD CANAL TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Richard Buechel</p> | | | | <p><small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/21/2019</small></p> <p>Date: 5/21/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Richard Buechel</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 360-898-2481</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>522419</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: INLAND TELEPHONE COMPANY - WA</p> | | | | | |
| <p>Signature of Authorized Officer or employee: James Brooks</p> | | | | <p>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - wa, =Roslyn WA 98941, Date:5/21/2019</p> | |
| <p>Date: 5/21/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: James Brooks</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Treasurer/Controller/Reg. Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 509-649-2211</p> | | | | | |
| Study Area Code of Reporting Carrier | 522423 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: KALAMA TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Rick Vitzthum | | | | <small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/16/2019</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Rick Vitzthum | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 360-264-3155 | | | | | |
| Study Area Code of Reporting Carrier | 522426 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MASHELL TELECOM INC. | | | | | |
| Signature of Authorized Officer or employee: Brian Haynes | | | | <small>Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:5/31/2019</small> Date: 5/31/2019 | |
| Printed name of Authorized Officer or employee: Brian Haynes | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 360-892-4130 | | | | | |
| Study Area Code of Reporting Carrier | 522431 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PIONEER TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Dallas Filan | | | | <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> Date: 5/23/2019 | |
| Printed name of Authorized Officer or employee: Dallas Filan | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 509-549-3511 | | | | | |
| Study Area Code of Reporting Carrier | 522437 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: ST. JOHN TELEPHONE, INC. | | | | | |
| Signature of Authorized Officer or employee: Eric Trump | | | | <small>Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john telephone, inc.,l=St. John WA 99171, Date:5/28/2019</small> Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Eric Trump | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 509-648-3322 | | | | | |
| Study Area Code of Reporting Carrier | 522442 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

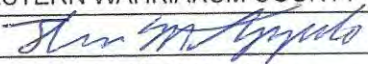
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: TENINO TEL. CO. | | | | | |
| Signature of Authorized Officer or employee: Rick Vitzthum | | | | <small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino tel. co.,l=Tenino WA 98589, Date:5/16/2019</small> Date: 5/16/2019 | |
| Printed name of Authorized Officer or employee: Rick Vitzthum | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 360-264-3155 | | | | | |
| Study Area Code of Reporting Carrier | 522446 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: TOLEDO TELEPHONE COMPANY INC. | | | | | |
| Signature of Authorized Officer or employee: Philip Cappalonga | | | | <small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc., = , Date:5/30/2019</small> | |
| Date: 5/30/2019 | | | | | |
| Printed name of Authorized Officer or employee: Philip Cappalonga | | | | | |
| Title or position of Authorized Officer or employee: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer or employee: 360-864-2004 | | | | | |
| Study Area Code of Reporting Carrier | 522447 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
|---|--|--------|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | | |
| Name of Reporting Carrier WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY | | | | |
| Signature of authorized officer  | | | Date | 05/29/2019 |
| Printed name of authorized officer STEVEN M. APPELO | | | | |
| Title or position of authorized officer PRESIDENT | | | | |
| Telephone number of authorized officer: (360) 465-2211 | | | | |
| Study Area Code of Reporting Carrier | | 522451 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: WHIDBEY TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Gary Ricketts</p> | | | | <p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Gary Ricketts</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 360-321-0051</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 522452 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BEAVER CREEK COOPERATIVE TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Paul Hauer</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: 5/24/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Paul Hauer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-845-4433</p> | | | | | |
| Study Area Code of Reporting Carrier | 532359 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CLEAR CREEK MUTUAL TELEPHONE CO. | | | | | |
| Signature of Authorized Officer or employee: Jason Henke | | | | <small>Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/24/2019</small> | |
| Date: 5/24/2019 | | | | | |
| Printed name of Authorized Officer or employee: Jason Henke | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 503-631-2101 | | | | | |
| Study Area Code of Reporting Carrier | 532363 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: COLTON TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Stephanie Sauvageau</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Stephanie Sauvageau</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Accountant</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-824-5863</p> | | | | | |
| Study Area Code of Reporting Carrier | 532364 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: EAGLE TELEPHONE SYSTEM INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mike Lattin</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Mike Lattin</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 541-893-6111</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>532369</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CASCADE UTILITIES INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brooke Wheeler</p> | | | | <p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Brooke Wheeler</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-630-8952</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>532371</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: GERVAIS TELEPHONE COMPANY DBA DATAVISION</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Renee Willer</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: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Renee Willer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-792-5500</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>532373</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | |
|---|--------|--|-----------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting CarrierRoome Telecommunications Inc | | | |
| Signature of authorized officer | | Date | 5-21-19 |
| Printed name of authorized officerRandal L Roome | | | |
| Title or position of authorized officerPresident | | | |
| Telephone number of authorized officer:541 369 2211, ext. | | | |
| Study Area Code of Reporting Carrier | 532375 | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: HELIX TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: James Smith | | | | <small>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix telephone company,l=Helix OR 97385, Date:5/20/2019</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: James Smith | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 541-457-2385 | | | | | |
| Study Area Code of Reporting Carrier | 532376 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: HOME TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Delinda Kluser</p> | | | | <p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=home telephone company,l=Mt. Vernon OR 97865-0609, Date:5/16/2019</small></p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Delinda Kluser</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President, Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 541-932-4411</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>532377</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: TRANS-CASCADES TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brooke Wheeler</p> | | | | <p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades telephone company,l=Estacada OR 97023, Date:5/23/2019</small></p> <p>Date: 5/23/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Brooke Wheeler</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-630-8952</p> | | | | | |
| Study Area Code of Reporting Carrier | 532378 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MOLALLA TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Terry Simms | | | | <small>Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l=Molalla OR 97038, Date:5/21/2019</small> Date: 5/21/2019 | |
| Printed name of Authorized Officer or employee: Terry Simms | | | | | |
| Title or position of Authorized Officer or employee: Vice President/CFO | | | | | |
| Telephone number of Authorized Officer or employee: 503-829-1122 | | | | | |
| Study Area Code of Reporting Carrier | 532383 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: MONITOR COOPERATIVE TELEPHONE CO</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Stephanie Sauvageau</p> | | | | <p>Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=monitor cooperative telephone co., Date: 5/22/2019</p> | |
| <p>Date: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Stephanie Sauvageau</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-634-2266</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>532384</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MONROE TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: David Mills | | | | <small>Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/21/2019</small> | |
| Date: 5/21/2019 | | | | | |
| Printed name of Authorized Officer or employee: David Mills | | | | | |
| Title or position of Authorized Officer or employee: Vice President | | | | | |
| Telephone number of Authorized Officer or employee: 541-847-5135 | | | | | |
| Study Area Code of Reporting Carrier | 532385 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

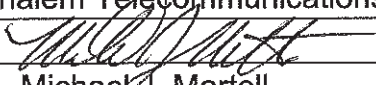
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CANBY TELEPHONE ASSOCIATION (MT. ANGEL)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Paul Hauer</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: 5/24/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Paul Hauer</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-632-6314</p> | | | | | |
| Study Area Code of Reporting Carrier | 532386 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | | | | | |
|---|--|--------|--|---|---------------------------------|--------------|--|----------|--|
| Name of Reporting Carrier | | | | | Nehalem Telecommunications Inc. | | | | |
| Signature of authorized officer | | | |  | | Date | | 05/24/19 | |
| Printed name of authorized officer | | | | Michael J. Martell | | | | | |
| Title or position of authorized officer | | | | Vice-President | | | | | |
| Telephone number of authorized officer: | | | | (208) 366-2614 | | | | | |
| Study Area Code of Reporting Carrier | | 532387 | | Filing Due Date for this form (mm/dd/yyyy) | | June 17 2019 | | | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NORTH STATE TELEPHONE COMPANY - OR</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Delinda Kluser</p> | | | | <p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=north state telephone company - or,l=Mt. Vernon OR 97865-0609, Date:5/16/2019</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Delinda Kluser</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President, Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 541-932-4411</p> | | | | | |
| Study Area Code of Reporting Carrier | 532388 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: OREGON TELEPHONE CORPORATION</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Delinda Kluser</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: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Delinda Kluser</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President, Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 541-932-4411</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>532389</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: OREGON-IDAHO UTILITIES, INC. | | | | | |
| Signature of Authorized Officer or employee: Justin Perez | | | | <small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/20/2019</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Justin Perez | | | | | |
| Title or position of Authorized Officer or employee: Controller / Corporate Secretary | | | | | |
| Telephone number of Authorized Officer or employee: 208-461-7802 | | | | | |
| Study Area Code of Reporting Carrier | 532390 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PEOPLES TELEPHONE CO. - OR | | | | | |
| Signature of Authorized Officer or employee: Curt Thornton | | | | <small>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</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Curt Thornton | | | | | |
| Title or position of Authorized Officer or employee: President/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 503-769-2121 | | | | | |
| Study Area Code of Reporting Carrier | 532391 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: PINE TELEPHONE SYSTEM INC. - OR</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Delinda Kluser</p> | | | | <p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=pine telephone system inc. - or,l=Mt. Vernon OR 97865-0609, Date:5/16/2019</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Delinda Kluser</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President, Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 541-932-4411</p> | | | | | |
| Study Area Code of Reporting Carrier | 532392 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: PIONEER TELEPHONE COOP. DBA PIONEER CONNECT | | | | | |
| Signature of Authorized Officer or employee: Michael Whalen | | | | <small>Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370-0631, Date:5/17/2019</small> | |
| Date: 5/17/2019 | | | | | |
| Printed name of Authorized Officer or employee: Michael Whalen | | | | | |
| Title or position of Authorized Officer or employee: General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 541-929-8256 | | | | | |
| Study Area Code of Reporting Carrier | 532393 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ST. PAUL COOP. TEL. ASSN.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Nick Schneider</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: 5/20/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Nick Schneider</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-633-2111</p> | | | | | |
| Study Area Code of Reporting Carrier | 532396 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SCIO MUTUAL TEL. ASSOCIATION | | | | | |
| Signature of Authorized Officer or employee: Thomas Barth | | | | <small>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</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Thomas Barth | | | | | |
| Title or position of Authorized Officer or employee: CEO/General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 503-394-3366 | | | | | |
| Study Area Code of Reporting Carrier | 532397 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: STAYTON COOP. TEL CO | | | | | |
| Signature of Authorized Officer or employee: Curt Thornton | | | | <small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop. tel co,l=Stayton OR 97383, Date:5/17/2019</small> Date: 5/17/2019 | |
| Printed name of Authorized Officer or employee: Curt Thornton | | | | | |
| Title or position of Authorized Officer or employee: President/CEO | | | | | |
| Telephone number of Authorized Officer or employee: 503-769-2121 | | | | | |
| Study Area Code of Reporting Carrier | 532399 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: OREGON TELEPHONE CORPORATION (MTE-OREGON)</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Delinda Kluser</p> | | | | <p><small>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</small></p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Delinda Kluser</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President, Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 541-932-4411</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 533336 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CALAVERAS TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Rose Cullen</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: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Rose Cullen</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 209-785-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 542301 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: CAL-ORE TELEPHONE CO. | | | | | |
| Signature of Authorized Officer or employee: Waihun Yee | | | | <small>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co.,l=Dorris CA 96023-0847, Date:5/30/2019</small> Date: 5/30/2019 | |
| Printed name of Authorized Officer or employee: Waihun Yee | | | | | |
| Title or position of Authorized Officer or employee: Controller | | | | | |
| Telephone number of Authorized Officer or employee: 530-397-2211 | | | | | |
| Study Area Code of Reporting Carrier | 542311 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: DUCOR TELEPHONE COMPANY dba VARCOMM</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Jenifer Vellucci</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: 5/20/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Jenifer Vellucci</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO/AGM</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 602-432-3981</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>542313</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | |
|---|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier Foresthill Telephone Co (dba Sebastian) | | | |
| Signature of authorized officer <i>Rhonda Armstrong</i> | | Date 5/20/19 | |
| Printed name of authorized officer Rhonda Armstrong | | | |
| Title or position of authorized officer Vice President - Operations | | | |
| Telephone number of authorized officer: 559,846-7861 ext. | | | |
| Study Area Code of Reporting Carrier 542318 | | Filing Due Date for this form (mm/dd/yyyy) June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|--|--------|--|--------------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier Kerman Telephone Co (dba Sebastian) | | | |
| Signature of authorized officer <i>Rhonda Armstrong</i> | | Date | 5/20/19 |
| Printed name of authorized officer Rhonda Armstrong | | | |
| Title or position of authorized officer Vice President - Operations | | | |
| Telephone number of authorized officer: 559,846-7861 ext. | | | |
| Study Area Code of Reporting Center | 542324 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: THE PONDEROSA TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Kristann Mattes</p> | | | | <p><small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa telephone company,l=O'Neals CA 93645, Date:5/22/2019</small></p> | |
| <p>Date: 5/22/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Kristann Mattes</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 559-868-6346</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>542332</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: SIERRA TELEPHONE COMPANY, INC. | | | | | |
| Signature of Authorized Officer or employee: Cynthia Huber | | | | <small>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/28/2019</small> Date: 5/28/2019 | |
| Printed name of Authorized Officer or employee: Cynthia Huber | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 559-642-0209 | | | | | |
| Study Area Code of Reporting Carrier | 542338 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

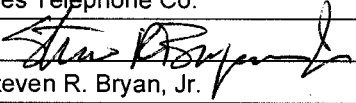
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | |
|--|--|--|------------------------|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | |
| Name of Reporting Carrier 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 | | | | |
| Study Area Code of Reporting Carrier 542339 | | Filing Due Date for this form (mm/dd/yyyy) June 17 2019 | | |
| <p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: VOLCANO TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brenda Shepard</p> | | | | <p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Date:5/16/2019</p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Brenda Shepard</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 209-296-1447</p> | | | | | |
| Study Area Code of Reporting Carrier | 542343 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | |
|---|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | | | |
| Name of Reporting Carrier 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 | | | |
| 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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: FILER MUTUAL TEL COMPANY-NV dba TRULEAP TECH</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Bob Kraut</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: 5/18/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Bob Kraut</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager/COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 208-326-4330</p> | | | | | |
| Study Area Code of Reporting Carrier | 552220 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|---|------------------------------|----------|
| Name of Reporting Carrier | | | | Rural Telephone Company - NV | |
| Signature of authorized officer | | | Date | | 05/24/19 |
| Printed name of authorized officer | | | Michael J. Martell | | |
| Title or position of authorized officer | | | Vice-President | | |
| Telephone number of authorized officer: | | | (208) 366-2614 | | |
| Study Area Code of Reporting Carrier | | 552233 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: BEEHIVE TELEPHONE COMPANY, INC., NV</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Larry Mason</p> | | | | <p><small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone company, inc., nv,l=Lake Point UT 84074, Date:5/22/2019</small></p> <p>Date: 5/22/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Larry Mason</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Senior Vice President Regulatory Affairs</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 435-837-6000</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>552284</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Mark Feest</p> | | | | <p><small>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill county tel. dba cc communications,l=Fallon NV 89407, Date:5/28/2019</small></p> <p>Date: 5/28/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Mark Feest</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 775-423-7654</p> | | | | | |
| Study Area Code of Reporting Carrier | 552349 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: LINCOLN COUNTY TELEPHONE SYSTEM INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: John Christian, III</p> | | | | <p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l=Piocche NV 89043, Date:5/16/2019</small></p> | |
| <p>Date: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: John Christian, III</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: President</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 775-962-5131</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>552351</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: RIO VIRGIN TELEPHONE COMPANY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brooke Wheeler</p> | | | | <p>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin telephone company, =Estacada OR 97023, Date:5/23/2019</p> | |
| <p>Date: 5/23/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Brooke Wheeler</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 503-630-8952</p> | | | | | |
| Study Area Code of Reporting Carrier | 552356 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: HUMBOLDT TELEPHONE COMPANY | | | | | |
| Signature of Authorized Officer or employee: Justin Perez | | | | <small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt telephone company,l=Nampa ID 83653, Date:5/20/2019</small> Date: 5/20/2019 | |
| Printed name of Authorized Officer or employee: Justin Perez | | | | | |
| Title or position of Authorized Officer or employee: Controller / Corporate Secretary | | | | | |
| Telephone number of Authorized Officer or employee: 208-461-7802 | | | | | |
| Study Area Code of Reporting Carrier | 553304 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Andilea Weaver</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: 5/30/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Andilea Weaver</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Vice President/COO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 907-222-0844</p> | | | | | |
| Study Area Code of Reporting Carrier | 610989 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|----------------------|--|---|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Clover McNeil</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: 5/16/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Clover McNeil</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 907-564-2680</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>613001</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | |
|--|-------------------------------|--|--------------|
| Name of Reporting Carrier | Bettles Telephone, Inc | | |
| Signature of authorized officer | <i>Mary Jo Quandt</i> | Date | 5/30/2019 |
| Printed name of authorized officer | Mary Jo Quandt | | |
| Title or position of authorized officer | V/P Chief Customer Operations | | |
| Telephone number of authorized officer: | 800 982-0136, ext. 115 | | |
| Study Area Code of Reporting Carrier | 613002 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|---|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: BRISTOL BAY TELEPHONE COOP. INC. | | | | | |
| Signature of Authorized Officer or employee: Jeffrey Fulton | | | | <small>Digitally signed by Jeffrey Fulton DN:cn=Jeffrey Fulton,email=jfulton@bristolbay.com,O=bristol bay telephone coop. inc.,l= , Date:5/31/2019</small> Date: 5/31/2019 | |
| Printed name of Authorized Officer or employee: Jeffrey Fulton | | | | | |
| Title or position of Authorized Officer or employee: CEO/General Manager | | | | | |
| Telephone number of Authorized Officer or employee: 907-439-0456 | | | | | |
| Study Area Code of Reporting Carrier | 613003 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: BUSH-TELL INCORPORATED | | | | | |
| Signature of Authorized Officer or employee: W. DeVore <small>Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tell incorporated, =Aniak AK 99557-0109, Date:5/31/2019</small> | | | | Date: 5/31/2019 | |
| Printed name of Authorized Officer or employee: W. DeVore | | | | | |
| Title or position of Authorized Officer or employee: President | | | | | |
| Telephone number of Authorized Officer or employee: 907-675-4311 | | | | | |
| Study Area Code of Reporting Carrier | 613004 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: CIRCLE TELEPHONE & ELECTRIC, LLC</p> | | | | | |
| <p>Signature of Authorized Officer or employee: David Masephol</p> | | | | <p><small>Digitally signed by David Masephol DN:cn=David Masephol,email=dmasephol@sbcglobal.net,O=circle telephone & electric, llc,l=Circle AK 99733, Date:5/17/2019</small></p> <p>Date: 5/17/2019</p> | |
| <p>Printed name of Authorized Officer or employee: David Masephol</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Member Owner</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 907-773-5500</p> | | | | | |
| Study Area Code of Reporting Carrier | 613005 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: COPPER VALLEY TEL. COOP. INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Laura Kompkoff</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: 5/16/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Laura Kompkoff</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 907-835-7712</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>613006</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: INTERIOR TELEPHONE COMPANY INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Brett Carter</p> | | | | <p>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc., Date:5/29/2019</p> | |
| <p>Date: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Brett Carter</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: VP/Controller</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 907-563-2003</p> | | | | | |
| Study Area Code of Reporting Carrier | 613011 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | | | |
|--|--------|--|--|--|--|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| Name of Reporting Carrier: MUKLUK TEL. COMPANY, INC. | | | | | |
| Signature of Authorized Officer or employee: Brett Carter | | | | <small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel. company, inc., Date:5/29/2019</small> | |
| Date: 5/29/2019 | | | | | |
| Printed name of Authorized Officer or employee: Brett Carter | | | | | |
| Title or position of Authorized Officer or employee: VP/Controller | | | | | |
| Telephone number of Authorized Officer or employee: 907-563-2003 | | | | | |
| Study Area Code of Reporting Carrier | 613016 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|-------------------------------|--|--------------------------|-----------|
| Name of Reporting Carrier | | | | Alaska Telephone Company | |
| Signature of authorized officer | | <i>Mary Jo Quandt</i> | | Date | 5/30/2019 |
| Printed name of authorized officer | | Mary Jo Quandt | | | |
| Title or position of authorized officer | | V/P Chief Customer Operations | | | |
| Telephone number of authorized officer: | | (800) 982-0136 ext. 115 | | | |
| Study Area Code of Reporting Carrier | | 613017 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: NUSHAGAK ELECTRIC & TELEPHONE COOP., INC.</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Robert Himschoot</p> | | | | <p>Digitally signed by Robert Himschoot DN:cn=Robert Himschoot,email=rhimschoot@nushagak.coop,O=nushagak electric & telephone coop., inc.,l=Dillingham AK 99576, Date:5/29/2019</p> | |
| <p>Date: 5/29/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Robert Himschoot</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 907-842-5251</p> | | | | | |
| Study Area Code of Reporting Carrier | 613018 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|--------|---|--------------------------------|------------|
| Name of Reporting Carrier | | | | OTZ Telephone Cooperative, Inc | |
| Signature of authorized officer | | | Date | | 05/30/2019 |
| Printed name of authorized officer | | | Kelly Williams | | |
| Title or position of authorized officer | | | CEO | | |
| Telephone number of authorized officer: | | | (907) 442-1000 | | |
| Study Area Code of Reporting Carrier | | 613019 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | |
|--|--|--------|--|-----------|
| Name of Reporting Carrier Yukon Telephone Company, Inc. | | | | |
| Signature of authorized officer  | | | Date | 5/24/2019 |
| Printed name of authorized officer Krag Johnsen | | | | |
| Title or position of authorized officer Vice President, Wholesale Business | | | | |
| Telephone number of authorized officer: (907) 868-0718, ext. | | | | |
| Study Area Code of Reporting Carrier | | 613025 | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | | | |
|--|--|-------------------------------|---|------------------------------|-----------|
| Name of Reporting Carrier | | | | North Country Telephone, Inc | |
| Signature of authorized officer | | <i>Mary Jo Quandt</i> | | Date | 5/30/2019 |
| Printed name of authorized officer | | Mary Jo Quandt | | | |
| Title or position of authorized officer | | V/P Chief Customer Operations | | | |
| Telephone number of authorized officer: | | 800-982-0136, ext. 115 | | | |
| Study Area Code of Reporting Carrier | | 613026 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: SUMMIT TEL & TEL CO OF ALASKA</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Roger Shoffstall</p> | | | | <p>Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonenumbercompany.com,O=summit tel & tel co of alaska,l=Fairbanks AK 99710, Date:5/24/2019</p> | |
| <p>Date: 5/24/2019</p> | | | | | |
| <p>Printed name of Authorized Officer or employee: Roger Shoffstall</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CEO/President/Owner/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 907-389-1012</p> | | | | | |
| Study Area Code of Reporting Carrier | 613028 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2019 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
|--|--------|--|--------------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier: Sandwich Isles Communications, Inc. | | | |
| Signature of authorized officer: <i>Breanne Kahalewai</i> | | Date: MAY 22 2019 | |
| Printed name of authorized officer: Breanne Kahalewai | | | |
| Title or position of authorized officer: President | | | |
| Telephone number of authorized officer: (808) 524-8400 | | | |
| Study Area Code of Reporting Carrier | 623021 | Filing Due Date for this form (mm/dd/yyyy) | June 17 2019 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | | | |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | | | |
| <p>Name of Reporting Carrier: AMERICAN SAMOA TELECOMMUNICATIONS AUTHORITY</p> | | | | | |
| <p>Signature of Authorized Officer or employee: Fala Sualevai</p> | | | | <p><small>Digitally signed by Fala Sualevai DN:cn=Fala Sualevai,email=fala.sualevai@astca.net,O=american samoa telecommunications authority,l=Pago Pago AS 96799, Date:5/29/2019</small></p> <p>Date: 5/29/2019</p> | |
| <p>Printed name of Authorized Officer or employee: Fala Sualevai</p> | | | | | |
| <p>Title or position of Authorized Officer or employee: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer or employee: 684-633-1121</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>673900</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/17/2019</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 AN OFFICER OF THE REPORTING CARRIER

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

Study Area ID Study Area Name

| | |
|--------|---|
| 100015 | CONSOLIDATED COMMUNICATIONS OF MAINE-COMM SVC |
| 150073 | BERKSHIRE TEL. CORP. |
| 150078 | CHAUTAUQUA & ERIE TEL. CORP. |
| 150084 | TACONIC TEL. CORP. |
| 170145 | BENTLEYVILLE COMM CORP dba THE BENTLEYVILLE TELEPHONE |
| 170185 | MARIANNA-SCENERY HILL TEL. CO. |
| 210291 | CONSOLIDATED COMM. OF FLORIDA COMPANY-FLORALA |
| 210329 | CONSOLIDATED COMM. OF FLORIDA COMPANY-PERRY |
| 210339 | CONSOLIDATED COMM. OF FLORIDA COMPANY-ST JOE |
| 300604 | COLUMBUS GROVE TEL. CO. |
| 300618 | GERMANTOWN INDEPENDENT TEL. CO. |
| 300649 | ORWELL TEL. CO. |
| 341004 | CONSOLIDATED COMM. OF CENTRAL IL CO.-EL PASO |
| 341009 | CONSOLIDATED COMM. OF CENTRAL IL CO.-C-R |
| 341065 | CONSOLIDATED COMM. OF CENTRAL IL CO.-ODIN |
| 411835 | CONSOLIDATED COMM. OF KANSAS CO.-KS |
| 421472 | CONSOLIDATED COMM. OF MO CO. dba CONS. COMM. |
| 431981 | CONSOLIDATED COMMUNICATIONS OF OKLAHOMA CO. |
| 461835 | CONSOLIDATED COMM. OF KANSAS CO.-CO |
| 462192 | CONSOLIDATED COMM. OF COLORADO CO.-BIG SANDY |
| 462204 | CONSOLIDATED COMM. OF COLORADO CO.-COLUMBINE |
| 522412 | CONSOLIDATED COMM. OF WASHINGTON CO.-ELLENSBURG |
| 522453 | CONSOLIDATED COMM. OF WASHINGTON CO.-YELM |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| | | | |
|--|---------------------|--|-----------------------|
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | | | |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> | | | |
| Name of Reporting Carrier Consolidations Communications Inc. | | | |
| Signature of authorized officer <i>Michael T. Skrivan</i> | | Date | 8/30/19 |
| Printed name of authorized officer Michael T. Skrivan | | | |
| Title or position of authorized officer Vice President Regulatory | | | |
| Telephone number of authorized officer: (207) 535-4150 | | | |
| Study Area Code of Reporting Carrier | See attached | Filing Due Date for this form (mm/dd/yyyy) | September 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> | | | |

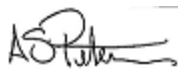
| SAR_ID | SAR_ABBR |
|--------|--------------------------|
| 411835 | CONS COMM KS - KS |
| 461835 | CONS COMM KS - CO |
| 462192 | CONS COMM KS - BIG SANDY |
| 462204 | CONS COMM KS - COLUMBINE |

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

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

Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 5/14/2019

Printed name of Authorized Officer **Andrew Petersen**

Title or position of Authorized Officer **Sr. Vice-President – Corporate Affairs**

Telephone number or Authorized Officer.

(608)664-4155 ext. _ _ _ _

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
Below**

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

6/17/2019

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

361413 – Mid-State Telephone Company dba KMP
240535 – Norway Telephone Company, Inc.
250311 – Oakman Telephone Company, Inc.
320816 – S and W Telephone Company
300662 – The Vanlue Telephone Company
320837 - West Point Telephone Company