

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=Albany NY 12207, Date:5/21/2020</small></p>	
<p>Date: 5/21/2020</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>	<p>100002</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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>					

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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:5/22/2020</small>				Date: 5/22/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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<p>Name of Reporting Carrier: CONSOLIDATED COMMUNICATIONS OF MAINE-COMM SVC</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated communications of maine-comm svc, Date:5/18/2020</small> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	100015		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: OXFORD COUNTY TEL. & TELE. 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 county tel. & tele. co.,l=Albany NY 12207, Date:5/21/2020</small></p> <p>Date: 5/21/2020</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>	<p>100019</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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>					

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Name of Reporting Carrier Union River Telephone Company			
Signature of authorized officer <i>William S. Silsby Jr.</i>		Date	May 20, 2020
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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Name of Reporting Carrier: 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.,I=Unity ME 04988-0165, Date:5/26/2020</small>				Date: 5/26/2020	
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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier: 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=regulatory@magna5global.com,O=magna5 rtc llc dba richmond telephone company,lc= , Date:5/29/2020</small>	
Date: 5/29/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier Bretton Woods Telephone Company, Inc.			
Signature of authorized officer <i>Karen M. Wante</i>		Date 05/26/2020	
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 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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Name of Reporting Carrier: 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:5/27/2020</small> Date: 5/27/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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<p>Name of Reporting Carrier: DUNBARTON TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: David Montgomery</p>				<p>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/15/2020</p>	
<p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: FRANKLIN TEL. CO.-VT</p>					
<p>Signature of Authorized Officer or employee: Kimberly Gates Maynard</p>				<p>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel. co. -vt, l=Franklin VT 05457, Date: 5/28/2020</p>	
<p>Date: 5/28/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier <u>TOPSHAM TELEPHONE COMPANY, INC.</u>			
Signature of authorized officer <u>Mark W. DePerris</u>		Date	<u>05/15/2020</u>
Printed name of authorized officer <u>MARK W. DEPERRIS</u>			
Title or position of authorized officer <u>CONTROLLER</u>			
Telephone number of authorized officer: <u>(315) 324 5911 ext.</u>			
Study Area Code of Reporting Carrier	<u>140068</u>	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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<p>Name of Reporting Carrier: WAITSFIELD/FAYSTON TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Roger Nishi</p>				<p>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=mishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/29/2020</p>	
<p>Date: 5/29/2020</p>					
<p>Printed name of Authorized Officer or employee: Roger Nishi</p>					
<p>Title or position of Authorized Officer or employee: Vice President - Industry Relations</p>					
<p>Telephone number of Authorized Officer or employee: 802-496-8336</p>					
Study Area Code of Reporting Carrier	140069		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: VERMONT TELEPHONE COMPANY, INC.</p>					
<p>Signature of Authorized Officer or employee: Dawn Tucker</p>				<p><small>Digitally signed by Dawn Tucker DN:cn=Dawn Tucker,email=DTUCKER@VERMONTTEL.com,O=vermont telephone company, inc., Date:5/28/2020</small></p>	
<p>Date: 5/28/2020</p>					
<p>Printed name of Authorized Officer or employee: Dawn Tucker</p>					
<p>Title or position of Authorized Officer or employee: Director of Accounting</p>					
<p>Telephone number of Authorized Officer or employee: 802-885-7783</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>147332</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<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:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: BERKSHIRE TEL. CORP.</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=berkshire tel. corp.,l= , Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	150073		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier: CASSADAGA TEL. CORP.					
Signature of Authorized Officer or employee: Mark Maytum				<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:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Mark Maytum					
Title or position of Authorized Officer or employee: President, COO					
Telephone number of Authorized Officer or employee: 716-673-3016					
Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
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<p>Name of Reporting Carrier: CHAMPLAIN TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Mark Webster</p>				<p><small>Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel. co.,l=Champlain NY 12919, Date:5/26/2020</small></p> <p>Date: 5/26/2020</p>	
<p>Printed name of Authorized Officer or employee: Mark Webster</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 518-298-2480</p>					
Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier: CHAUTAUQUA & ERIE TEL. CORP.					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=chautauqua & erie tel. corp.,l= , Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	150078		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier <u>CITIZENS TELEPHONE COMPANY OF HAMMOND, NY</u>				
Signature of authorized officer <u>Mark W. DePerrion</u>		Date <u>05/15/2020</u>		
Printed name of authorized officer <u>MARK W. DEPERRION</u>				
Title or position of authorized officer <u>CONTROLLER</u>				
Telephone number of authorized officer: <u>(315)321-5911</u> , ext.				
Study Area Code of Reporting Carrier <u>150081</u>		Filing Due Date for this form (mm/dd/yyyy) <u>June 16 2020</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: TACONIC TEL. CORP.</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=taconic tel. corp.,l= , Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	150084		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CROWN POINT TEL. CORP.					
Signature of Authorized Officer or employee: Shana Macey				<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:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Shana Macey					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 518-597-3300					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>150091</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small>	
Date: 5/18/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p> <p>Date: 5/27/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>150095</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: GERMANTOWN TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Bruce Bohnsack</p>				<p><small>Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:5/25/2020</small></p> <p>Date: 5/25/2020</p>	
<p>Printed name of Authorized Officer or employee: Bruce Bohnsack</p>					
<p>Title or position of Authorized Officer or employee: President and CEO</p>					
<p>Telephone number of Authorized Officer or employee: 518-537-4835</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150097</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HANCOCK TEL. CO.-NY					
Signature of Authorized Officer or employee: Robert Wrighter, Jr <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:5/15/2020</small>				Date: 5/15/2020	
Printed name of Authorized Officer or employee: Robert Wrighter, Jr					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 607-637-9912					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 TELCO LLC					
Signature of Authorized Officer or employee: Jeffrey McGrath				<small>Digitally signed by Jeffrey McGrath DN: cn=Jeffrey McGrath, email=jmcgrath@slcfiber.com, O=nicholville telco llc, l=Nicholville NY 12965, Date: 5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Jeffrey McGrath					
Title or position of Authorized Officer or employee: VP/Regulatory Affairs					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: ONEIDA COUNTY RURAL TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Heather Kirkland</p>				<p><small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural tel. co.,l=Holland Patent NY 13354, Date:5/28/2020</small></p> <p>Date: 5/28/2020</p>	
<p>Printed name of Authorized Officer or employee: Heather Kirkland</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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: 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@otttel.com,O=ontario telephone company, inc., Date:5/20/2020</p>	
<p>Date: 5/20/2020</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)	6/16/2020	
<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>					
<p>Name of Reporting Carrier: PATTERSONVILLE TEL. CO.-NY</p>					
<p>Signature of Authorized Officer or employee: Tammy Krisher</p>				<p><small>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel. co.-ny,l=Rotterdam Junc NY 12150, Date:5/26/2020</small></p> <p>Date: 5/26/2020</p>	
<p>Printed name of Authorized Officer or employee: Tammy Krisher</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 518-887-2121</p>					
Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: STATE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Mark Evans</p>				<p><small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/21/2020</small></p>	
<p>Date: 5/21/2020</p>					
<p>Printed name of Authorized Officer or employee: Mark Evans</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 518-731-6128</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150125</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p>	
<p>Date: 5/20/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>150131</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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	AI DocuSigned by: [Signature] k LLC		
Signature of authorized officer	[Signature: Bob Hagan]	Date	5/28/2020
Printed name of authorized officer	ROBERT T. Hagan		
Title or position of authorized officer	CFO		
Telephone number of authorized officer:	(470) 632-3979		
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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	Alte			DocuSigned by:	LLC	
Signature of authorized officer	Bob Hagan				Date	5/28/2020
Printed name of authorized officer	ROBERT F. Hagan					
Title or position of authorized officer	CFO					
Telephone number of authorized officer:	(470) 632-3979					
Study Area Code of Reporting Carrier	160135		Filing Due Date for this form (mm/dd/yyyy)	June 16 2020		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 OF PA COMPANY					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated communications of pa company,lc=, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	170145		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>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:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: LACKAWAXEN TELECOMMUNICATIONS SERVICES, INC.					
Signature of Authorized Officer or employee: James Kail				<small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l=Stahlstown PA 15687-0168, Date:5/22/2020</small>	
Date: 5/22/2020					
Printed name of Authorized Officer or employee: James Kail					
Title or position of Authorized Officer or employee: President and CEO					
Telephone number of Authorized Officer or employee: 724-593-2411					
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 OF PA COMPANY					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated communications of pa company,lc=, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	170185		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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.-PA</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.-pa, Date:5/29/2020</small></p> <p>Date: 5/29/2020</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	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</p>	
<p>Date: 5/15/2020</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>					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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. NORTH					
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. north,lc= , Date:5/29/2020</small> Date: 5/29/2020	
Printed name of Authorized Officer or employee: Mark Rankin					
Title or position of Authorized Officer or employee: Vice President Finance					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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>					
Study Area Code of Reporting Carrier	170196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PYMATUNING IND. 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=pymatuning ind. tel. co.,l= , Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 CANAAN TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: James Kail</p>				<p><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:5/22/2020</small></p> <p>Date: 5/22/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>170205</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: VENUS TEL. CORP.</p>					
<p>Signature of Authorized Officer or employee: Janice Kline</p>				<p><small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel. corp.,l=Venus PA 16364, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Janice Kline</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Asst. Sec/Treas.</p>					
<p>Telephone number of Authorized Officer or employee: 814-354-6400</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>170210</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

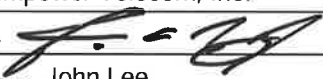
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa, Date: 5/21/2020</small></p> <p>Date: 5/21/2020</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>	170277		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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. OF MD</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. of md, Date:5/29/2020</small></p> <p>Date: 5/29/2020</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	180216		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Empower Telecom, Inc.			
Signature of authorized officer 		Date	5-21-2020
Printed name of authorized officer John Lee			
Title or position of authorized officer President and CEO			
Telephone number of authorized officer: (434) 372 - 6100 , ext. 6183			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/22/2020</small></p> <p>Date: 5/22/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

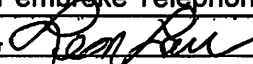
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p>	
<p>Date: 5/19/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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 Pembroke Telephone Cooperative			
Signature of authorized officer 		Date	05/18/2020
Printed name of authorized officer Leon Law			
Title or position of authorized officer President			
Telephone number of authorized officer: (540) 626-7111			
Study Area Code of Reporting Carrier	190243	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: 5/29/2020</p>	
<p>Date: 5/29/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: SCOTT COUNTY TEL. COOP. INC.					
Signature of Authorized Officer or employee: Daniel Odom				<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:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: Daniel Odom					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 276-452-7224					
Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/28/2020</small></p> <p>Date: 5/28/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TELEPHONE COMPANY - NR</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 telephone company - nr, Date: 5/28/2020</small></p> <p>Date: 5/28/2020</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	197251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/29/2020</small></p> <p>Date: 5/29/2020</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	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>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:5/22/2020</p>	
<p>Date: 5/22/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>200257</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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					
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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:5/26/2020</small>	
Date: 5/26/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/29/2020</small> Date: 5/29/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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.-WV</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=west side tel. co.-wv,l= , Date:5/21/2020</small></p> <p>Date: 5/21/2020</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>	200277		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMM. OF FLORIDA COMPANY-FLORALA</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of florida company-florala, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	210291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COMM. OF FLORIDA COMPANY-PERRY					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of florida company-perry,lc= , Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	210329		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 FLORIDA TEL. CO., INC.					
Signature of Authorized Officer or employee: Adam Dixon				<small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=northeast florida tel. co., inc.,l= , Date:5/18/2020</small> Date: 5/18/2020	
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	210335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMM. OF FLORIDA COMPANY-ST JOE</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of florida company-st joe, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	210339		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Kevin Brooks</p>				<p><small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/21/2020</small></p>	
<p>Date: 5/21/2020</p>					
<p>Printed name of Authorized Officer or employee: Kevin Brooks</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 912-632-8603</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>220344</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p> <p>Date: 5/27/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>220348</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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,1=Leslie GA 31764, Date:5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Darien Telephone Company			
Signature of authorized officer <i>Mary Lou Forsyth</i>		Date	May 26, 2020
Printed name of authorized officer Mary Lou Forsyth			
Title or position of authorized officer President			
Telephone number of authorized officer: (912) 437-6611			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Janice O'Brien</p>				<p><small>Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@gtconline.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:5/20/2020</small></p> <p>Date: 5/20/2020</p>	
<p>Printed name of Authorized Officer or employee: Janice O'Brien</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 912-523-5111</p>					
<p>Study Area Code of Reporting Carrier</p>	220365		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/27/2020</small> Date: 5/27/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>				<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:5/18/2020</small> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

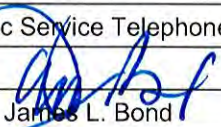
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: PLANT TEL. CO.					
Signature of Authorized Officer or employee: Gordon Duff <small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@planttel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/27/2020</small>				Date: 5/27/2020	
Printed name of Authorized Officer or employee: Gordon Duff					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 229-528-4777					
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p> <p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>220380</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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	05/26/2020
Printed name of authorized officer James L. Bond				
Title or position of authorized officer President				
Telephone number of authorized officer: (478) 847-4111, ext.				
Study Area Code of Reporting Carrier	220381	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: TRENTON TEL. CO.					
Signature of Authorized Officer or employee: Steven Tatum <small>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel. co.,l= , Date:5/29/2020</small>				Date: 5/29/2020	
Printed name of Authorized Officer or employee: Steven Tatum					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 706-657-4367					
Study Area Code of Reporting Carrier	220389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, l.l.c., Date: 5/27/2020</small></p> <p>Date: 5/27/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>220392</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

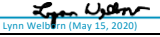
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=ellerbe tel. co. dba riverstreet networks, Date:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

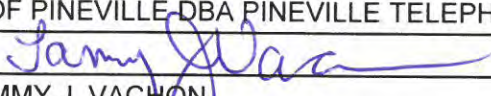
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Company dba North State Communications				
Signature of authorized officer						Date		05/15/2020	
Printed name of authorized officer				Lynn B. Welborn					
Title or position of authorized officer				Executive Vice President and Chief Administrative Officer					
Telephone number of authorized officer:				(336) 821-8766, ext.					
Study Area Code of Reporting Carrier			230491		Filing Due Date for this form (mm/dd/yyyy)		6/16/2020		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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	TOWN OF PINEVILLE DBA PINEVILLE TELEPHONE COMPANY			
Signature of authorized officer			Date	05/29/2020
Printed name of authorized officer	TAMMY J. VACHON			
Title or position of authorized officer	TELECOMMUNICATIONS DIRECTOR			
Telephone number of authorized officer:	7048892001, ext.			
Study Area Code of Reporting Carrier	230494	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Richard Parker</p>				<p><small>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</p>					
<p>Printed name of Authorized Officer or employee: Richard Parker</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 336-374-5021</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>230497</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Richard Parker</p>				<p><small>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</p>					
<p>Printed name of Authorized Officer or employee: Richard Parker</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 336-374-5021</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>230503</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,l= , Date:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,l= , Date:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.us,O=palmetto rural tel. coop., inc., Date:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: SANDHILL TEL. COOP., INC.					
Signature of Authorized Officer or employee: Lee Chambers				<small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@mysandhill.net,O=sandhill tel. coop., inc.,c=Jefferson SC 29718, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Lee Chambers					
Title or position of Authorized Officer or employee: CEO/Manager					
Telephone number of Authorized Officer or employee: 843-658-6379					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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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>Castleberry Telephone Co., Inc</u>			
Signature of authorized officer <u>Homer Holland</u>		Date	<u>5-22-20</u>
Printed name of authorized officer <u>Homer Holland</u>			
Title or position of authorized officer <u>Sec / Treas</u>			
Telephone number of authorized officer <u>(951) 966-2115</u> , ext.			
Study Area Code of Reporting Carrier <u>250285</u>		Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TRANSMITTAL NO. 1607

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			Date		05/28/2020
Printed name of authorized officer			Tyler Pair		
Title or position of authorized officer			CFO		
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,l=Ramer AL 36069, Date:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:5/20/2020</p>	
<p>Date: 5/20/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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				New Hope Telephone Cooperative, Inc.	
Signature of authorized officer				Date	5/28/20
Printed name of authorized officer		Daniel Martin			
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 16 2020		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: PINE BELT TEL. CO.					
Signature of Authorized Officer or employee: John Nettles				<small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/21/2020</small> Date: 5/21/2020	
Printed name of Authorized Officer or employee: John Nettles					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 334-385-2106					
Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

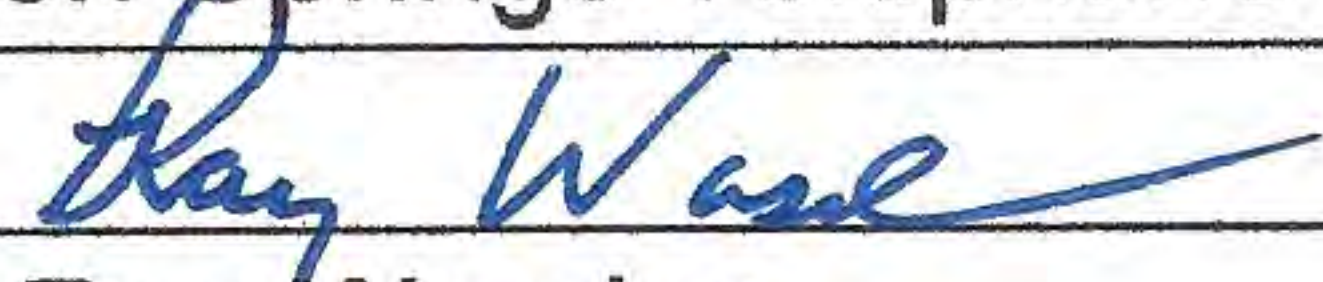
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel. co.,l=Ragland AL 35131, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Company, Inc.				
Signature of authorized officer						Date		5/26/2020	
Printed name of authorized officer				Ray Wasden					
Title or position of authorized officer				General Manager					
Telephone number of authorized officer:				(334) 738-4400, ext.					
Study Area Code of Reporting Carrier			250322		Filing Due Date for this form (mm/dd/yyyy)		June 16 2020		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BALLARD RURAL TEL. COOP. CORP., INC.</p>					
<p>Signature of Authorized Officer or employee: Randy Grogan</p>				<p><small>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=randy.grogan@btc.coop,O=ballard rural tel. coop. corp., inc.,l=La Center KY 42056, Date:5/28/2020</small></p> <p>Date: 5/28/2020</p>	
<p>Printed name of Authorized Officer or employee: Randy Grogan</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 270-665-5186</p>					
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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				Brandenburg Telephone Company, Inc.	
Signature of authorized officer			Date		05/19/2020
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 16 2020	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: DUO COUNTY TEL. COOP., INC.					
Signature of Authorized Officer or employee: Daryl Hammond				<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:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Daryl Hammond					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 270-343-3131					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: FOOTHILLS RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: Ruth Conley</p>				<p><small>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/29/2020</small></p>	
<p>Date: 5/29/2020</p>					
<p>Printed name of Authorized Officer or employee: Ruth Conley</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 606-297-9131</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>260406</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop., inc.,l=Auburn KY 42206, Date:5/20/2020</p>	
<p>Date: 5/20/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>260413</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MOUNTAIN RURAL TEL. COOP. CORP., INC.</p>					
<p>Signature of Authorized Officer or employee: Shayne Ison</p>				<p>Digitally signed by Shayne Ison DN:cn=Shayne Ison,email=sison@mountaintelephone.com,O=mountain rural tel. coop. corp., inc.,l=West Liberty KY 41472, Date:5/27/2020</p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Shayne Ison</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 606-743-3121</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>260414</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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				Peoples Rural Telephone Cooperative Corp.	
Signature of authorized officer		<i>Christine Duncan</i>		Date	05/18/2020
Printed name of authorized officer		Christine Duncan			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(606) 287-5485			
Study Area Code of Reporting Carrier		260415	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: THACKER/GRIGSBY TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: William Grigsby</p>				<p><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:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: William Grigsby</p>					
<p>Title or position of Authorized Officer or employee: President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 606-785-9500</p>					
<p>Study Area Code of Reporting Carrier</p>	260419		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 KY. RURAL TEL. COOP. CORP., INC.</p>					
<p>Signature of Authorized Officer or employee: Tiffany Myers</p>				<p>Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west ky. rural tel. coop. corp., inc.,l=Mayfield KY 42066, Date:5/15/2020</p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Tiffany Myers</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 270-804-4110</p>					
Study Area Code of Reporting Carrier	260421		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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=tedens@epictouch.com,O=campiti-pleasant hill tel. co.,l=Natchitoches LA 71458, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	270426		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/29/2020</small></p>	
<p>Date: 5/29/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>270428</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: KAPLAN TEL. CO.					
Signature of Authorized Officer or employee: Richard Constantin <small>Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:5/29/2020</small>				Date: 5/29/2020	
Printed name of Authorized Officer or employee: Richard Constantin					
Title or position of Authorized Officer or employee: Regulatory Manager					
Telephone number of Authorized Officer or employee: 337-643-4242					
Study Area Code of Reporting Carrier	270432		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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	05/22/2020
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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=jeremy@directcom.com,O=star tel. co., inc.,l=Rockland ID 83271, Date:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p>	
<p>Date: 5/20/2020</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>					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Tom Griffin DN:cn=Tom Griffin,email=tgriffin@franklintelephone.com,O=franklin tel. co., inc.-ms, Bude MS 39630, Date:5/26/2020</p>	
<p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: GEORGETOWN TELE. CO., INC.					
Signature of Authorized Officer or employee: Joie Miller				<small>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlcoadmin.com,O=georgetown tele. co., inc.,l=Georgetown MS 39078, Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Joie Miller					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 601-858-2211					
Study Area Code of Reporting Carrier	280456		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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				Noxapater Telephone Company	
Signature of authorized officer			Date		May 20, 2020
Printed name of authorized officer			John Pearce		
Title or position of authorized officer			President		
Telephone number of authorized officer: 601 - 764-3171					
Study Area Code of Reporting Carrier		280461	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

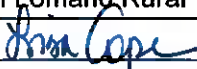
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</p>	
<p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 TEL. CO., INC.					
Signature of Authorized Officer or employee: Tiffany Myers				<small>Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=ardmore tel. co., inc.,l=Mayfield KY 42066, Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Tiffany Myers					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 270-804-4110					
Study Area Code of Reporting Carrier	290280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.			
Signature of authorized officer 		Date	5-15-2020
Printed name of authorized officer Lisa Cope			
Title or position of authorized officer General Manager / CEO			
Telephone number of authorized officer: 931-668-4131 ext.			
Study Area Code of Reporting Carrier	290553	Filing Due Date for this form (mm/dd/yyyy)	6/13/20
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

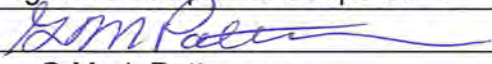
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Bledsoe Telephone Cooperative, Inc.	
Signature of authorized officer		<i>John Lee Downey</i>		Date	5/18/20
Printed name of authorized officer		John Lee Downey			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(423) 447-2121 ext.			
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	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:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Highland Telephone Cooperative			
Signature of authorized officer 		Date	May 21, 2020
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: LORETTO TEL. CO., INC.					
Signature of Authorized Officer or employee: Jason Shelton				<small>Digitally signed by Jason Shelton DN:cn=Jason Shelton,email=jason.shelton@lorettotel.com,O=loretto tel. co., inc.,l=Loretto TN 38469, Date:5/27/2020</small> Date: 5/27/2020	
Printed name of Authorized Officer or employee: Jason Shelton					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 931-853-3333					
Study Area Code of Reporting Carrier	290570		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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				<small>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:5/18/2020</small>	
Date: 5/18/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 KENTUCKY RURAL TELEPHONE COOP. CORP.-TN</p>					
<p>Signature of Authorized Officer or employee: Tiffany Myers</p>				<p>Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west kentucky rural telephone coop. corp.-tn,l=Mayfield KY 42066, Date:5/15/2020</p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Tiffany Myers</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 270-804-4110</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>290598</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: 5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 RIDGE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Mark Miller</p>				<p><small>Digitally signed by Mark Miller DN:cn=Mark Miller,email=mmiller@watchtv.net,O=benton ridge tel. co.,l=, Date:5/21/2020</small></p> <p>Date: 5/21/2020</p>	
<p>Printed name of Authorized Officer or employee: Mark Miller</p>					
<p>Title or position of Authorized Officer or employee: General Manager/VP</p>					
<p>Telephone number of Authorized Officer or employee: 419-859-2144</p>					
Study Area Code of Reporting Carrier	300590		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	Buckland Telephone Company		
Signature of authorized officer	<i>Douglas G. Place</i>	Date	05262020
Printed name of authorized officer	Douglas G. Place		
Title or position of authorized officer	General Manager		
Telephone number of authorized officer:	(419) 657-2222		
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 CHAMPAIGN TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Tiffany Ebersold</p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,c=US, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Tiffany Ebersold</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 937-653-2263</p>					
Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MCCLURE TEL. CO.					
Signature of Authorized Officer or employee: Lance Miller <small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:5/20/2020</small>				Date: 5/20/2020	
Printed name of Authorized Officer or employee: Lance Miller					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COMM. OF OHIO CO.-COLUMBUS GROVE					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of ohio co.-columbus grove,lf= , Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	300604		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CONNEAUT TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Deanna Brown</p>				<p><small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@greatwavecom.com,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Deanna Brown</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 440-593-7138</p>					
<p>Study Area Code of Reporting Carrier</p>	300606		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Doylestown Telephone Company					
Signature of authorized officer <i>Thomas J. Brockman</i>				Date	May 21, 2020
Printed name of authorized officer Thomas J. Brockman					
Title or position of authorized officer President					
Telephone number of authorized officer: (330) 658-2121 ext.					
Study Area Code of Reporting Carrier		300609	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel. co.,l=Ft. Jennings OH 45844-0146, Date:5/22/2020</small></p> <p>Date: 5/22/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COMM. OF OHIO CO.-GERMANTOWN					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of ohio co.-germantown, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	300618		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MIDDLE POINT HOME TEL. 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=middle point home tel. co.,l= , Date:5/21/2020</small></p> <p>Date: 5/21/2020</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	300633		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MINFORD TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Paula McGraw</p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/19/2020</p>	
<p>Date: 5/19/2020</p>					
<p>Printed name of Authorized Officer or employee: Paula McGraw</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 740-820-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300634</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: THE NEW KNOXVILLE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Preston Meyer</p>				<p><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:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Preston Meyer</p>					
<p>Title or position of Authorized Officer or employee: Sales Manager/Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer or employee: 419-753-2457</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300639</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>300644</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMM. OF OHIO CO.-ORWELL</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of ohio co.-orwell, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	300649		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/22/2020</small></p> <p>Date: 5/22/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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.-OH					
Signature of Authorized Officer or employee: Aaron Jones				<small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh,l=Carrollton OH 44615, Date:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Aaron Jones					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 330-895-4391					
Study Area Code of Reporting Carrier	300651		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Dave Gobrogge</p>				<p><small>Digitally signed by Dave Gobrogge DN:cn=Dave Gobrogge,email=dgobrogge@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:5/21/2020</small></p> <p>Date: 5/21/2020</p>	
<p>Printed name of Authorized Officer or employee: Dave Gobrogge</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-267-5185</p>					
<p>Study Area Code of Reporting Carrier</p>	300654		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: SHERWOOD MUTUAL TEL. ASSOC.					
Signature of Authorized Officer or employee: Richard Rostorfer <small>Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel. assoc.,l=Sherwood OH 43556, Date:5/18/2020</small>				Date: 5/18/2020	
Printed name of Authorized Officer or employee: Richard Rostorfer					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-899-2121					
Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</small></p> <p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</small></p> <p>Date: 5/21/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	300663		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 MUTUAL TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Mike Boley</p>				<p><small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/29/2020</small></p> <p>Date: 5/29/2020</p>	
<p>Printed name of Authorized Officer or employee: Mike Boley</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 419-942-1111</p>					
Study Area Code of Reporting Carrier	300664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>				<p><small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband communications cooperative,/= , Date:5/20/2020</small></p> <p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: BARAGA TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Paul Stark <small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/15/2020</small>				Date: 5/15/2020	
Printed name of Authorized Officer or employee: Paul Stark					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 906-353-6644					
Study Area Code of Reporting Carrier	310675		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/29/2020</small></p> <p>Date: 5/29/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BLANCHARD TELEPHONE CO.</p>					
<p>Signature of Authorized Officer or employee: Ronald Ray</p>				<p>Digitally signed by Ronald Ray DN:cn=Ronald Ray,email=r ray@blanchardtel.com,O=blanchard telephone co.,l=Blanchard MI 49310, Date:5/18/2020</p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: Ronald Ray</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 989-561-9932</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>310678</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdale.com.net,O=bloomingdale tel. co.,l=Bloomingdale MI 49026, Date:5/27/2020</p>	
<p>Date: 5/27/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: CARR TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Terri Bogner</p>				<p><small>Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel. co.,l= , Date:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: Terri Bogner</p>					
<p>Title or position of Authorized Officer or employee: Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 231-898-2244</p>					
Study Area Code of Reporting Carrier	310683		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CLIMAX TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Heather Haydo</p>				<p><small>Digitally signed by Heather Haydo DN:cn=Heather Haydo,email=hhaydo@ctstelecom.com,O=climax tel. co.,l= , Date:5/27/2020</small></p> <p>Date: 5/27/2020</p>	
<p>Printed name of Authorized Officer or employee: Heather Haydo</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 269-746-3244</p>					
<p>Study Area Code of Reporting Carrier</p>	310688		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: DEERFIELD FARMERS TEL. CO.					
Signature of Authorized Officer or employee: Robert Parisien				<small>Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co., Date: 5/15/2020</small>	
Date: 5/15/2020					
Printed name of Authorized Officer or employee: Robert Parisien					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 734-279-5514					
Study Area Code of Reporting Carrier	310691		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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 Mutual Telephone of Chapin	
Signature of authorized officer		<i>Laurie S. Ringle</i>		Date	5-22-2020
Printed name of authorized officer		Laurie 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 16 2020		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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	05/22/2020
Printed name of authorized officer Jon W. Cribbs			
Title or position of authorized officer President			
Telephone number of authorized officer: (231) 362-3111 , ext.			
Study Area Code of Reporting Carrier	310703	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 MI, INC.					
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 mi, inc.,l=Houston MN 55943-0360, Date:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Todd Roesler					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 507-896-6292					
Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>Lennon Telephone Company</i>			
Signature of authorized officer <i>Randy Fletcher</i>		Date	<i>5/18/20</i>
Printed name of authorized officer <i>Randy Fletcher</i>			
Title or position of authorized officer <i>CFO</i>			
Telephone number of authorized officer: <i>(516) 624-3361</i> , ext.			
Study Area Code of Reporting Carrier	<i>310708</i>	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MIDWAY TEL. CO.					
Signature of Authorized Officer or employee: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/27/2020</small> Date: 5/27/2020	
Printed name of Authorized Officer or employee: Camie Nebel-Conklin					
Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer or employee: 906-387-9911					
Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</p>	
<p>Date: 5/27/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: OGDEN TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Kristen Fisher</p>				<p><small>Digitally signed by Kristen Fisher DN:cn=Kristen Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l= , Date:5/26/2020</small></p> <p>Date: 5/26/2020</p>	
<p>Printed name of Authorized Officer or employee: Kristen Fisher</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 517-443-5595</p>					
Study Area Code of Reporting Carrier	310714		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ONTONAGON COUNTY TEL. CO.					
Signature of Authorized Officer or employee: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel. co.,l= , Date:5/27/2020</small> Date: 5/27/2020	
Printed name of Authorized Officer or employee: Camie Nebel-Conklin					
Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer or employee: 906-387-9911					
Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PIGEON TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Neal Eichler</p>				<p><small>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Neal Eichler</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 989-453-4391</p>					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>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:5/29/2020</p>	
<p>Date: 5/29/2020</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>	<p>310725</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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					Springport Telephone Company				
Signature of authorized officer				Date		05/26/2020			
Printed name of authorized officer					Mark Cutler				
Title or position of authorized officer					Treasurer				
Telephone number of authorized officer:					5178573100, ext.				
Study Area Code of Reporting Carrier		310728		Filing Due Date for this form (mm/dd/yyyy)		June 16 2020			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p> <p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</p> <p>Date: 5/19/2020</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>					
Study Area Code of Reporting Carrier	310734		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Westphalia Telephone Company			
Signature of authorized officer <i>Laurie S. Ringle</i>		Date 5/19/20	
Printed name of authorized officer Laurie Ringle			
Title or position of authorized officer Treasurer			
Telephone number of authorized officer: (989) 587-5008			
Study Area Code of Reporting Carrier	310735	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p> <p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 MICHIGAN, INC. (OLD MISSION)</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 michigan, inc. (old mission),l=Houston MN 55943-0360, Date:5/20/2020</small></p>	
<p>Date: 5/20/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>310777</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=michigan central broadband company, llc, =Carney MI 49812-0086, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: 5/29/2020</small></p> <p>Date: 5/29/2020</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>					
Study Area Code of Reporting Carrier	320753		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CRAIGVILLE TEL. CO., INC.					
Signature of Authorized Officer or employee: Lee Von Gunten				<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:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Lee Von Gunten					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 260-565-3131					
Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.					
Signature of Authorized Officer or employee: Kirk Lehman				<small>Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=daviess-martin cty. rural tel. dba rtc comm.,l= , Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Kirk Lehman					
Title or position of Authorized Officer or employee: CEO/Executive VP					
Telephone number of Authorized Officer or employee: 812-486-3211					
Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: GEETINGSVILLE TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Steve Scott</p>				<p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l= , Date:5/15/2020</small></p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Steve Scott</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 765-258-3111</p>					
<p>Study Area Code of Reporting Carrier</p>	320771		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Randy Mead DN:cn=Randy Mead,email=rmead@ligtel.net,O=ligonier tel. co.,l= , Date:5/28/2020</small></p> <p>Date: 5/28/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MONON TEL. CO., INC.					
Signature of Authorized Officer or employee: Bruce Hanway				<small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Bruce Hanway					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 219-253-6601					
Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>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:5/26/2020</p>	
<p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: NEW LISBON TEL. CO., INC.					
Signature of Authorized Officer or employee: John Greene				<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:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: John Greene					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 765-332-2413					
Study Area Code of Reporting Carrier	320796		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p> <p>Date: 5/26/2020</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>					
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/28/2020</small></p> <p>Date: 5/28/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: 5/28/2020</p>	
<p>Date: 5/28/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>320807</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/19/2020</small></p> <p>Date: 5/19/2020</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>					
Study Area Code of Reporting Carrier	320813		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	320815		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/27/2020</small></p>	
<p>Date: 5/27/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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:5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: 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:5/20/2020</small> Date: 5/20/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: SWEETSER RURAL TEL. CO., INC.					
Signature of Authorized Officer or employee: Scott Winger				<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:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Scott Winger					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 765-384-4311					
Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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				Washington County Rural Telephone Coop. Inc.	
Signature of authorized officer		[Signature]		Date	5/20/2020
Printed name of authorized officer		Roland King			
Title or position of authorized officer		President			
Telephone number of authorized officer:		829.673171 ext.			
Study Area Code of Reporting Carrier		320834	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: YEOMAN TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: David Blacker</p>				<p><small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel. co., inc.,l= , Date:5/21/2020</small></p> <p>Date: 5/21/2020</p>	
<p>Printed name of Authorized Officer or employee: David Blacker</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 574-965-2100</p>					
Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/18/2020</small></p> <p>Date: 5/18/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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:5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: BELMONT TEL. CO.					
Signature of Authorized Officer or employee: Deb Egli				<small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel. co.,l=Cuba City WI 53807, Date:5/21/2020</small> Date: 5/21/2020	
Printed name of Authorized Officer or employee: Deb Egli					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 608-744-3500					
Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier: BERGEN TEL. CO.					
Signature of Authorized Officer or employee: Brad Ellefson				<small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Brad Ellefson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 262-736-9981					
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small>				Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

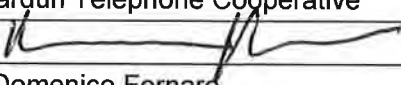
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: BRUCE TEL. CO., INC.					
Signature of Authorized Officer or employee: John Manosky				<small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:5/22/2020</small> Date: 5/22/2020	
Printed name of Authorized Officer or employee: John Manosky					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 715-868-5111					
Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Chibardun Telephone Cooperative			
Signature of authorized officer 		Date May 26, 2020	
Printed name of authorized officer Domenico Fornaro			
Title or position of authorized officer Chief Executive Officer			
Telephone number of authorized officer: 715-458-5400 ext			
Study Area Code of Reporting Carrier 330861		Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</p>	
<p>Date: 5/19/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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					
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<p>Name of Reporting Carrier: CLEAR LAKE TEL. CO., INC.-WI</p>					
<p>Signature of Authorized Officer or employee: Tim Kusilek</p>				<p><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:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Tim Kusilek</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-263-2755</p>					
Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: COCHRANE COOP. TEL. CO.					
Signature of Authorized Officer or employee: Gina Tomlinson				<small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop. tel. co.,l=Cochrane WI 54622-0189, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: Gina Tomlinson					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 608-248-2323					
Study Area Code of Reporting Carrier	330866		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>330868</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city tel. exch. co.,l=Cuba City WI 53807, Date:5/21/2020</small></p>	
<p>Date: 5/21/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>330872</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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 IND. TEL. CO.-WI</p>					
<p>Signature of Authorized Officer or employee: Terry Kucera</p>				<p><small>Digitally signed by Terry Kucera DN:cn=Terry Kucera,email=terry@grantsburgtelcom.com,O=farmers ind. tel. co.-wi,l=Grantsburg WI 54840-0447, Date:5/22/2020</small></p> <p>Date: 5/22/2020</p>	
<p>Printed name of Authorized Officer or employee: Terry Kucera</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: HILLSBORO TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Carla Shaker</p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Carla Shaker</p>					
<p>Title or position of Authorized Officer or employee: Treasurer/Office Mgr.</p>					
<p>Telephone number of Authorized Officer or employee: 608-489-3230</p>					
Study Area Code of Reporting Carrier	330892		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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:5/19/2020</small>	
Date: 5/19/2020					
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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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=gregr@lrc.coop,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/15/2020</small></p> <p>Date: 5/15/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	330899		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Donna Rezin</p>				<p>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel. co.,l=Camp Douglas WI 54618, Date:5/15/2020</p> <p>Date: 5/15/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>330900</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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					
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,l=Milltown WI 54858, Date:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/22/2020</small></p> <p>Date: 5/22/2020</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>					
Study Area Code of Reporting Carrier	330905		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/27/2020</small> Date: 5/27/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: NELSON COMMUNICATIONS COOPERATIVE</p>					
<p>Signature of Authorized Officer or employee: Christy Berger</p>				<p><small>Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@ntec.net,O=nelson communications cooperative,l=Durand WI 54736-0228, Date:5/26/2020</small></p> <p>Date: 5/26/2020</p>	
<p>Printed name of Authorized Officer or employee: Christy Berger</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 715-672-4204</p>					
<p>Study Area Code of Reporting Carrier</p>	330918		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/19/2020</small></p>	
<p>Date: 5/19/2020</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>330920</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: RICHLAND-GRANT TEL. COOP., INC.					
Signature of Authorized Officer or employee: John Bartz				<small>Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwlt.net,O=richland-grant tel. coop., inc.,l=Blue River WI 53518, Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: John Bartz					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 608-537-2461					
Study Area Code of Reporting Carrier	330942		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: SHARON TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Brad Ellefson</p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/19/2020</small></p>	
<p>Date: 5/19/2020</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)	6/16/2020	
<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>					
<p>Name of Reporting Carrier: SIREN TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Sid Sherstad</p>				<p><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:5/20/2020</small></p>	
<p>Date: 5/20/2020</p>					
<p>Printed name of Authorized Officer or employee: Sid Sherstad</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 715-349-2224</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330949</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SOMERSET TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Michael Jensen</p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel. co., inc.,l= , Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Jensen</p>					
<p>Title or position of Authorized Officer or employee: President & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-268-7101</p>					
Study Area Code of Reporting Carrier	330951		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel. co., inc.,l=Spring Valley WI 54767, Date:5/20/2020</small></p> <p>Date: 5/20/2020</p>	
<p>Printed name of Authorized Officer or employee: Carol Anderson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</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>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p> <p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/22/2020</small></p> <p>Date: 5/22/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	330962		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: VERNON COMMUNICATIONS COOPERATIVE</p>					
<p>Signature of Authorized Officer or employee: Rodney Olson</p>				<p><small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Rodney Olson</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 608-634-7421</p>					
Study Area Code of Reporting Carrier	330966		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	330971		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: WITTENBERG TEL. CO.					
Signature of Authorized Officer or employee: Linda Garbelman				<small>Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Linda Garbelman					
Title or position of Authorized Officer or employee: CFO/Treasurer					
Telephone number of Authorized Officer or employee: 715-253-2115					
Study Area Code of Reporting Carrier	330973		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: WOOD COUNTY 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=wood county tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/22/2020</small></p> <p>Date: 5/22/2020</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>	<p>330974</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</small></p>	
<p>Date: 5/21/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	340976		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p>	
<p>Date: 5/27/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: CAMBRIDGE TEL. CO.-IL					
Signature of Authorized Officer or employee: Judith Denys				<small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il,=Geneseo IL 61254-0330, Date:5/21/2020</small> Date: 5/21/2020	
Printed name of Authorized Officer or employee: Judith Denys					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 309-944-8017					
Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Amy Parlier</p>				<p>Digitally signed by Amy Parlier DN:cn=Amy Parlier,email=amy@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:5/21/2020</p>	
<p>Date: 5/21/2020</p>					
<p>Printed name of Authorized Officer or employee: Amy Parlier</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 217-452-4112</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>340984</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Company			
Signature of authorized officer <i>Patricia Rhoads</i>		Date	5/26/2020
Printed name of authorized officer Patricia Rhoads			
Title or position of authorized officer Secretary/Treasurer			
Telephone number of authorized officer: (217) 889-3822			
Study Area Code of Reporting Carrier	340990	Filing Due Date for this form (mm/dd/yyyy)	June 15 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TRANSMITTAL NO. 1607

05/26/2020 12:06PM (GMT-04:00)

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p>	
<p>Date: 5/18/2020</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>	<p>340993</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Matt Bollinger</p>				<p><small>Digitally signed by Matt Bollinger DN:cn=Matt Bollinger,email=mbollinger@egyptian.net,O=egyptian tel. coop. assn.,l= , Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Matt Bollinger</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 618-774-1000</p>					
<p>Study Area Code of Reporting Carrier</p>	341003		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMM. OF CENTRAL IL CO.-EL PASO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of central il co.-el paso, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	341004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMM. OF CENTRAL IL CO.-C-R</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of central il co.-c-r, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	341009		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Barry Adair</p>				<p>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=flat rock tel. coop., inc.,l=Louisville IL 62858, Date:5/17/2020</p>	
<p>Date: 5/17/2020</p>					
<p>Printed name of Authorized Officer or employee: Barry Adair</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 618-665-3311</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341012</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: GENESEO TEL. CO.					
Signature of Authorized Officer or employee: Judith Denys				<small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=geneseo tel. co.,l=Geneseo IL 61254-0330, Date:5/21/2020</small> Date: 5/21/2020	
Printed name of Authorized Officer or employee: Judith Denys					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 309-944-8017					
Study Area Code of Reporting Carrier	341016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: Glasford Telephone Company				
Signature of authorized officer: <i>Duane R. Goetze</i>			Date	5/26/2020
Printed name of authorized officer: Duane Goetze				
Title or position of authorized officer: President				
Telephone number of authorized officer: 309-389-2111 ext. 1				
Study Area Code of Reporting Carrier	341017	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/26/2020</small> Date: 5/26/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: THE GRANDVIEW MUTUAL TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Angela Tate</p>				<p><small>Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: Angela Tate</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 217-946-4101</p>					
Study Area Code of Reporting Carrier	341021		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

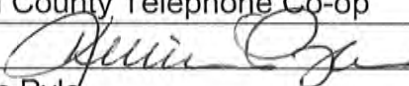
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: GRIDLEY TEL. CO.					
Signature of Authorized Officer or employee: Herb Flesher <small>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/18/2020</small>				Date: 5/18/2020	
Printed name of Authorized Officer or employee: Herb Flesher					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 309-747-3780					
Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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	5-19-20
Printed name of authorized officer	Kevin Pyle		
Title or position of authorized officer	GM/EVP		
Telephone number of authorized officer:	(618) 736-2211		
Study Area Code of Reporting Carrier	341024	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020

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


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: SHAWNEE TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Michael Guffy				<small>Digitally signed by Michael Guffy DN:cn=Michael Guffy,email=mguffy@shawneetel.com,O=shawnee telephone company,I=Equality IL 62934, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: Michael Guffy					
Title or position of Authorized Officer or employee: VP - Regulatory Affairs					
Telephone number of Authorized Officer or employee: 618-276-3309					
Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: Judith Denys <div> <small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=henry county tel. co.,l=Geneseo IL 61254-0330, Date:5/21/2020</small> </div>				Date: 5/21/2020	
Printed name of Authorized Officer or employee: Judith Denys					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 309-944-8017					
Study Area Code of Reporting Carrier	341029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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	5/22/2020
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 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>341043</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lmet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/28/2020</p> <p>Date: 5/28/2020</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>					
Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: LEONORE MUTUAL TEL. CO.					
Signature of Authorized Officer or employee: Donna Naas				<small>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmte@lmte.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: Donna Naas					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 815-856-3164					
Study Area Code of Reporting Carrier	341046		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small>	
Date: 5/18/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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					McNabb Telephone Company					
Signature of authorized officer					<i>Richard Ashdown</i> 5/27/20					
					Date					
Printed name of authorized officer					Richard Ashdown					
Title or position of authorized officer					President					
Telephone number of authorized officer:					(815) 882-2201, ext.					
Study Area Code of Reporting Carrier					341048		Filing Due Date for this form (mm/dd/yyyy)		June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>				
Name of Reporting Carrier Madison Telephone Company				
Signature of authorized officer <i>Mary Westerhold</i>			Date	05/26/2020
Printed name of authorized officer Mary Westerhold				
Title or position of authorized officer VP/CFO				
Telephone number of authorized officer: (618) 635-1000				
Study Area Code of Reporting Carrier		341049	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MARSEILLES TEL. CO. OF MARS.</p>					
<p>Signature of Authorized Officer or employee: Ann Dickerson</p>				<small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=adickerson@corp.mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:5/22/2020</small>	
<p>Date: 5/22/2020</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	341050		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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=adickerson@corp.mtco.com,O=metamora tel. co.,l=Metamora IL 61548-0800, Date:5/22/2020</small></p> <p>Date: 5/22/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: 5/21/2020</small></p>	
<p>Date: 5/21/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>341054</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/17/2020</small></p> <p>Date: 5/17/2020</p>	
<p>Printed name of Authorized Officer or employee: Barry Adair</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 618-665-3311</p>					
Study Area Code of Reporting Carrier	341058		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MOULTRIE INDEPENDENT TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Michael Guffy</p>				<p>Digitally signed by Michael Guffy DN:cn=Michael Guffy,email=mguffy@shawneetel.com,O=moultrie independent tel. co.,l=Equality IL 62934, Date:5/26/2020</p>	
<p>Date: 5/26/2020</p>					
<p>Printed name of Authorized Officer or employee: Michael Guffy</p>					
<p>Title or position of Authorized Officer or employee: VP - Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 618-276-3309</p>					
Study Area Code of Reporting Carrier	341060		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 WINDSOR TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Kirby Willems</p>				<p><small>Digitally signed by Kirby Willems DN:cn=Kirby Willems,email=k.willems@nwctv.net,O=new windsor tel. co.,l=New Windsor IL 61465, Date:5/26/2020</small></p> <p>Date: 5/26/2020</p>	
<p>Printed name of Authorized Officer or employee: Kirby Willems</p>					
<p>Title or position of Authorized Officer or employee: Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 309-667-2712</p>					
Study Area Code of Reporting Carrier	341062		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMM. OF CENTRAL IL CO.-ODIN</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of central il co.-odin, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341065</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: Troy Nimrick <small>Digitally signed by Troy Nimrick DN:cn=Troy Nimrick,email=troy@oneidatel.com,O=oneida tel. exchange, =Oneida IL 61467-0445, Date:5/22/2020</small>				Date: 5/22/2020	
Printed name of Authorized Officer or employee: Troy Nimrick					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 309-483-3111					
Study Area Code of Reporting Carrier	341066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 <div> <small>Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/18/2020</small> </div>				Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</p>	
<p>Date: 5/26/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: VIOLA HOME TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Jay Barton</p>				<p><small>Digitally signed by Jay Barton DN:cn=Jay Barton,email=jay@violatel.com,O=viola home tel. co.,l=Viola IL 61486, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Jay Barton</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 309-596-2222</p>					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/17/2020</p>	
<p>Date: 5/17/2020</p>					
<p>Printed name of Authorized Officer or employee: Barry Adair</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 618-665-3311</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341088</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: WOODHULL TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Philip Wirt				<small>Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p> <p>Date: 5/26/2020</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>	<p>341092</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/27/2020</small> Date: 5/27/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: 5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</p>	
<p>Date: 5/15/2020</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	351100		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel. co.,l=Atkins IA 52206, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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= , Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>	<p>351105</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Chris Hopp</p>					
<p>Title or position of Authorized Officer or employee: Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer or employee: 563-245-4480</p>					
<p>Study Area Code of Reporting Carrier</p>	351106		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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-NASHVILLE TEL. CO., INC.					
Signature of Authorized Officer or employee: Brian Rickels				<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:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Brian Rickels					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 563-673-6001					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BARNES CITY COOP. TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Doris Freeborn</p>				<p><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:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: Doris Freeborn</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 641-644-5214</p>					
Study Area Code of Reporting Carrier	351108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: BRED TEL. CORPORATION					
Signature of Authorized Officer or employee: Kevin Skinner				<small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=ksskinner@westianet.com,O=breda tel. corporation,l=Breda IA 51436-0109, Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Kevin Skinner					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 712-673-2311					
Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BROOKLYN MUTUAL TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Tim Atkinson</p>				<p><small>Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Tim Atkinson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 641-522-9211</p>					
Study Area Code of Reporting Carrier	351113		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BUTLER-BREMER MUT. TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Richard McBurney</p>				<p><small>Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mut. tel. co.,l=Plainfield IA 50666-0099, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Richard McBurney</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-276-4458</p>					
Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMMUNICATIONS COMPANY</p>					
<p>Signature of Authorized Officer or employee: David Gibson</p>				<p><small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: David Gibson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 563-852-3710</p>					
Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CASEY MUTUAL TEL. CO.					
Signature of Authorized Officer or employee: John Breining				<small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: John Breining					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-746-2222					
Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p> <p>Date: 5/20/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 SCOTT TEL.</p>					
<p>Signature of Authorized Officer or employee: Kent Dau</p>				<p>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/20/2020</p>	
<p>Date: 5/20/2020</p>					
<p>Printed name of Authorized Officer or employee: Kent Dau</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 563-285-9611</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351125</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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					
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<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:5/28/2020</small></p>	
<p>Date: 5/28/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>351129</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p> <p>Date: 5/20/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SHELLSBURG CABLEVISION, INC.</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=shellsburg cablevision, inc.,l=Shellsburg IA 52332, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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>					
Study Area Code of Reporting Carrier	351136		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COOP. TEL. ASSN., INC.</p>					
<p>Signature of Authorized Officer or employee: Jim Nelson</p>				<p><small>Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop. tel. assn., inc.,l=Menlo IA 50164, Date:5/18/2020</small></p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: Jim Nelson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-524-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351137		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: COOP. TEL. CO.					
Signature of Authorized Officer or employee: Scott Schabacker				<small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=coop.tel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Scott Schabacker					
Title or position of Authorized Officer or employee: Chief Operating Officer/General Manager					
Telephone number of Authorized Officer or employee: 319-647-3131					
Study Area Code of Reporting Carrier	351139		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CORN BELT TEL. CO.					
Signature of Authorized Officer or employee: Lee Wuebker				<small>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=combelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/22/2020</small> Date: 5/22/2020	
Printed name of Authorized Officer or employee: Lee Wuebker					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 712-664-2221					
Study Area Code of Reporting Carrier	351141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie_ctc@netins.net,O=cumberland tel. co.,l=Cumberland IA 50843, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>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:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>351149</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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

<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: DIXON ACQUISITION, LLC</p>					
<p>Signature of Authorized Officer or employee: Kent Dau</p>				<p>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=dixon acquisition, llc,l=Eldridge IA 52748, Date:5/20/2020</p>	
<p>Date: 5/20/2020</p>					
<p>Printed name of Authorized Officer or employee: Kent Dau</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 563-285-9611</p>					
Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<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>					
<p>Name of Reporting Carrier: DUMONT TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Roger Kregel</p>				<p>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/20/2020</p>	
<p>Date: 5/20/2020</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>	<p>351152</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: DUNKERTON TEL. COOP., INC.</p>					
<p>Signature of Authorized Officer or employee: Sue Bruns</p>				<p>Digitally signed by Sue Bruns DN:cn=Sue Bruns,email=sue@dunkerton.net,O=dunkerton tel. coop., inc.,l=Dunkerton IA 50626, Date:5/26/2020</p>	
<p>Date: 5/26/2020</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>	<p>351153</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Michael Becker</p>				<p>Digitally signed by Michael Becker DN:cn=Michael Becker, email=mike.becker@eastbuchanan.com, O=east buchanan tel. coop., Date: 5/15/2020</p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Michael Becker</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>					
Study Area Code of Reporting Carrier	351156		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:5/27/2020</p>	
<p>Date: 5/27/2020</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>					
Study Area Code of Reporting Carrier	351157		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</p>	
<p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>351158</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p> <p>Date: 5/26/2020</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>					
Study Area Code of Reporting Carrier	351160		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020	
Date: 5/18/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Ray Fear</p>				<p>Digitally signed by Ray Fear DN:cn=Ray Fear,email=rayfear@farmtel.com,O=farmers & merchants mutual tel. co.,l= , Date:5/27/2020</p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Ray Fear</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>6/16/2020</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>				<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:5/15/2020</small> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/26/2020</small> Date: 5/26/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/28/2020</p> <p>Date: 5/28/2020</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>6/16/2020</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:5/20/2020</small></p>	
<p>Date: 5/20/2020</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	351172		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/22/2020</small></p> <p>Date: 5/22/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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@fmcnet.com,O=farmers mutual telephone co. of stanton, iowa,l=Stanton IA 51573-0220, Date:5/19/2020</p>	
<p>Date: 5/19/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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.-BATAVIA</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=farmers tel. co.-batavia,l=Bloomfield IA 52537, Date:5/15/2020</small></p> <p>Date: 5/15/2020</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	351175		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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.-ESSEX					
Signature of Authorized Officer or employee: Tim Hill				<small>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex, Essex IA 51638, Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Tim Hill					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 712-379-3001					
Study Area Code of Reporting Carrier	351176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</p>	
<p>Date: 5/20/2020</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>351177</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: FENTON COOP. TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Steven Longhenry</p>				<p><small>Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton coop. tel. co.,l=Fenton IA 50539, Date:5/22/2020</small></p> <p>Date: 5/22/2020</p>	
<p>Printed name of Authorized Officer or employee: Steven Longhenry</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-889-2785</p>					
Study Area Code of Reporting Carrier	351179		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

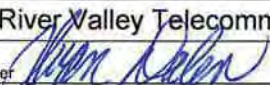
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier River Valley Telecommunications Coop			
Signature of authorized officer 			Date 5/26/20
Printed name of authorized officer Ivan Dalen			
Title or position of authorized officer GM			
Telephone number of authorized officer: 712-859-3300			
Study Area Code of Reporting Carrier	351189	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: GRAND MOUND COOP. TEL. ASSN.					
Signature of Authorized Officer or employee: Travis Ballou				<small>Digitally signed by Travis Ballou DN:cn=Travis Ballou,email=tballou@gmcta.coop,O=grand mound coop. tel. assn.,l=Grand Mound IA 52751, Date:5/28/2020</small> Date: 5/28/2020	
Printed name of Authorized Officer or employee: Travis Ballou					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-847-3000					
Study Area Code of Reporting Carrier	351191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: GRISWOLD COOP. TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Amy McLaren</p>				<p><small>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold coop. tel. co.,l=Griswold IA 51535-0640, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Amy McLaren</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-778-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	351195		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=hawkeye tel. co.,l=Monona IA 52159-0835, Date:5/18/2020</small></p>	
<p>Date: 5/18/2020</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>	351199		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HUBBARD COOP. TEL. ASSN.					
Signature of Authorized Officer or employee: David Lowe				<small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l=Hubbard IA 50122-0428, Date:5/22/2020</small> Date: 5/22/2020	
Printed name of Authorized Officer or employee: David Lowe					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 641-864-2216					
Study Area Code of Reporting Carrier	351203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: HUXLEY COMMUNICATIONS COOPERATIVE</p>					
<p>Signature of Authorized Officer or employee: Levi Bappe</p>				<p><small>Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=levi@huxleycommunications.net,O=huxley communications cooperative,l=Huxley IA 50124-0036, Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</p>					
<p>Printed name of Authorized Officer or employee: Levi Bappe</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Excutive VP</p>					
<p>Telephone number of Authorized Officer or employee: 515-597-2281</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351205</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMMUNICATIONS, INC.-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 communications, inc.-ia, Date: 5/28/2020</small></p>	
<p>Date: 5/28/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>351206</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/20/2020</small> Date: 5/20/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l=Sergeant Bluff IA 51054, Date:5/28/2020</small></p>	
<p>Date: 5/28/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>351213</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 style="text-align: center;">Casey Peck</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:5/29/2020</small>	
<p>Signature of Authorized Officer or employee:</p>				<p>Date: 5/29/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: KEYSTONE FRMS. COOP. TEL. CO.					
Signature of Authorized Officer or employee: Byran Kimm				<small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms. coop. tel. co.,l=Keystone IA 52249-0277, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Byran Kimm					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 319-442-3241					
Study Area Code of Reporting Carrier	351217		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel. co.,l=Elkader IA 52043, Date:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: Chris Hopp</p>					
<p>Title or position of Authorized Officer or employee: Chief Operations Officer</p>					
<p>Telephone number of Authorized Officer or employee: 563-245-4480</p>					
Study Area Code of Reporting Carrier	351220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 MOTTE TEL. CO.					
Signature of Authorized Officer or employee: JoAnne Gregorich <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: 5/21/2020</small>				Date: 5/21/2020	
Printed name of Authorized Officer or employee: JoAnne Gregorich					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-773-2213					
Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	351228		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 IOWA 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=northeast iowa tel. co.,l=Monona IA 52159-0835, Date:5/18/2020</p>	
<p>Date: 5/18/2020</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>351230</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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: 5/19/2020</small>	
Date: 5/19/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metcteam.com,O=marne & elk horn tel. co.,l=Elk Horn IA 51531, Date:5/18/2020</p> <p>Date: 5/18/2020</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	351237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MARTELLE COOP. TEL. ASSN.					
Signature of Authorized Officer or employee: Hans Arwine <small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/27/2020</small>				Date: 5/27/2020	
Printed name of Authorized Officer or employee: Hans Arwine					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-432-7221					
Study Area Code of Reporting Carrier	351238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MASSENA TEL. CO.					
Signature of Authorized Officer or employee: Mike Klocke				<small>Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/22/2020</small> Date: 5/22/2020	
Printed name of Authorized Officer or employee: Mike Klocke					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-779-2227					
Study Area Code of Reporting Carrier	351239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MECHANICSVILLE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Hans Arwine</p>				<p>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=mechanicsville tel. co.,l=Mechanicsville IA 52306, Date:5/27/2020</p>	
<p>Date: 5/27/2020</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>	<p>351241</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: MILES COOP. TEL. ASSN.</p>					
<p>Signature of Authorized Officer or employee: Scott Boehde</p>				<p>Digitally signed by Scott Boehde DN:cn=Scott Boehde,email=scott@milestelephone.com,O=miles coop. tel. assn.,l= , Date:5/18/2020</p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: Scott Boehde</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-682-7111</p>					
Study Area Code of Reporting Carrier	351242		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Mary Phillips</p>				<p><small>Digitally signed by Mary Phillips DN:cn=Mary Phillips,email=mary@minervavalley.net,O=minerva valley tel. co., inc.,l=Zearing IA 50278-0176, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Mary Phillips</p>					
<p>Title or position of Authorized Officer or employee: Business 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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MODERN COOP. TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Jeffrey Brower</p>				<p><small>Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Jeffrey Brower</p>					
<p>Title or position of Authorized Officer or employee: General Manager/COO</p>					
<p>Telephone number of Authorized Officer or employee: 319-667-2375</p>					
Study Area Code of Reporting Carrier	351247		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MUTUAL TEL. CO. OF MORNING SUN					
Signature of Authorized Officer or employee: Randy Foor				<small>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:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Randy Foor					
Title or position of Authorized Officer or employee: Executive Vice President					
Telephone number of Authorized Officer or employee: 319-868-7636					
Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MEDIAPOLIS TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Angie Rupe</p>				<p>Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/19/2020</p>	
<p>Date: 5/19/2020</p>					
<p>Printed name of Authorized Officer or employee: Angie Rupe</p>					
<p>Title or position of Authorized Officer or employee: Office Manager & CFO</p>					
<p>Telephone number of Authorized Officer or employee: 319-394-3456</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351251</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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.,l=North English IA 52316, Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	351257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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=pbergmann@longlines.biz,O=northwest iowa telephone, llc,lc=Sergeant Bluff IA 51054, Date:5/28/2020</p>	
<p>Date: 5/28/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TEL. COOP.</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=northwest tel. coop.,l= , Date:5/26/2020</small></p> <p>Date: 5/26/2020</p>	
<p>Printed name of Authorized Officer or employee: Donald Miller</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-776-2222</p>					
Study Area Code of Reporting Carrier	351261		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: COMMUNICATIONS 1 NETWORK, INC.</p>					
<p>Signature of Authorized Officer or employee: Randy Yeakel</p>				<p><small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=communications 1 network, inc.,l=Kanawha IA 50447, Date:5/15/2020</small></p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Randy Yeakel</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 641-762-3772</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351262</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: OGDEN TEL. CO.-IA</p>					
<p>Signature of Authorized Officer or employee: James Heckman</p>				<p><small>Digitally signed by James Heckman DN:cn=James Heckman,email=ogdenteljim@netins.net,O=ogden tel. co.-ia, O=Ogden IA 50212, Date:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: James Heckman</p>					
<p>Title or position of Authorized Officer or employee: General Manager / Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 515-275-2050</p>					
Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Frank Wood DN:cn=Frank Wood,email=olintel@netins.net,O=olin tel. co., inc.,l=Olin IA 52320-0130, Date:5/20/2020</small></p>	
<p>Date: 5/20/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	351264		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ONSLow COOP. TEL. ASSN.					
Signature of Authorized Officer or employee: Russ Benke				<small>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop. tel. assn.,l=Onslow IA 52321, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Russ Benke					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-485-2833					
Study Area Code of Reporting Carrier	351265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ORAN MUTUAL TEL. CO.					
Signature of Authorized Officer or employee: Barb Gruetzmacher				<small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Barb Gruetzmacher					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 319-638-6006					
Study Area Code of Reporting Carrier	351266		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=palomanager@netins.net,O=palo cooperative telephone association,l=Palo IA 52324, Date:5/19/2020</p>	
<p>Date: 5/19/2020</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>					
Study Area Code of Reporting Carrier	351269		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PALMER MUTUAL TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Andy Peterson</p>				<p><small>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: Andy Peterson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 712-359-2411</p>					
Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>351271</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TEL. CO.-IA</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=peoples tel. co.-ia, Date:5/19/2020</small></p> <p>Date: 5/19/2020</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	351273		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PRESTON TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: MaryBeth Heister</p>				<p>Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=rogerak@prestontel.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/18/2020</p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: MaryBeth Heister</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 563-689-3811</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351276</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: RADCLIFFE TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Edwin Drake</p>				<p>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:5/22/2020</p>	
<p>Date: 5/22/2020</p>					
<p>Printed name of Authorized Officer or employee: Edwin Drake</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-899-2341</p>					
Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/26/2020</small> Date: 5/26/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

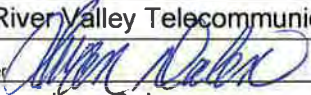
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,l=Royal IA 51357, Date:5/15/2020</small></p> <p>Date: 5/15/2020</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>	351283		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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-Ruthven			
Signature of authorized officer 		Date	5/26/20
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>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:5/20/2020</p>	
<p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/26/2020</small> Date: 5/26/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SEARSBORO TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Christopher Ulmer</p>				<p><small>Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=searsboro tel. co., I=, Date: 5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Christopher Ulmer</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 610-928-3903</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351292</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Robert Schneider, Jr.</p>				<p>Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr., email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/22/2020</p>	
<p>Date: 5/22/2020</p>					
<p>Printed name of Authorized Officer or employee: Robert Schneider, Jr.</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-679-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351293</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/15/2020</p>	
<p>Date: 5/15/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: SOUTH SLOPE COOP. TEL. CO.</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.,l=North Liberty IA 52317, Date:5/19/2020</p>	
<p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: FMTC-I35, INC. (SWT)</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=fmtc-i35, inc. (swt),l=Truro IA 50257, Date:5/20/2020</p>	
<p>Date: 5/20/2020</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>351301</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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					
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<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., c=Springville IA 52336-0009, Date: 5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Cooperative Telephone Exchange				
Signature of authorized officer <i>Richard Heeren</i>			Date	5-20-20
Printed name of authorized officer Richard Heeren				
Title or position of authorized officer President				
Telephone number of authorized officer: (515) 826-3206 ext.				
Study Area Code of Reporting Carrier	351303	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel co-swisher,l=North Liberty IA 52317, Date:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: STRATFORD MUTUAL TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Jen Frank</p>				<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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: SULLY TEL. ASSOC.</p>					
<p>Signature of Authorized Officer or employee: Earl "Jack" De Angelo</p>				<p>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:5/19/2020</p>	
<p>Date: 5/19/2020</p>					
<p>Printed name of Authorized Officer or employee: Earl "Jack" De Angelo</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-594-2905</p>					
Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SUPERIOR TEL. COOP.</p>					
<p>Signature of Authorized Officer or employee: Cheryl Noble</p>				<p><small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,l=Superior IA 51363, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Cheryl Noble</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-858-4591</p>					
<p>Study Area Code of Reporting Carrier</p>	351307		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: TEMPLETON TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Patricia Snyder</p>				<p>Digitally signed by Patricia Snyder DN:cn=Patricia Snyder,email=temptel@netins.net,O=templeton tel. co.,l=Templeton IA 51463-0077, Date:5/15/2020</p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Patricia Snyder</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-669-3311</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351308</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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					
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<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:5/15/2020</p>	
<p>Date: 5/15/2020</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>6/16/2020</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					
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<p>Name of Reporting Carrier: TITONKA TEL. CO. DBA TITONKA-BURT COMM</p>					
<p>Signature of Authorized Officer or employee: Aaron McCartan</p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@tbctel.com,O=titonka tel. co. dba titonka-burt comm, =Titonka IA 50480-0321, Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</p>					
<p>Printed name of Authorized Officer or employee: Aaron McCartan</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-928-2110</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351310</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: UNITED FARMERS TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Roxanne White</p>				<p><small>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Everly IA 51338, Date:5/26/2020</small></p> <p>Date: 5/26/2020</p>	
<p>Printed name of Authorized Officer or employee: Roxanne White</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 712-834-2211</p>					
Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: VAN BUREN TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: Monte Hagge</p>				<p><small>Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:5/15/2020</small></p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Monte Hagge</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-293-3187</p>					
<p>Study Area Code of Reporting Carrier</p>	351319		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</p> <p>Date: 5/18/2020</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>6/16/2020</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>					

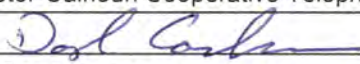
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: 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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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>					
Study Area Code of Reporting Carrier	351328		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Webster-Calhoun Cooperative Telephone Association			
Signature of authorized officer 		Date July 2, 2020	
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)	July 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p>	
<p>Date: 5/18/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 IOWA TEL. CO.</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=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/20/2020</small></p> <p>Date: 5/20/2020</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	351331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</small></p>	
<p>Date: 5/21/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	351332		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: WESTERN IOWA TEL. ASSN.					
Signature of Authorized Officer or employee: Heath Mallory				<small>Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa tel. assn.,l=Lawton IA 51030-0038, Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Heath Mallory					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 712-944-5711					
Study Area Code of Reporting Carrier	351334		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: WILTON TEL. CO.					
Signature of Authorized Officer or employee: Mark Peterson				<small>Digitally signed by Mark Peterson DN:cn=Mark Peterson,email=mwp@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Mark Peterson					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 563-732-3000					
Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: WOOLSTOCK MUT. TEL. ASSN.</p>					
<p>Signature of Authorized Officer or employee: Chris Simmons</p>				<p><small>Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn.,l= , Date:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: Chris Simmons</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-839-5571</p>					
Study Area Code of Reporting Carrier	351342		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: WYOMING MUTUAL TEL. CO.					
Signature of Authorized Officer or employee: Kelly Brodersen				<small>Digitally signed by Kelly Brodersen DN:cn=Kelly Brodersen,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: Kelly Brodersen					
Title or position of Authorized Officer or employee: Board Secretary/Office Manager					
Telephone number of Authorized Officer or employee: 563-488-2535					
Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>				<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:5/15/2020</small> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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>	<p>351405</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: KILLDUFF TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Christopher Ulmer</p>				<p><small>Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=killduff telephone company, c=US, Date: 5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Christopher Ulmer</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 610-928-3903</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351407</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 <small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabelltel.coop,O=mabel coop. tel. co.-ia, =Mabel MN 55954, Date:5/19/2020</small>				Date: 5/19/2020	
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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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. ASSN.-MN</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. assn.-mn, =Houston MN 55943-0360, Date:5/20/2020</small></p> <p>Date: 5/20/2020</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	361346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ALBANY MUTUAL TEL. ASSN., INC.</p>					
<p>Signature of Authorized Officer or employee: Steven Katka</p>				<p><small>Digitally signed by Steven Katka DN:cn=Steven Katka,email=steve.katka@albanytel.net,O=albany mutual tel. assn., inc., Date:5/29/2020</small></p> <p>Date: 5/29/2020</p>	
<p>Printed name of Authorized Officer or employee: Steven Katka</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 320-845-2101</p>					
Study Area Code of Reporting Carrier	361347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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.,l= , Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p>	
<p>Date: 5/19/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/26/2020</small></p> <p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CALLAWAY 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=callaway tel. co.,l= , Date:5/15/2020</small>				Date: 5/15/2020	
Printed name of Authorized Officer or employee: Staci Malikowski					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 218-346-8498					
Study Area Code of Reporting Carrier	361365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</small></p> <p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/22/2020</p>	
<p>Date: 5/22/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/15/2020</p>	
<p>Date: 5/15/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small>				Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham, Date: 5/28/2020</p>	
<p>Date: 5/28/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</p>	
<p>Date: 5/26/2020</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>6/16/2020</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: GARDEN VALLEY TEL. CO. dba GARDEN VALLEY TECH</p>					
<p>Signature of Authorized Officer or employee: Tim Brinkman</p>				<p><small>Digitally signed by Tim Brinkman DN: cn=Tim Brinkman, email=tim.brinkman@gvtel.net, O=garden valley tel. co, dba garden valley tech, l=Ersine MN 56535, Date: 5/26/2020</small></p>	
<p>Date: 5/26/2020</p>					
<p>Printed name of Authorized Officer or employee: Tim Brinkman</p>					
<p>Title or position of Authorized Officer or employee: CEO/GM</p>					
<p>Telephone number of Authorized Officer or employee: 218-687-2400</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>361395</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HALSTAD TEL. CO.					
Signature of Authorized Officer or employee: Mark Forseth				<small>Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net, O=halstad tel. co., l=Halstad MN 56548-0055, Date: 5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Mark Forseth					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 218-456-2125					
Study Area Code of Reporting Carrier	361401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TELEPHONE COOPERATIVE</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=federated telephone cooperative,l=Chokio MN 56221, Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>361403</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 Huffman</p>				<p>Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@springgrove.coop,O=harmony tel. co.,l=Spring Grove MN 55974-0516, Date:5/19/2020</p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Jill Huffman</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>					
Study Area Code of Reporting Carrier	361404		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 <div style="font-size: small; margin-top: 5px;"> Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel. co.-mn, Date:5/15/2020 </div>				Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: JOHNSON TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Donna Gunderson</p>				<p><small>Digitally signed by Donna Gunderson DN:cn=Donna Gunderson,email=jtcbusiness@jtc-co.net,O=johnson telephone company,l=Remer MN 56672, Date:5/27/2020</small></p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Donna Gunderson</p>					
<p>Title or position of Authorized Officer or employee: Corporate Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 218-566-2302</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>361410</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p> <p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>361412</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: LISMORE COOPERATIVE TELEPHONE CO.</p>					
<p>Signature of Authorized Officer or employee: Tarri Joens</p>				<p>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretele.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:5/19/2020</p>	
<p>Date: 5/19/2020</p>					
<p>Printed name of Authorized Officer or employee: Tarri Joens</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 507-472-8748</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>361419</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: RUNESTONE TELEPHONE ASSOCIATION					
Signature of Authorized Officer or employee: Kent Hedstrom <small>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent@runestone.net,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:5/18/2020</small>				Date: 5/18/2020	
Printed name of Authorized Officer or employee: Kent Hedstrom					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 320-986-2013					
Study Area Code of Reporting Carrier	361423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COOPERATIVE TELEPHONE CO.- MN					
Signature of Authorized Officer or employee: Julie Kolka				<small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabelltel.coop,O=mabel cooperative telephone co.- mn,l=Mabel MN 55954, Date:5/19/2020</small>	
Date: 5/19/2020					
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	361424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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 Manchester-Hartland Telephone Company				
Signature of authorized officer 			Date	5/18/2020
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</p>	
<p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel. co.,l= , Date:5/15/2020</p>	
<p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: NUVERA COMMUNICATIONS, INC.</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=nuvera communications, inc.,l= , Date:5/19/2020</small></p> <p>Date: 5/19/2020</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>361442</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>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:5/19/2020</p>	
<p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ROTHSAY TELEPHONE COMPANY INC.					
Signature of Authorized Officer or employee: Dave Bickett				<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:5/19/2020</small>	
Date: 5/19/2020					
Printed name of Authorized Officer or employee: Dave Bickett					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 218-826-6161					
Study Area Code of Reporting Carrier	361474		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: RUNESTONE TEL. ASSN.					
Signature of Authorized Officer or employee: Kent Hedstrom				<small>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent@runestone.net,O=runestone tel. assn.,l=Hoffman MN 56339-0336, Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Kent Hedstrom					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 320-986-2013					
Study Area Code of Reporting Carrier	361475		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</p>	
<p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 RICE 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=scott rice telephone company, Date:5/19/2020</small> Date: 5/19/2020	
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	361479		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 GROVE COMMUNICATIONS</p>					
<p>Signature of Authorized Officer or employee: Jill Huffman</p>				<p>Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@springgrove.coop,O=spring grove communications,l=Spring Grove MN 55974-0516, Date:5/19/2020</p>	
<p>Date: 5/19/2020</p>					
<p>Printed name of Authorized Officer or employee: Jill Huffman</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>					
Study Area Code of Reporting Carrier	361485		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: STARBUCK TEL. 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=starbuck tel. co.,l= , Date:5/21/2020</small></p> <p>Date: 5/21/2020</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	361487		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p>	
<p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>361494</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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,lc= , Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	361501		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: WESTERN 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=western telephone company, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Curt Kawlewski					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 507-233-4172					
Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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 **WIKSTROM TELEPHONE CO INC.**

Signature of authorized officer *Leslie B Wikstrom* Date **05/28/2020**

Printed name of authorized officer **LESLIE B WIKSTROM**

Title or position of authorized officer **VICE PRESIDENT**

Telephone number of authorized officer: **(218) 436-2121**

Study Area Code of Reporting Carrier	361505	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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>	361508		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: WOODSTOCK TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Terry Nelson <small>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/19/2020</small>				Date: 5/19/2020	
Printed name of Authorized Officer or employee: Terry Nelson					
Title or position of Authorized Officer or employee: Operations Manager					
Telephone number of Authorized Officer or employee: 507-658-3830					
Study Area Code of Reporting Carrier	361510		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Wolverton Telephone Co	
Signature of authorized officer			Date		5/27/2020
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			Executive Vice President		
Telephone number of authorized officer:			(701) 284-7221		
Study Area Code of Reporting Carrier		361512	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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.-MN					
Signature of Authorized Officer or employee: Bryan Roth				<small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itccoop.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/18/2020</small>	
Date: 5/18/2020					
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	361654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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.com,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: 5/23/2020</small> Date: 5/23/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/26/2020</p>	
<p>Date: 5/26/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/19/2020</p>	
<p>Date: 5/19/2020</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>6/16/2020</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><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/20/2020</small></p> <p>Date: 5/20/2020</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>371530</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 TELEPHONE COMPANY- NE					
Signature of Authorized Officer or employee: Wendy Thompson Fast				<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:5/20/2020</small>	
Date: 5/20/2020					
Printed name of Authorized Officer or employee: Wendy Thompson Fast					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 402-489-2728					
Study Area Code of Reporting Carrier	371532		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</p>	
<p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</p>	
<p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: DALTON TELEPHONE COMPANY, INC.</p>					
<p>Signature of Authorized Officer or employee: David Shipley</p>				<p><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: 5/23/2020</small></p> <p>Date: 5/23/2020</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: 866-542-6779</p>					
<p>Study Area Code of Reporting Carrier</p>	371537		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Loren Duerksen DN: cn=Loren Duerksen, email=lorend@diodecom.net, O=diller telephone company, l=Diller NE 68342-0236, Date: 5/26/2020</small></p> <p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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	5/15/2020
Printed name of authorized officer	John Nelson		
Title or position of authorized officer	Executive Vice President		
Telephone number of authorized officer:	402 694-5101 ext.		
Study Area Code of Reporting Carrier	371555	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: Dave Nilles				<small>Digitally signed by Dave Nilles DN:cn=Dave Nilles,email=dnilles@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/19/2020</small>	
Date: 5/19/2020					
Printed name of Authorized Officer or employee: Dave Nilles					
Title or position of Authorized Officer or employee: CFO/ General Manager					
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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/20/2020</small></p>	
<p>Date: 5/20/2020</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>6/16/2020</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: HEMINGFORD COOP. TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Tonya Mayer</p>				<p>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/21/2020</p>	
<p>Date: 5/21/2020</p>					
<p>Printed name of Authorized Officer or employee: Tonya Mayer</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 308-487-3311</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>371558</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small>	
Date: 5/15/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p>	
<p>Date: 5/27/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 TELECOM, INC.					
Signature of Authorized Officer or employee: Wendy Thompson Fast				<small>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:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Wendy Thompson Fast					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 402-489-2728					
Study Area Code of Reporting Carrier	371562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HOOPER TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Robert Gannon				<small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper telephone company,l=Remsen IA 51050-0330, Date:5/20/2020</small>	
Date: 5/20/2020					
Printed name of Authorized Officer or employee: Robert Gannon					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 712-786-5572					
Study Area Code of Reporting Carrier	371563		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</p>	
<p>Date: 5/15/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/19/2020</p>	
<p>Date: 5/19/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska telephone company, Date:5/21/2020</small></p> <p>Date: 5/21/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>371576</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</p>	
<p>Date: 5/26/2020</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>					
Study Area Code of Reporting Carrier	371581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: PLAINVIEW TELEPHONE COMPANY INC.					
Signature of Authorized Officer or employee: Eric Nye				<small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plvwtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: Eric Nye					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 402-582-4242					
Study Area Code of Reporting Carrier	371582		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</small></p> <p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small>				Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p> <p>Date: 5/20/2020</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>					
Study Area Code of Reporting Carrier	371597		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/20/2020</p>	
<p>Date: 5/20/2020</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>					
Study Area Code of Reporting Carrier	372455		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

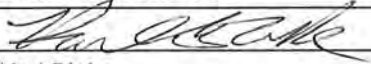
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</p>	
<p>Date: 5/15/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Co	
Signature of authorized officer				Date	5/27/2020
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 16, 2020		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ABSARAKA COOP TELEPHONE CO.					
Signature of Authorized Officer or employee: Brandon Vaughan				<small>Digitally signed by Brandon Vaughan DN: cn=Brandon Vaughan, email=brandonv@bektel.coop, O=absaraka coop telephone co., l=Steele ND 58482, Date: 5/19/2020</small> Date: 5/19/2020	
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	381601		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: 5/19/2020</small></p>	
<p>Date: 5/19/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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	05/27/20
Printed name of authorized officer		Bill Schaller			
Title or position of authorized officer		Board 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 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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		5/21/2020
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 16, 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: DICKEY RURAL TEL COOP.					
Signature of Authorized Officer or employee: Kent Schimke				<small>Digitally signed by Kent Schimke DN:cn=Kent Schimke,email=kschimke@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Kent Schimke					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 701-344-6031					
Study Area Code of Reporting Carrier	381611		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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	
Signature of authorized officer			Date		5/27/2020
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 16, 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: GRIGGS COUNTY TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Tyler Kilde				<small>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:5/28/2020</small>	
Date: 5/28/2020					
Printed name of Authorized Officer or employee: Tyler Kilde					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 701-437-9209					
Study Area Code of Reporting Carrier	381615		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: 5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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				Inter-Community Telephone Company	
Signature of authorized officer		<i>Brandon Vaughan</i>		Date	7/6/2020
Printed name of authorized officer		Brandon Vaughan			
Title or position of authorized officer		CFO/Financial Manager			
Telephone number of authorized officer:		(701) 475-1246, ext.			
Study Area Code of Reporting Carrier	381616	Filing Due Date for this form (mm/dd/yyyy)	July 2020		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Ryan Wilhelmi</p>				<p><small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate telephone company,l=Stanley ND 58784-0400, Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>381617</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: GRIGGS COUNTY TEL. CO. (MOORE&LIBERTY)					
Signature of Authorized Officer or employee: Tyler Kilde				<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:5/28/2020</small> Date: 5/28/2020	
Printed name of Authorized Officer or employee: Tyler Kilde					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 701-437-9209					
Study Area Code of Reporting Carrier	381622		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/20/2020</small> Date: 5/20/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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	
Signature of authorized officer			Date		5/27/2020
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 16, 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river rural tel. assn. dba red river comm, =Abercrombie ND 58001, Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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			Shane D Hart		Date
Printed name of authorized officer			Shane D. Hart		
Title or position of authorized officer			CEO/Gen		
Telephone number of authorized officer:			7018-62-5229		
Study Area Code of Reporting Carrier		381632	Filing Due Date for this form (mm/dd/yyyy)		June 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 TELEPHONE MUTUAL AID CORP.					
Signature of Authorized Officer or employee: Perry Oster				<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:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: Perry Oster					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 701-256-5156					
Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</p>	
<p>Date: 5/26/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</p>	
<p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>381638</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SRT COMMUNICATIONS, INC.</p>					
<p>Signature of Authorized Officer or employee: Steve Lysne</p>				<p><small>Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications, inc.,l=Minot ND 58702-2027, Date:5/15/2020</small></p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Steve Lysne</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 701-858-5246</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>383303</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,l=Garretson SD 57030, Date:5/19/2020</small></p>	
<p>Date: 5/19/2020</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>	<p>391405</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: GOLDEN WEST TELECOM COOP (ARMOUR)</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 (armour),l=Wall SD 57790-0411, Date:5/19/2020</p>	
<p>Date: 5/19/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: ALLIANCE COMM. COOPERATIVE, INC.-BALTIC					
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.-baltic, =Garretson SD 57030, Date:5/19/2020</small>	
Date: 5/19/2020					
Printed name of Authorized Officer or employee: Kari Flanagan					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 605-594-8228					
Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: 05-27-2020
Printed name of authorized officer: Terrance Veo				
Title or position of authorized officer: President				
Telephone number of authorized officer: (605) 964-2600 ext.				
Study Area Code of Reporting Carrier	391647	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: BERESFORD MUNICIPAL TEL. CO.					
Signature of Authorized Officer or employee: Todd Hansen				<small>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal tel. co.,l= , Date:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Todd Hansen					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 605-763-2500					
Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>391653</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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@itccoop.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/18/2020</small>	
Date: 5/18/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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, INC.</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, inc.,l=Wall SD 57790-0411, Date:5/19/2020</small></p>	
<p>Date: 5/19/2020</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>	391659		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 RANDALL TEL. CO. DBA MT. RUSHMORE TEL 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@hccinet.net,O=fort randall tel. co. dba mt. rushmore tel co, Date: 5/21/2020</small></p> <p>Date: 5/21/2020</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	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: JAMES VALLEY COOPERATIVE TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: James Groft</p>				<small>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Date:5/15/2020</small> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: James Groft</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 605-397-2323</p>					
Study Area Code of Reporting Carrier	391664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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, =Jefferson SD 57038-0128, Date:5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: 5/19/2020</small>	
Date: 5/19/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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=rodb@kennebectelephone.com,O=kennebec telephone company,l=Kennebec SD 57544, Date:5/21/2020</p>	
<p>Date: 5/21/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: TRIOTEL COMMUNICATIONS, INC.					
Signature of Authorized Officer or employee: Bryan Roth				<small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel communications, inc.,l=Salem SD 57058-0630, Date:5/21/2020</small> Date: 5/21/2020	
Printed name of Authorized Officer or employee: Bryan Roth					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 605-425-2238					
Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Mark Benton</p>				<p><small>Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/27/2020</small></p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Mark Benton</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 605-778-6221</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391670</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</p>	
<p>Date: 5/26/2020</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>					
Study Area Code of Reporting Carrier	391671		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier RC Technologies			
Signature of authorized officer <i>Keith Boston</i>		Date	05/29/20
Printed name of authorized officer Keith Boston			
Title or position of authorized officer Secretary			
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 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p>	
<p>Date: 5/27/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>391676</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 (SIOUX VALLEY)					
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 (sioux valley), l=Wall SD 57790-0411, Date: 5/19/2020</small>	
Date: 5/19/2020					
Printed name of Authorized Officer or employee: Dennis Law					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 605-279-2161					
Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: VENTURE COMMUNICATIONS COOPERATIVE					
Signature of Authorized Officer or employee: Randy Houdek				<small>Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,l=Highmore SD 57345-0157, Date:5/26/2020</small>	
Date: 5/26/2020					
Printed name of Authorized Officer or employee: Randy Houdek					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 605-852-1111					
Study Area Code of Reporting Carrier	391680		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west telecom coop (union), l=Wall SD 57790-0411, Date: 5/19/2020</small></p>	
<p>Date: 5/19/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/22/2020</small></p>	
<p>Date: 5/22/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	391685		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</p>	
<p>Date: 5/19/2020</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>6/16/2020</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					
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<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:5/15/2020</small></p> <p>Date: 5/15/2020</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>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/28/2020</small></p> <p>Date: 5/28/2020</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>					
Study Area Code of Reporting Carrier	401692		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Larry Frazier DN:cn=Larry Frazier,email=larryf@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:5/28/2020</small></p> <p>Date: 5/28/2020</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>					
Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CLEVELAND CTY TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: W. Mitchell</p>				<p><small>Digitally signed by W. Mitchell DN:cn=W. Mitchell,email=jaybird61@sgobroadband.com,O=cleveland cty tel. co.,l=Seneca MO 64865, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: W. Mitchell</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 417-776-2247</p>					
Study Area Code of Reporting Carrier	401698		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TELEPHONE CO INC- ARKANSAS</p>					
<p>Signature of Authorized Officer or employee: W. Mitchell</p>				<p>Digitally signed by W. Mitchell DN:cn=W. Mitchell,email=jaybird61@sgobroadband.com,O=decatur telephone co inc- arkansas, =Seneca MO 64865, Date:5/18/2020</p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: W. Mitchell</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 417-776-2247</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>401699</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: SOUTH ARKANSAS TEL. CO.,INC.					
Signature of Authorized Officer or employee: Greg Ashcraft				<small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/28/2020</small> Date: 5/28/2020	
Printed name of Authorized Officer or employee: Greg Ashcraft					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 870-942-4344					
Study Area Code of Reporting Carrier	401702		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>				<p><small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca telephone-ar, =Lavaca AR 72941-0230, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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>	<p>401704</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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: 5/28/2020</small></p> <p>Date: 5/28/2020</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>					
Study Area Code of Reporting Carrier	401709		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MOUNTAIN VIEW TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Aaron Millsap</p>				<p>Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/19/2020</p>	
<p>Date: 5/19/2020</p>					
<p>Printed name of Authorized Officer or employee: Aaron Millsap</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer or employee: 870-425-3100</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>401712</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: NORTHERN ARKANSAS TEL. CO.,INC.</p>					
<p>Signature of Authorized Officer or employee: Steven Sanders, Jr.</p>				<p><small>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:5/21/2020</small></p> <p>Date: 5/21/2020</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>					
Study Area Code of Reporting Carrier	401713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 GROVE TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Rick Reed</p>				<p><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:5/20/2020</small></p>	
<p>Date: 5/20/2020</p>					
<p>Printed name of Authorized Officer or employee: Rick Reed</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 479-846-7200</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>401718</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Rice Belt Telephone Company Inc.			
Signature of authorized officer <i>Darby A. McCarty</i>		Date	5/20/2020
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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, Date:5/27/2020</small></p>	
<p>Date: 5/27/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>401722</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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., Date:5/19/2020</small></p>	
<p>Date: 5/19/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>401724</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p>	
<p>Date: 5/18/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: YELCOT TEL. CO.,INC.</p>					
<p>Signature of Authorized Officer or employee: Aaron Millsap</p>				<p><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:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Aaron Millsap</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer or employee: 870-425-3100</p>					
Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Karen Gilliam</p>				<p><small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/28/2020</small></p>	
<p>Date: 5/28/2020</p>					
<p>Printed name of Authorized Officer or employee: Karen Gilliam</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 479-923-4200</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>403031</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: BLUE VALLEY TELE-COMMUNICATIONS, INC.					
Signature of Authorized Officer or employee: Candace Wright				<small>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/27/2020</small> Date: 5/27/2020	
Printed name of Authorized Officer or employee: Candace Wright					
Title or position of Authorized Officer or employee: GM/CEO					
Telephone number of Authorized Officer or employee: 785-799-3657					
Study Area Code of Reporting Carrier	411746		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p> <p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CUNNINGHAM TELEPHONE CO. INC.					
Signature of Authorized Officer or employee: Brent Cunningham				<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:5/15/2020</small>	
Date: 5/15/2020					
Printed name of Authorized Officer or employee: Brent Cunningham					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 785-545-3215					
Study Area Code of Reporting Carrier	411761		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Becky Scott</p>				<p>Digitally signed by Becky Scott DN:cn=Becky Scott,email=bscott@epictouch.com,O=elkhart telephone company inc.,l=Elkhart KS 67950, Date:5/28/2020</p>	
<p>Date: 5/28/2020</p>					
<p>Printed name of Authorized Officer or employee: Becky Scott</p>					
<p>Title or position of Authorized Officer or employee: Interim 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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>	411777		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: GORHAM TELEPHONE COMPANY INC.					
Signature of Authorized Officer or employee: Tonya Murphy				<small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: Tonya Murphy					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 785-637-5300					
Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</p>	
<p>Date: 5/19/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>411780</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: H & B COMMUNICATIONS INC.</p>					
<p>Signature of Authorized Officer or employee: Brandon Koch</p>				<small>Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h & b communications inc.,l= , Date:5/20/2020</small> <p>Date: 5/20/2020</p>	
<p>Printed name of Authorized Officer or employee: Brandon Koch</p>					
<p>Title or position of Authorized Officer or employee: President and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 785-252-4000</p>					
Study Area Code of Reporting Carrier	411781		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COMPANY INC.					
Signature of Authorized Officer or employee: Tina Anderson				<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:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Tina Anderson					
Title or position of Authorized Officer or employee: Customer Acct & Billing Mgr/Secretary					
Telephone number of Authorized Officer or employee: 620-654-3381					
Study Area Code of Reporting Carrier	411782		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: J. B. N. TELEPHONE COMPANY INC.					
Signature of Authorized Officer or employee: Mark Wade				<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:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Mark Wade					
Title or position of Authorized Officer or employee: VP of Operations					
Telephone number of Authorized Officer or employee: 620-862-5211					
Study Area Code of Reporting Carrier	411785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 - KS</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 - ks,l=Caldwell KS 67022-0111, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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>					
Study Area Code of Reporting Carrier	411788		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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=, Date:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MUTUAL TELEPHONE COMPANY					
Signature of Authorized Officer or employee: John Tietjens				<small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual telephone company,l=Little River KS 67457, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: John Tietjens					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 620-897-6200					
Study Area Code of Reporting Carrier	411809		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Daniel Welch</p>				<p>Digitally signed by Daniel Welch DN:cn=Daniel Welch,email=dwelch@peopletelecom.net,O=peoples telecommunications, llc, =Lacygne KS 66040, Date:5/18/2020</p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: Daniel Welch</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>411814</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: CRAW-KAN TELEPHONE COOP INC- KS</p>					
<p>Signature of Authorized Officer or employee: Craig Wilbert</p>				<p><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:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Craig Wilbert</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 620-724-8235</p>					
Study Area Code of Reporting Carrier	411818		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: RAINBOW TELECOMMUNICATIONS ASSOC., INC.</p>					
<p>Signature of Authorized Officer or employee: Kathy Ruoff</p>				<p>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/19/2020</p>	
<p>Date: 5/19/2020</p>					
<p>Printed name of Authorized Officer or employee: Kathy Ruoff</p>					
<p>Title or position of Authorized Officer or employee: Controller/CFO</p>					
<p>Telephone number of Authorized Officer or employee: 785-548-7511</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411820</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/21/2020</small></p> <p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 & A TELEPHONE COMPANY, INC.</p>					
<p>Signature of Authorized Officer or employee: Janet Bathurst</p>				<p>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:5/18/2020</p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: Janet Bathurst</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 620-528-3223</p>					
Study Area Code of Reporting Carrier	411829		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 CENTRAL TEL. ASSN. INC.-KS					
Signature of Authorized Officer or employee: Carla Shearer				<small>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks,l= , Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Carla Shearer					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 620-930-1082					
Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</small></p> <p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COMM. OF KANSAS CO.-KS					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of kansas co.-ks, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	411835		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>				<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:5/20/2020</small></p> <p>Date: 5/20/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</p>	
<p>Date: 5/27/2020</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>6/16/2020</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><small>Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	411847		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Craig Freeman</p>				<p><small>Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig@wilsoncommunications.co,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Craig Freeman</p>					
<p>Title or position of Authorized Officer or employee: Vice President / General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 785-658-2111</p>					
Study Area Code of Reporting Carrier	411849		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: 5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: IAMO COMMUNICATIONS, INC.-MO					
Signature of Authorized Officer or employee: Tom Steinolfson				<small>Digitally signed by Tom Steinolfson DN:cn=Tom Steinolfson,email=toms@iamotelephone.com,O=iamo communications, inc.-mo, Date:5/28/2020</small> Date: 5/28/2020	
Printed name of Authorized Officer or employee: Tom Steinolfson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 712-583-3232					
Study Area Code of Reporting Carrier	421206		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COMM. OF MO CO. dba CONS. COMM.					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of mo co. dba cons. comm., = , Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	421472		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma communications company dba alma tel. co.,l=Alma MO 64001, Date:5/22/2020</small></p> <p>Date: 5/22/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CHARITON VALLEY TELEPHONE CORPORATION					
Signature of Authorized Officer or employee: Kirby Underberg				<small>Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley telephone corporation, Date:5/20/2020</small>	
Date: 5/20/2020					
Printed name of Authorized Officer or employee: Kirby Underberg					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 660-395-9000					
Study Area Code of Reporting Carrier	421864		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

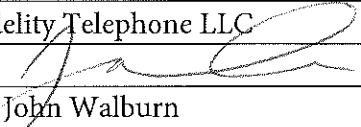
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>421874</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Wendy Ottman</p>				<small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=farber telephone company,l=Oregon MO 64473, Date:5/18/2020</small> <p>Date: 5/18/2020</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	421876		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Fidelity Telephone LLC			
Signature of authorized officer 		Date	5/18/2020
Printed name of authorized officer John Walburn			
Title or position of authorized officer Divisional Vice President			
Telephone number of authorized officer: (573) 468-1262 ext.			
Study Area Code of Reporting Carrier	421882	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/27/2020</small> Date: 5/27/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: GREEN HILLS TELEPHONE CORP.					
Signature of Authorized Officer or employee: David Adams				<small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/15/2020</small> Date: 5/15/2020	
Printed name of Authorized Officer or employee: David Adams					
Title or position of Authorized Officer or employee: EVP/GM					
Telephone number of Authorized Officer or employee: 660-644-5411					
Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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,lc=, Date:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	421901		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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).

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Name of Reporting Carrier			
Signature of authorized officer		Date	5-21-2020
Printed name of authorized officer W-JAY MITCHELL			
Title or position of authorized officer PRESIDENT			
Telephone number of authorized officer: () - , ext. 417-628-3844			
Study Area Code of Reporting Carrier	1900	Filing Due Date for this form (mm/dd/yyyy)	June 15 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/19/2020</small> Date: 5/19/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo, Date:5/21/2020</p>	
<p>Date: 5/21/2020</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>					
Study Area Code of Reporting Carrier	421920		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 FLORENCE TELEPHONE CO.					
Signature of Authorized Officer or employee: Wendy Ottman				<small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=new florence telephone co.,l=Oregon MO 64473, Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Wendy Ottman					
Title or position of Authorized Officer or employee: Vice President of Finance					
Telephone number of Authorized Officer or employee: 573-835-4051					
Study Area Code of Reporting Carrier	421927		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=new london tel. co.,l=Oregon MO 64473, Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>421928</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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.,l= , Date:5/26/2020</small> Date: 5/26/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>Lathrop Telephone Company</u>				
Signature of authorized officer <u>Gregg Davis</u>			Date	<u>05/19/2020</u>
Printed name of authorized officer <u>Gregg Davis</u>				
Title or position of authorized officer <u>President</u>				
Telephone number of authorized officer: <u>(407) 48-3231, ext.</u>				
Study Area Code of Reporting Carrier	<u>421932</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16 2020</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>					
Name of Reporting Carrier: ORCHARD FARM TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Wendy Ottman				<small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=orchard farm telephone company,l=Oregon MO 64473, Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Wendy Ottman					
Title or position of Authorized Officer or employee: Vice President of Finance					
Telephone number of Authorized Officer or employee: 573-835-4051					
Study Area Code of Reporting Carrier	421934		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/20/2020</p>	
<p>Date: 5/20/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: ROCK PORT TEL. CO.					
Signature of Authorized Officer or employee: Rick Bradley <small>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel. co.,l=Rock Port MO 64482-0147, Date:5/19/2020</small>				Date: 5/19/2020	
Printed name of Authorized Officer or employee: Rick Bradley					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 660-744-5311					
Study Area Code of Reporting Carrier	421942		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>421951</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: LAVACA TELEPHONE CO.- OK					
Signature of Authorized Officer or employee: Keith Gibson				<small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca telephone co.- ok,l=Lavaca AR 72941-0230, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: Keith Gibson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 479-674-2211					
Study Area Code of Reporting Carrier	431704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p> <p>Date: 5/26/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ATLAS TELEPHONE CO.					
Signature of Authorized Officer or employee: Barbara Summa				<small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:5/22/2020</small> Date: 5/22/2020	
Printed name of Authorized Officer or employee: Barbara Summa					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 918-783-5111					
Study Area Code of Reporting Carrier	431966		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>431968</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Canadian Valley Telephone				
Signature of authorized officer <i>Orlean M. Smith</i>			Date	5/21/2020
Printed name of authorized officer Orlean M. Smith				
Title or position of authorized officer President				
Telephone number of authorized officer: (918) 334-3700 ext.				
Study Area Code of Reporting Carrier	431974	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CARNEGIE TELEPHONE CO.INC.					
Signature of Authorized Officer or employee: James Powers				<small>Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegietelephone.com,O=carnegie telephone co.inc., =Carnegie OK 73015, Date:5/26/2020</small> Date: 5/26/2020	
Printed name of Authorized Officer or employee: James Powers					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 580-654-1002					
Study Area Code of Reporting Carrier	431976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</p>	
<p>Date: 5/27/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/27/2020</small></p>	
<p>Date: 5/27/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>431979</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086-0460, Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	431980		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMMUNICATIONS OF OKLAHOMA CO.</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated communications of oklahoma co., = , Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	431981		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small>				Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>				<p>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:5/28/2020</p>	
<p>Date: 5/28/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/22/2020</small></p> <p>Date: 5/22/2020</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>	431995		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</p>	
<p>Date: 5/18/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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=Medicine Park OK 73507, Date:5/18/2020</small></p>	
<p>Date: 5/18/2020</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>432014</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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>					

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<p>Name of Reporting Carrier: POTTAWATOMIE TELEPHONE CO.</p>					
<p>Signature of Authorized Officer or employee: Danny Overland</p>				<p><small>Digitally signed by Danny Overland DN:cn=Danny Overland,email=dan@goptc.net,O=pottawatomie telephone co.,l=Earlsboro OK 74840-0066, Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Danny Overland</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 405-997-5201</p>					
Study Area Code of Reporting Carrier	432020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: SALINA-SPAVINAW TEL. CO.,INC.					
Signature of Authorized Officer or employee: Scott Boone				<small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l= , Date:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Scott Boone					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 918-434-8166					
Study Area Code of Reporting Carrier	432022		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: KANOKLA SHIDLER, LLC</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=kanokla shidler, llc,l=Caldwell KS 67022-0111, Date:5/26/2020</p>	
<p>Date: 5/26/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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:5/22/2020</small> Date: 5/22/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/27/2020</p>	
<p>Date: 5/27/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: WYANDOTTE TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: W. Mitchell</p>				<p><small>Digitally signed by W. Mitchell DN:cn=W. Mitchell,email=jaybird61@sgobroadband.com,O=wyandotte telephone company,l=Seneca MO 64865, Date:5/18/2020</small></p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: W. Mitchell</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 417-776-2247</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>432034</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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					
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<p>Name of Reporting Carrier: CAMERON TELEPHONE COMPANY - TEXAS</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=cameron telephone company - texas,l=Sulphur LA 70664-0167, Date:5/18/2020</small></p>	
<p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>440425</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier: BLOSSOM TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Clint Dorries				<small>Digitally signed by Clint Dorries DN:cn=Clint Dorries,email=clint@blossomtel.net,O=blossom telephone company,l=Blossom TX 75416, Date:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Clint Dorries					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 903-982-5200					
Study Area Code of Reporting Carrier	442038		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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<p>Name of Reporting Carrier: BIG BEND TELEPHONE COMPANY INC.</p>					
<p>Signature of Authorized Officer or employee: Rusty Moore</p>				<p><small>Digitally signed by Rusty Moore DN:cn=Rusty Moore,email=rusty.moore@bbtco.com,O=big bend telephone company inc.,l= , Date:5/27/2020</small></p> <p>Date: 5/27/2020</p>	
<p>Printed name of Authorized Officer or employee: Rusty Moore</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 432-364-0089</p>					
Study Area Code of Reporting Carrier	442039		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: BRAZORIA TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Gil Rasco</p>				<p><small>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel. co.,l=Brazoria TX 77422, Date:5/27/2020</small></p> <p>Date: 5/27/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<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: 5/21/2020</small></p>	
<p>Date: 5/21/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>442046</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: CENTRAL TEXAS TELEPHONE CO-OP. INC.					
Signature of Authorized Officer or employee: Jamey Wigley				<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:5/22/2020</small>	
Date: 5/22/2020					
Printed name of Authorized Officer or employee: Jamey Wigley					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 325-648-2237					
Study Area Code of Reporting Carrier	442052		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier: 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:5/15/2020</small>	
Date: 5/15/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>6/16/2020</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

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<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:5/26/2020</small></p> <p>Date: 5/26/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: CUMBY TELEPHONE COOPERATIVE INC.</p>					
<p>Signature of Authorized Officer or employee: Karen Zimmerman</p>				<p><small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby telephone cooperative inc.,l=Cumby TX 75433, Date:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: DELL TELEPHONE CO-OP. INC. - TX</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=del telephone co-op. inc. - tx,l=Dell City TX 79837, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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	442066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<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:5/18/2020</p>	
<p>Date: 5/18/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BORDER TO BORDER COMMUNICATIONS</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=border to border communications,l=Medicine Park OK 73557, Date:5/18/2020</small></p>	
<p>Date: 5/18/2020</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>442073</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962-0329, Date:5/21/2020</small></p> <p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by R. Cook DN:cn=R. Cook,email=ccook@hctc.coop,O=hill country telephone cooperative, inc.,l=Ingram TX 78025, Date:5/20/2020</p>	
<p>Date: 5/20/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>442086</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: ALENCO COMMUNICATIONS, INC.</p>					
<p>Signature of Authorized Officer or employee: Ray Bussell</p>				<p>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/18/2020</p>	
<p>Date: 5/18/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</p>	
<p>Date: 5/27/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: LIPAN TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Beth Howard				<small>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/22/2020</small> Date: 5/22/2020	
Printed name of Authorized Officer or employee: Beth Howard					
Title or position of Authorized Officer or employee: Sec / Treasurer					
Telephone number of Authorized Officer or employee: 254-646-2211					
Study Area Code of Reporting Carrier	442105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small>	
Date: 5/15/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</small></p>	
<p>Date: 5/21/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>442130</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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>					

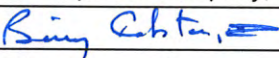
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: POKA-LAMBRO TELEPHONE COOPERATIVE, INC.</p>					
<p>Signature of Authorized Officer or employee: Patrick Sherrill</p>				<small>Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teampoka.com,O=poka-lambro telephone cooperative, inc., Date:5/19/2020</small> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Patrick Sherrill</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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	5/29/20
Printed name of authorized officer		Billy Colston, III			
Title or position of authorized officer		General Manager/Vice President			
Telephone number of authorized officer:		(361) 296-3232, ext.			
Study Area Code of Reporting Carrier	442134	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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: Wade Maner				<small>Digitally signed by Wade Maner DN:cn=Wade Maner,email=wade.maner@sptc.net,O=south plains tel. coop.,inc.,l=Lubbock TX 79408-1379, Date:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Wade Maner					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	442150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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		05/19/2020
Printed name of authorized officer			Amy Linzey		
Title or position of authorized officer			Chief Executive Officer		
Telephone number of authorized officer:			(806) 364-3331		
Study Area Code of Reporting Carrier		442166	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	442168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

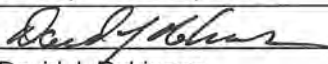
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Thomas Hyer</p>				<p><small>Digitally signed by Thomas Hyer DN:cn=Thomas Hyer,email=ahyer@xitcomm.net,O=xit rural telephone co-op. inc.,l=Dalhart TX 79022, Date:5/21/2020</small></p> <p>Date: 5/21/2020</p>	
<p>Printed name of Authorized Officer or employee: Thomas Hyer</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 806-384-7502</p>					
<p>Study Area Code of Reporting Carrier</p>	442170		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

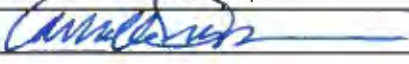
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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	5/19/2020
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 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Hopi telecommunications, Inc.			
Signature of authorized officer 		Date	5/19/2020
Printed name of authorized officer Carroll Onsae			
Title or position of authorized officer President/General Manager			
Telephone number of authorized officer: (928) 522-8428			
Study Area Code of Reporting Carrier 450815		Filing Due Date for this form (mm/dd/yyyy)	June 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SAN CARLOS APACHE TELECOMM. UTILITY, INC.</p>					
<p>Signature of Authorized Officer or employee: Shirley Ortiz</p>				<p><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:5/27/2020</small></p> <p>Date: 5/27/2020</p>	
<p>Printed name of Authorized Officer or employee: Shirley Ortiz</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 928-475-7058</p>					
Study Area Code of Reporting Carrier	452169		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: TOHONO O'ODHAM UTILITY AUTHORITY					
Signature of Authorized Officer or employee: Harriett Toro				<small>Digitally signed by Harriett Toro DN:cn=Harriett Toro,email=mike.bethurem@hq.toua.net,O=tohono o'odham utility authority,l= , Date:5/28/2020</small>	
Date: 5/28/2020					
Printed name of Authorized Officer or employee: Harriett Toro					
Title or position of Authorized Officer or employee: Board President					
Telephone number of Authorized Officer or employee: 530-383-2286					
Study Area Code of Reporting Carrier	452173		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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@teamvtg.net,O=valley telephone cooperative inc-az,l=Willcox AZ 85644, Date:5/20/2020</small>	
Date: 5/20/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by James Meyers DN:cn=James Meyers,email=jmeyers@gilarivertel.com,O=gila river telecommunications, inc., Date:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>452179</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: FORT MOJAVE TELECOMMUNICATIONS, INC.</p>					
<p>Signature of Authorized Officer or employee: Michael Scully</p>				<p><small>Digitally signed by Michael Scully DN:cn=Michael Scully,email=mscully@ftmojave.com,O=fort mojave telecommunications, inc., Date:5/28/2020</small></p> <p>Date: 5/28/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Scully</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 928-346-2523</p>					
Study Area Code of Reporting Carrier	452200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/27/2020</p>	
<p>Date: 5/27/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: TABLE TOP TELEPHONE COMPANY, INC.</p>					
<p>Signature of Authorized Officer or employee: Rick Williams</p>				<p><small>Digitally signed by Rick Williams DN:cn=Rick Williams,email=rickw@ponderosatel.com,O=table top telephone company, inc., Date:5/27/2020</small></p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Rick Williams</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 559-868-6392</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>453334</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: CONSOLIDATED COMM. OF KANSAS CO.-CO					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of kansas co.-co, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	461835		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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:5/20/2020</small>	
Date: 5/20/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/26/2020</small></p>	
<p>Date: 5/26/2020</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>	462181		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS</p>					
<p>Signature of Authorized Officer or employee: Alan Wehe</p>				<p><small>Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca telephone company dba blanca networks,l=Alamosa CO 81101, Date:5/18/2020</small></p>	
<p>Date: 5/18/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/26/2020</p>	
<p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>462186</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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=thinds@farmerstelcom.com,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331-0369, Date:5/26/2020</small>	
Date: 5/26/2020					
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: 970-562-4211					
Study Area Code of Reporting Carrier	462188		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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:5/18/2020</small>	
Date: 5/18/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: CONSOLIDATED COMM. OF COLORADO CO.-BIG SANDY					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of colorado co.-big sandy, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	462192		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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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:5/27/2020 Date: 5/27/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: SOUTH PARK TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: David Shipley</p>				<p>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@usch.com, O=south park telephone company, l=Colorado City CO 81019-0166, Date: 5/23/2020</p>	
<p>Date: 5/23/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: PEETZ COOP. TEL. CO.					
Signature of Authorized Officer or employee: Randy Kottwitz				<small>Digitally signed by Randy Kottwitz DN:cn=Randy Kottwitz,email=randy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Randy Kottwitz					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 970-334-2220					
Study Area Code of Reporting Carrier	462196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/19/2020</small></p> <p>Date: 5/19/2020</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>					
Study Area Code of Reporting Carrier	462198		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/18/2020</p>	
<p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>462199</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>				<p><small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=rico tel. co.,l=Rockland ID 83271, Date:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/18/2020</small> Date: 5/18/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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@usch.com, O=the rye telephone company inc., l=Colorado City CO 81019-0166, Date: 5/23/2020</small>	
Date: 5/23/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COMM. OF COLORADO CO.-COLUMBINE					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of colorado co.-columbine, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	462204		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/17/2020</p>	
<p>Date: 5/17/2020</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>	<p>462206</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p> <p>Date: 5/27/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtel.com,O=willard tel. co.,l= , Date:5/18/2020</p>	
<p>Date: 5/18/2020</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>					
Study Area Code of Reporting Carrier	462210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ALBION TEL. CO. D/B/A ATC COMMUNICATIONS					
Signature of Authorized Officer or employee: Rich Redman				<small>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rredman@atcomm.com,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:5/19/2020</small>	
Date: 5/19/2020					
Printed name of Authorized Officer or employee: Rich Redman					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 208-673-5335					
Study Area Code of Reporting Carrier	472213		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CUSTER TEL. COOPERATIVE INC.</p>					
<p>Signature of Authorized Officer or employee: Dennis Thornock</p>				<p><small>Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis.thornock@custertel.com,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:5/28/2020</small></p> <p>Date: 5/28/2020</p>	
<p>Printed name of Authorized Officer or employee: Dennis Thornock</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 208-879-2281</p>					
Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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				Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel co ltd. - id,=Fruitland ID 83619, Date:5/27/2020 Date: 5/27/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtcom.com,O=midvale tel. exch. inc.,l=Midvale ID 83645, Date:5/27/2020</small></p> <p>Date: 5/27/2020</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>	472226		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MUD LAKE TELEPHONE COOPERATIVE ASSN. INC.</p>					
<p>Signature of Authorized Officer or employee: Justin Petersen</p>				<p>Digitally signed by Justin Petersen DN:cn=Justin Petersen,email=petersen.j@mudlake.net,O=mud lake telephone cooperative assn. inc.,l=Dubois ID 83423, Date:5/28/2020</p>	
<p>Date: 5/28/2020</p>					
<p>Printed name of Authorized Officer or employee: Justin Petersen</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-374-5401</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>472227</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/19/2020</small></p>	
<p>Date: 5/19/2020</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>	472231		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

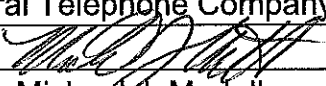
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p> <p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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	05/19/2020
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 16 2020

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>				<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:5/28/2020</small></p> <p>Date: 5/28/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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 Lincoln Tel Co Inc.				
Signature of authorized officer Chris Caldwell		Digitally signed by Chris Caldwell Date: 2020.05.29 10:50:58 -06'00'		Date 05/29/2020
Printed name of authorized officer Chris Caldwell				
Title or position of authorized officer Controller				
Telephone number of authorized officer: (406) 362-4216 ext.				
Study Area Code of Reporting Carrier	482244	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/25/2020</small></p> <p>Date: 5/25/2020</p>	
<p>Printed name of Authorized Officer or employee: Aimee Dietrich</p>					
<p>Title or position of Authorized Officer or employee: General Manager</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</small></p> <p>Date: 5/18/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p> <p>Date: 5/27/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p> <p>Date: 5/27/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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				3 Rivers Telephone Cooperative, Inc.	
Signature of authorized officer			Date		12/11/2020
Printed name of authorized officer			David M. Massey		
Title or position of authorized officer			CFO		
Telephone number of authorized officer:			(406) 467-4402, ext.		
Study Area Code of Reporting Carrier		482255	Filing Due Date for this form (mm/dd/yyyy)	December 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p>	
<p>Date: 5/15/2020</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>482257</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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 Siyeh Communications				
Signature of authorized officer <i>Michael D. Sheard</i>			Date	12/11/2020
Printed name of authorized officer Michael D. Sheard				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: 406 594-9661				
Study Area Code of Reporting Carrier	482485		Filing Due Date for this form (mm/dd/yyyy)	December 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</small></p>	
<p>Date: 5/15/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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				Mescalero Apache Telecom, Inc	
Signature of authorized officer					Date
Printed name of authorized officer			Godfrey Enjady		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(575) 464-4039		
Study Area Code of Reporting Carrier		491231	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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@delldtelco.com,O=delld telephone co-op. inc.-nm,l=Dell City TX 79837, Date:5/26/2020</small></p> <p>Date: 5/26/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>492066</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

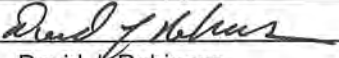
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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-NM					
Signature of Authorized Officer or employee: Steven Metts				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@teamvtg.net,O=valley telephone cooperative inc-nm,l=Willcox AZ 85644, Date:5/20/2020</small>	
Date: 5/20/2020					
Printed name of Authorized Officer or employee: Steven Metts					
Title or position of Authorized Officer or employee: CEO / General Manager					
Telephone number of Authorized Officer or employee: 520-384-2231					
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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.net,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/19/2020</p>	
<p>Date: 5/19/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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 ENMR Telephone Cooperative			
Signature of authorized officer 		Date	5/19/2020
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 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Steve Mueller</p>				<p><small>Digitally signed by Steve Mueller DN:cn=Steve Mueller,email=smueller@leaco.org,O=leaco rural tel. cooperative inc.,l= , Date:5/27/2020</small></p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Steve Mueller</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 575-433-4728</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>492264</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</p>	
<p>Date: 5/27/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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				Western New Mexico Telephone	
Signature of authorized officer		<i>Matthew Favre</i>		Date	5-20-2020
Printed name of authorized officer		Matthew Favre			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(575) 388-2546 ext.			
Study Area Code of Reporting Carrier	492268	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc.,l= , Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	492270		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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., c=Portales NM 88130-0867, Date: 5/27/2020</small>	
Date: 5/27/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 WIND COMMUNICATIONS, INC.</p>					
<p>Signature of Authorized Officer or employee: Terry Clark</p>				<p><small>Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacredwindnm.com,O=sacred wind communications, inc.,l= , Date:5/18/2020</small></p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: Terry Clark</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 505-908-2661</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>493403</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,l=Rockland ID 83271, Date:5/15/2020</p>	
<p>Date: 5/15/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 UTAH TEL. INC.					
Signature of Authorized Officer or employee: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mpnows@frontier.com,O=central utah tel. inc.,l= , Date:5/22/2020</small> Date: 5/22/2020	
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: 702-396-0151					
Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: GUNNISON TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Natalie Gleave</p>				<p>Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/21/2020</p>	
<p>Date: 5/21/2020</p>					
<p>Printed name of Authorized Officer or employee: Natalie Gleave</p>					
<p>Title or position of Authorized Officer or employee: Controller/Director</p>					
<p>Telephone number of Authorized Officer or employee: 435-528-7236</p>					
Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small>	
Date: 5/21/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: SKYLINE TELECOM</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date:5/22/2020</p>	
<p>Date: 5/22/2020</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: 702-396-0151</p>					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<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>					
<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:5/19/2020</p>	
<p>Date: 5/19/2020</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>					
Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 CENTRAL UTAH TEL. ASSN. INC.					
Signature of Authorized Officer or employee: Michael East				<small>Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah tel. assn. inc., Date:5/26/2020</small>	
Date: 5/26/2020					
Printed name of Authorized Officer or employee: Michael East					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 435-826-4211					
Study Area Code of Reporting Carrier	502286		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BEAR LAKE COMMUNICATIONS</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake communications, Date:5/22/2020</p>	
<p>Date: 5/22/2020</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: 702-396-0151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>503032</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: RANGE TEL. COOPERATIVE INC.-WY</p>					
<p>Signature of Authorized Officer or employee: Gail Rainey</p>				<p>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. cooperative inc.-wy,l=Forsyth MT 59327, Date:5/18/2020</p>	
<p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>512251</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: DUBOIS TELEPHONE EXCHANGE INC.</p>					
<p>Signature of Authorized Officer or employee: Gail Rainey</p>				<p>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=dubois telephone exchange inc.,l=Forsyth MT 59327, Date:5/18/2020</p>	
<p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>512291</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: WESTGATE COMMUNICATIONS LLC dba WEAVTEL</p>					
<p>Signature of Authorized Officer or employee: Richard Weaver</p>				<p><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:5/27/2020</small></p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Richard Weaver</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-682-5556</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>520580</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SKYLINE TELECOM COMPANY</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=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/15/2020</p>	
<p>Date: 5/15/2020</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>520581</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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 COMM. OF WASHINGTON CO.-ELLENSB					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of washington co.-ellensb, Date:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	522412		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HAT ISLAND TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Gary Ricketts				<small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=hat island telephone company, Date:5/28/2020</small> Date: 5/28/2020	
Printed name of Authorized Officer or employee: Gary Ricketts					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 360-321-0051					
Study Area Code of Reporting Carrier	522417		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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				Pend Oreille Telephone Company	
Signature of authorized officer			Date		05/19/2020
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 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HOOD CANAL TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Richard Buechel				<small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Richard Buechel					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 360-898-2481					
Study Area Code of Reporting Carrier	522419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/28/2020</p>	
<p>Date: 5/28/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: KALAMA TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Rick Vitzthum</p>				<p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/15/2020</small></p> <p>Date: 5/15/2020</p>	
<p>Printed name of Authorized Officer or employee: Rick Vitzthum</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 360-264-3155</p>					
Study Area Code of Reporting Carrier	522426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MASHELL TELECOM INC.</p>					
<p>Signature of Authorized Officer or employee: Brian Haynes</p>				<p><small>Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:5/27/2020</small></p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Brian Haynes</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 360-892-4130</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>522431</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PIONEER TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Dallas Filan</p>				<p>Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/18/2020</p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: Dallas Filan</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-549-3511</p>					
Study Area Code of Reporting Carrier	522437		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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. JOHN TELEPHONE, INC.</p>					
<p>Signature of Authorized Officer or employee: Eric Trump</p>				<p>Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john telephone, inc.,l=St. John WA 99171, Date:5/26/2020</p>	
<p>Date: 5/26/2020</p>					
<p>Printed name of Authorized Officer or employee: Eric Trump</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-648-3322</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>522442</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/15/2020</small> Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

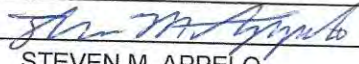
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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., e= , Date:5/27/2020</small> Date: 5/27/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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		05/18/2020
Printed name of authorized officer			STEVEN M. APPELO				
Title or position of authorized officer			PRESIDENT				
Telephone number of authorized officer:			(360) 465-2211 ext.				
Study Area Code of Reporting Carrier		522451		Filing Due Date for this form (mm/dd/yyyy)		June 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/28/2020</p> <p>Date: 5/28/2020</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	522452		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COMM. OF WASHINGTON CO.-YELM</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=consolidated comm. of washington co.-yelm, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	522453		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek cooperative tel. co.,l=Mt. Angel OR 97362, Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>532359</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: CLEAR CREEK MUTUAL TELEPHONE CO.</p>					
<p>Signature of Authorized Officer or employee: Jason Henke</p>				<p>Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/15/2020</p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Jason Henke</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 503-631-2101</p>					
Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: COLTON TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Geri Fraijo</p>				<p>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=geri@coltontel.com,O=colton telephone company,l=Colton OR 97017, Date:5/29/2020</p>	
<p>Date: 5/29/2020</p>					
<p>Printed name of Authorized Officer or employee: Geri Fraijo</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 503-824-3211</p>					
Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/22/2020</p>	
<p>Date: 5/22/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: CASCADE UTILITIES INC.					
Signature of Authorized Officer or employee: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/27/2020</small> Date: 5/27/2020	
Printed name of Authorized Officer or employee: Brooke Wheeler					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 503-630-8952					
Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<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:5/26/2020</p>	
<p>Date: 5/26/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: ROOME TELECOMMUNICATIONS INC.					
Signature of Authorized Officer or employee: Randal Roome				<small>Digitally signed by Randal Roome DN:cn=Randal Roome,email=joyce@rtinet.com,O=roome telecommunications inc.,l=Halsey OR 97348, Date:5/26/2020</small>	
Date: 5/26/2020					
Printed name of Authorized Officer or employee: Randal Roome					
Title or position of Authorized Officer or employee: President/Gen Manager					
Telephone number of Authorized Officer or employee: 541-369-2211					
Study Area Code of Reporting Carrier	532375		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: HELIX TELEPHONE COMPANY</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=helix telephone company,l=Mt. Vernon OR 97865-0609, Date:5/18/2020</p>	
<p>Date: 5/18/2020</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>532376</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: HOME TELEPHONE COMPANY</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=home telephone company,l=Mt. Vernon OR 97865-0609, Date:5/15/2020</p>	
<p>Date: 5/15/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: 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:5/27/2020</small></p> <p>Date: 5/27/2020</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>532378</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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, Date:5/15/2020</small>				Date: 5/15/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: MONITOR COOPERATIVE TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Geri Fraijo</p>				<p>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,l= , Date:5/28/2020</p>	
<p>Date: 5/28/2020</p>					
<p>Printed name of Authorized Officer or employee: Geri Fraijo</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 503-634-2266</p>					
Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/27/2020</small>	
Date: 5/27/2020					
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/18/2020</p>	
<p>Date: 5/18/2020</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>					
<p>Study Area Code of Reporting Carrier</p>	<p>532386</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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	05/19/2020
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</p>	
<p>Date: 5/15/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/15/2020</p>	
<p>Date: 5/15/2020</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></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: OREGON-IDAHO UTILITIES, INC.</p>					
<p>Signature of Authorized Officer or employee: Justin Perez</p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/18/2020</p>	
<p>Date: 5/18/2020</p>					
<p>Printed name of Authorized Officer or employee: Justin Perez</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 208-461-7802</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>532390</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: PEOPLES TELEPHONE CO. - OR</p>					
<p>Signature of Authorized Officer or employee: Curt Thornton</p>				<p><small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples telephone co. - or, =Stayton OR 97383, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Curt Thornton</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 503-769-2121</p>					
Study Area Code of Reporting Carrier	532391		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=pine telephone system inc. - or,l=Mt. Vernon OR 97865-0609, Date:5/15/2020</small></p> <p>Date: 5/15/2020</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>532392</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PIONEER TELEPHONE COOP. DBA PIONEER CONNECT</p>					
<p>Signature of Authorized Officer or employee: Ruth Witter</p>				<p>Digitally signed by Ruth Witter DN:cn=Ruth Witter,email=ruthwitter@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370, Date:5/15/2020</p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Ruth Witter</p>					
<p>Title or position of Authorized Officer or employee: Accounting Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-929-8243</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>532393</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/19/2020</small></p> <p>Date: 5/19/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/21/2020</small> Date: 5/21/2020	
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)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: STAYTON COOP. TEL CO</p>					
<p>Signature of Authorized Officer or employee: Curt Thornton</p>				<p><small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop. tel co,l=Stayton OR 97383, Date:5/19/2020</small></p> <p>Date: 5/19/2020</p>	
<p>Printed name of Authorized Officer or employee: Curt Thornton</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 503-769-2121</p>					
Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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>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:5/15/2020</p>	
<p>Date: 5/15/2020</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>533336</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/28/2020</p>	
<p>Date: 5/28/2020</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>	<p>542301</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</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: CAL-ORE TELEPHONE CO.</p>					
<p>Signature of Authorized Officer or employee: Waihun Yee</p>				<p><small>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co.,l=Dorris CA 96023-0847, Date:5/20/2020</small></p>	
<p>Date: 5/20/2020</p>					
<p>Printed name of Authorized Officer or employee: Waihun Yee</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 530-397-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	542311		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@varcomm.biz,O=ducor telephone company dba varcomm, =Ducor CA 93218, Date:5/20/2020</small></p>	
<p>Date: 5/20/2020</p>					
<p>Printed name of Authorized Officer or employee: Jenifer Vellucci</p>					
<p>Title or position of Authorized Officer or employee: EVP/CFO</p>					
<p>Telephone number of Authorized Officer or employee: 559-534-2210</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>542313</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: FORESTHILL TELEPHONE COMPANY DBA SEBASTIAN</p>					
<p>Signature of Authorized Officer or employee: Rhonda Armstrong</p>				<p><small>Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=ramstrong@sebastiancorp.com,O=forest hill telephone company dba sebastian,/= , Date:5/18/2020</small></p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Rhonda Armstrong</p>					
<p>Title or position of Authorized Officer or employee: Vice President - Operations</p>					
<p>Telephone number of Authorized Officer or employee: 559-846-7780</p>					
Study Area Code of Reporting Carrier	542318		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: KERMAN TELEPHONE COMPANY DBA SEBASTIAN</p>					
<p>Signature of Authorized Officer or employee: Rhonda Armstrong</p>				<small>Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=ramstrong@sebastiancorp.com,O=kerman telephone company dba sebastian, Date:5/18/2020</small> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Rhonda Armstrong</p>					
<p>Title or position of Authorized Officer or employee: Vice President - Operations</p>					
<p>Telephone number of Authorized Officer or employee: 559-846-7780</p>					
Study Area Code of Reporting Carrier	542324		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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: Rick Williams</p>				<p><small>Digitally signed by Rick Williams DN:cn=Rick Williams,email=rickw@ponderosatel.com,O=the ponderosa telephone company, Date:5/27/2020</small></p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Rick Williams</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 559-868-6392</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>542332</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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: SIERRA TELEPHONE COMPANY, INC.</p>					
<p>Signature of Authorized Officer or employee: Cynthia Huber</p>				<p>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/27/2020</p>	
<p>Date: 5/27/2020</p>					
<p>Printed name of Authorized Officer or employee: Cynthia Huber</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 559-642-0209</p>					
Study Area Code of Reporting Carrier	542338		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 Siskiyou Telephone Company				
Signature of authorized officer <i>James T. Lowers</i>			Date	05/19/2020
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 16 2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: VOLCANO TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Brenda Shepard				<small>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Date:5/29/2020</small> Date: 5/29/2020	
Printed name of Authorized Officer or employee: Brenda Shepard					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 209-296-1447					
Study Area Code of Reporting Carrier	542343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PINNACLES TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Steven Bryan</p>				<p>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles telephone company, Date:5/29/2020</p>	
<p>Date: 5/29/2020</p>					
<p>Printed name of Authorized Officer or employee: Steven Bryan</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 831-389-4500</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>542346</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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><small>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel company-nv dba truleap tech, =Filer ID 83328-0089, Date:5/21/2020</small></p> <p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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		05/19/2020
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 16 2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: BEEHIVE TELEPHONE COMPANY, INC., NV					
Signature of Authorized Officer or employee: Larry Mason				<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:5/19/2020</small> Date: 5/19/2020	
Printed name of Authorized Officer or employee: Larry Mason					
Title or position of Authorized Officer or employee: Senior Vice President Regulatory Affairs					
Telephone number of Authorized Officer or employee: 435-837-6000					
Study Area Code of Reporting Carrier	552284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/26/2020</small></p> <p>Date: 5/26/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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=Pluche NV 89043, Date:5/18/2020</small></p> <p>Date: 5/18/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: RIO VIRGIN TELEPHONE COMPANY					
Signature of Authorized Officer or employee: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin telephone company,l=Estacada OR 97023, Date:5/27/2020</small> Date: 5/27/2020	
Printed name of Authorized Officer or employee: Brooke Wheeler					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 503-630-8952					
Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: HUMBOLDT TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Justin Perez</p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt telephone company,l=Nampa ID 83653, Date:5/18/2020</p> <p>Date: 5/18/2020</p>	
<p>Printed name of Authorized Officer or employee: Justin Perez</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 208-461-7802</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>553304</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/21/2020</p>	
<p>Date: 5/21/2020</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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.					
Signature of Authorized Officer or employee: Clover McNeil				<small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/18/2020</small> Date: 5/18/2020	
Printed name of Authorized Officer or employee: Clover McNeil					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 907-564-2680					
Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: BETTLES TELEPHONE CO. INC.					
Signature of Authorized Officer or employee: Mary Jo Quandt				<small>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=bettles telephone co. inc.,l=Port Townsend WA 98368, Date:5/15/2020</small>	
Date: 5/15/2020					
Printed name of Authorized Officer or employee: Mary Jo Quandt					
Title or position of Authorized Officer or employee: V/P Chief Customer Operations					
Telephone number of Authorized Officer or employee: 360-385-1733					
Study Area Code of Reporting Carrier	613002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BRISTOL BAY TELEPHONE COOP. INC.</p>					
<p>Signature of Authorized Officer or employee: Jeffrey Fulton</p>				<p><small>Digitally signed by Jeffrey Fulton DN:cn=Jeffrey Fulton,email=jfulton@bristolbay.com,O=bristol bay telephone coop. inc.,l= , Date:5/27/2020</small></p> <p>Date: 5/27/2020</p>	
<p>Printed name of Authorized Officer or employee: Jeffrey Fulton</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 907-439-0456</p>					
Study Area Code of Reporting Carrier	613003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BUSH-TELL INCORPORATED</p>					
<p>Signature of Authorized Officer or employee: W. DeVore</p>				<small>Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tell incorporated, =Aniak AK 99557-0109, Date:5/29/2020</small> <p>Date: 5/29/2020</p>	
<p>Printed name of Authorized Officer or employee: W. DeVore</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 907-675-4311</p>					
Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CIRCLE TELEPHONE & ELECTRIC, LLC					
Signature of Authorized Officer or employee: David Masephol				<small>Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=circle telephone & electric, llc, l=Circle AK 99733, Date: 5/28/2020</small> Date: 5/28/2020	
Printed name of Authorized Officer or employee: David Masephol					
Title or position of Authorized Officer or employee: Member Owner					
Telephone number of Authorized Officer or employee: 907-773-5500					
Study Area Code of Reporting Carrier	613005		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: COPPER VALLEY TEL. COOP. INC.					
Signature of Authorized Officer or employee: Laura Kompkoff				<small>Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/20/2020</small> Date: 5/20/2020	
Printed name of Authorized Officer or employee: Laura Kompkoff					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 907-835-7712					
Study Area Code of Reporting Carrier	613006		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: INTERIOR TELEPHONE 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=interior telephone company inc.,l= , Date:5/28/2020</small> Date: 5/28/2020	
Printed name of Authorized Officer or employee: Brett Carter					
Title or position of Authorized Officer or employee: VP/Controller					
Telephone number of Authorized Officer or employee: 907-563-2003					
Study Area Code of Reporting Carrier	613011		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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:5/28/2020</small> Date: 5/28/2020	
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)	6/16/2020	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ALASKA TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Mary Jo Quandt</p>				<p>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=alaska telephone company,l=Port Townsend WA 98368, Date:5/15/2020</p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Mary Jo Quandt</p>					
<p>Title or position of Authorized Officer or employee: V/P Chief Customer Operations</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>613017</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</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				Nushagak Electric & Telephone Cooperative	
Signature of authorized officer				Date	5/28/2020
Printed name of authorized officer		Robert Himschoot			
Title or position of authorized officer		CEO/GM			
Telephone number of authorized officer:		(907) 842-5251			
Study Area Code of Reporting Carrier		613018	Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	

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

Signature of authorized officer  Date 5/28/2020

Printed name of authorized officer Kelly Williams

Title or position of authorized officer CEO

Telephone number of authorized officer: (907) 442-1000, ext.

Study Area Code of Reporting Carrier	613019		Filing Due Date for this form (mm/dd/yyyy)	June 16 2020	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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 COUNTRY TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: Mary Jo Quandt</p>				<p>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/15/2020</p>	
<p>Date: 5/15/2020</p>					
<p>Printed name of Authorized Officer or employee: Mary Jo Quandt</p>					
<p>Title or position of Authorized Officer or employee: V/P Chief Customer Operations</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>613026</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: SUMMIT TEL & TEL CO OF ALASKA					
Signature of Authorized Officer or employee: Roger Shoffstall				<small>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: 5/18/2020</small>	
Date: 5/18/2020					
Printed name of Authorized Officer or employee: Roger Shoffstall					
Title or position of Authorized Officer or employee: CEO/President/Owner/General Manager					
Telephone number of Authorized Officer or employee: 907-389-1012					
Study Area Code of Reporting Carrier	613028		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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	5-27-20
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 16 2020
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

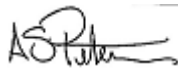
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/27/2020</small></p>	
<p>Date: 5/27/2020</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>6/16/2020</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 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/ICC Recovery

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Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 5/29/2020

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)

6/16/2020

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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M I d neQdongmf B' qjtdq Consolidated Communications			
Rf n i s q ne' t sngdydc nebdq	C' sd		1/28/21
Qdmcd m i l d ne' t sngdydc nebdq	Michael J Shultz		
Shd ngonr hnmne' t sngdydc nebdq	Sr. Vice President Regulatory & Public Policy		
Sldognd nt l adqne' t sngdydc nebdq	(603) 656-1535		
Rd cx @ Bncd neQdongmf B' qjtdq	See Attached	Elm d Ct d C' sd enqgr end 'I I .cc.xxxx(February, 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Consolidated Communications

Operating Company Identifying Information

Company	Study Area
Berkshire Telephone Corporation	150073
Chautauqua & Erie Telephone Co.	150078
Taconic Telephone Corp.	150084
Consolidated Communications of Pennsylvania Company, LLC	
Consolidated Communications of Pennsylvania - Bentleyville	170145
Consolidated Communications of Pennsylvania - Marianna & Scenery Hill	170185
Consolidated Communications of Central Illinois Company	
Consolidated Communications of Central Illinois - C-R	341009
Consolidated Communications of Central Illinois - El Paso	341004
Consolidated Communications of Central Illinois - Odin	341065
Consolidated Communications of Colorado Company	
Consolidated Communications of Colorado - Big Sandy	462192
Consolidated Communications of Colorado - Columbine	462204
Consolidated Communications of Florida Company	
Consolidated Communications of Florida - Florala	210291
Consolidated Communications of Florida - Perry	210329
Consolidated Communications of Florida - St. Joe	210339
Consolidated Communications of Kansas Company	
Consolidated Communications of Kansas - Kansas	411835
Consolidated Communications of Kansas - Colorado	461835
Consolidated Communications of Maine Company	
Consolidated Communications of Maine - Community Services	100015
Consolidated Communications of Ohio Company, LLC.	
Consolidated Communications of Ohio - Columbus Grove	300604
Consolidated Communications of Ohio - Germantown	300618
Consolidated Communications of Ohio - Orwell	300649
Consolidated Communications of Oklahoma Company	
Consolidated Communications of Oklahoma - Chouteau	431981
Consolidated Communications of Missouri Company	
Consolidated Communications of Missouri - Missouri	421472

Consolidated Communications of Washington Company, LLC.
Consolidated Communications of Washington - Ellensburg
Consolidated Communications of Washington - Yelm

522412
522453