

VOLUME 1

APPENDIX D Exhibit 3

CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OXFORD WEST TEL CO					
Signature of Authorized Officer: Pankaj Bhagat				Digitally signed by Pankaj Bhagat DN:cn=Pankaj Bhagat,email=kbhagat@firstlight.net,O=oxford west tel. co.,l= , Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Pankaj Bhagat					
Title or position of Authorized Officer: Vice President Controller					
Telephone number of Authorized Officer: 978-353-9514					
Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Lincolnville Telephone Co.			
Signature of Authorized Officer <i>Shirley R. Manning</i>		Date 05/22/2024	
Printed name of Authorized Officer Shirley Manning			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (207) 563-9941 ext.			
Study Area Code of Reporting Carrier 100003		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OXFORD COUNTY TEL					
Signature of Authorized Officer: Pankaj Bhagat				Digitally signed by Pankaj Bhagat DN:cn=Pankaj Bhagat,email=kbhagat@firstlight.net,O=oxford west tel. co.,l= , Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Pankaj Bhagat					
Title or position of Authorized Officer: Vice President Controller					
Telephone number of Authorized Officer: 978-353-9514					
Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Union River Telephone Company			
Signature of Authorized Officer <i>Kathryn M. Silsby</i>		Date <i>May 20, 2024</i>	
Printed name of Authorized Officer Kathryn M. Silsby			
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, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UNITEL, INC.					
Signature of Authorized Officer: Timothy May				Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Timothy May					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	100029		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RICHMOND TEL CO					
Signature of Authorized Officer: Dylan Proper				<small>Digitally signed by Dylan Proper DN:cn=Dylan Proper,email=dylan@richmond-telephone.com,O=richmond telephone company llc, Date:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Dylan Proper					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 413-698-2255					
Study Area Code of Reporting Carrier	110737		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BRETTON WOODS TEL CO					
Signature of Authorized Officer: Arthur Nicholson				Digitally signed by Arthur Nicholson DN:cn=Arthur Nicholson,email=anich@bwtc.net,O=bretton woods tel. co.,l= , Date:5/31/2024	Date: 5/31/2024
Printed name of Authorized Officer: Arthur Nicholson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-278-9919					
Study Area Code of Reporting Carrier	120038		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DUNBARTON TEL. CO.</p>					
<p>Signature of Authorized Officer: David Montgomery</p>				<p><small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/23/2024</small></p> <p>Date: 5/23/2024</p>	
<p>Printed name of Authorized Officer: David Montgomery</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 603-774-9911</p>					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FRANKLIN TEL. CO.-VT					
Signature of Authorized Officer: Kimberly Gates Maynard				Digitally signed by Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard,email=ftc@franklinvt.net,O=franklin tel. co.-vt,l=Franklin VT 05457, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Kimberly Gates Maynard					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 802-285-9911					
Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TOPSHAM TEL CO					
Signature of Authorized Officer: Shelly Cole				Digitally signed by Shelly Cole DN:cn=Shelly Cole,email=slcole@cit-tele.com,O=topsham tel. co., inc.,l=Hammond NY 13646, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Shelly Cole					
Title or position of Authorized Officer: Accounting Supervisor					
Telephone number of Authorized Officer: 315-324-5911					
Study Area Code of Reporting Carrier	140068		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WAITSFIELD/FAYSTON TEL. CO.					
Signature of Authorized Officer: Roger Nishi				Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Roger Nishi					
Title or position of Authorized Officer: Vice President - Industry Relations					
Telephone number of Authorized Officer: 802-496-8336					
Study Area Code of Reporting Carrier	140069		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL. CO.-NY					
Signature of Authorized Officer: Barbara Direnzo				Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Barbara Direnzo					
Title or position of Authorized Officer: Director - Finance and Accounting					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	150071		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CASSADAGA TEL CORP					
Signature of Authorized Officer: Mark Maytum				Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Mark Maytum					
Title or position of Authorized Officer: President, COO					
Telephone number of Authorized Officer: 716-673-3016					
Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHAMPLAIN TEL. CO.					
Signature of Authorized Officer: Wade Northrup				Digitally signed by Wade Northrup DN:cn=Wade Northrup,email=wnorthrup@champlaintelephone.com,O=champlain tel. co.,l= , Date:5/30/2024	
Date: 5/30/2024					
Printed name of Authorized Officer: Wade Northrup					
Title or position of Authorized Officer: Controller/Secretary					
Telephone number of Authorized Officer: 518-324-9303					
Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS HAMMOND NY					
Signature of Authorized Officer: Shelly Cole				Digitally signed by Shelly Cole DN:cn=Shelly Cole,email=slcole@cit-tele.com,O=topsham tel. co., inc.,l=Hammond NY 13646, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Shelly Cole					
Title or position of Authorized Officer: Accounting Supervisor					
Telephone number of Authorized Officer: 315-324-5911					
Study Area Code of Reporting Carrier	150081		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CROWN POINT TEL. CORP.					
Signature of Authorized Officer: Shana Knapp				Digitally signed by Shana Knapp DN:cn=Shana Knapp,email=shana.knapp@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Shana Knapp					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 518-597-3300					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

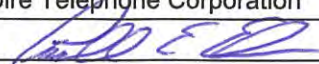
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DUNKIRK & FREDONIA					
Signature of Authorized Officer: 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:5/22/2024</small> Date: 5/22/2024	
Printed name of Authorized Officer: Mark Maytum					
Title or position of Authorized Officer: President, COO					
Telephone number of Authorized Officer: 716-673-3016					
Study Area Code of Reporting Carrier	150091		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Empire Telephone Corporation		
Signature of Authorized Officer		Date	5/30/2024
Printed name of Authorized Officer	Russell Eliason		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer:	(607) 522-3712 ext.		
Study Area Code of Reporting Carrier	150093	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE FISHERS ISLAND TEL. CO.					
Signature of Authorized Officer: J. Finan				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:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: J. Finan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 631-788-7251					
Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARGARETVILLE TEL. CO.,INC.					
Signature of Authorized Officer: Glen Faulkner				Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel. co.,inc.,l=Margaretville NY 12455, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Glen Faulkner					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 845-586-3311					
Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDDLEBURGH TEL CO</p>					
<p>Signature of Authorized Officer: James Becker</p>				<p><small>Digitally signed by James Becker DN:cn=James Becker,email=jim.becker@corp.midtel.com,O=middleburgh telephone co.,l=Middleburgh NY 12122-0191, Date:5/28/2024</small></p>	
<p>Date: 5/28/2024</p>					
<p>Printed name of Authorized Officer: James Becker</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 518-827-5211</p>					
Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEWPORT TEL CO					
Signature of Authorized Officer: Joseph Tomaino				Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=joe.tomaino@corp.ntcnet.com,O=newport tel. co.,inc.,l=Newport NY 13416, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Joseph Tomaino					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 315-845-8112					
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NICHOLVILLE TELCO					
Signature of Authorized Officer: Jeffrey McGrath				Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slcfiber.com,O=nicholville telco llc,l=Nicholville NY 12965, Date:5/31/2024	
Date:				5/31/2024	
Printed name of Authorized Officer: Jeffrey McGrath					
Title or position of Authorized Officer: VP/Regulatory Affairs					
Telephone number of Authorized Officer: 315-328-5333					
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ONEIDA COUNTY RURAL TEL. CO.</p>					
<p>Signature of Authorized Officer: 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:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Heather Kirkland</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 315-865-3239</p>					
Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PATTERSONVILLE TEL. CO.-NY</p>					
<p>Signature of Authorized Officer: Nicole Rodriguez</p>				<p><small>Digitally signed by Nicole Rodriguez DN:cn=Nicole Rodriguez,email=nrodriguez@ptccconnect.net,O=pattersonville tel. co.-ny,l= , Date:5/23/2024</small></p> <p>Date: 5/23/2024</p>	
<p>Printed name of Authorized Officer: Nicole Rodriguez</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 518-887-2121</p>					
Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STATE TEL. CO.					
Signature of Authorized Officer: Mark Evans				Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Mark Evans					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 518-731-6128					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE CITIZENS TELEPHONE COMPANY OF KECKSBURG</p>					
<p>Signature of Authorized Officer: Arnold Cutrell</p>				<p>Digitally signed by Arnold Cutrell DN:cn=Arnold Cutrell,email=arnie.cutrell@ctzn.net,O=the citizens telephone company of kecksburg,lc= Mount Pleasant PA 15666, Date:5/28/2024</p>	
<p>Date: 5/28/2024</p>					
<p>Printed name of Authorized Officer: Arnold Cutrell</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 724-424-4444</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>170156</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HICKORY TEL. CO.					
Signature of Authorized Officer: Terri Jeffers				Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tij@hky.com,O=hickory tel. co.,l= , Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Terri Jeffers					
Title or position of Authorized Officer: Regulatory Director					
Telephone number of Authorized Officer: 724-356-2211					
Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LACKAWAXEN TELECOM</p>					
<p>Signature of Authorized Officer: James Kail</p>				<p><small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: James Kail</p>					
<p>Title or position of Authorized Officer: President and CEO</p>					
<p>Telephone number of Authorized Officer: 724-593-2411</p>					
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAUREL HIGHLAND TEL					
Signature of Authorized Officer: James Kail				Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtr.net,O=lackawaxen telecommunications services, inc., Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: James Kail					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 724-593-2411					
Study Area Code of Reporting Carrier	170179		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL. CO.-PA</p>					
<p>Signature of Authorized Officer: Barbara Direnzo</p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Barbara Direnzo</p>					
<p>Title or position of Authorized Officer: Director - Finance and Accounting</p>					
<p>Telephone number of Authorized Officer: 724-283-0925</p>					
Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

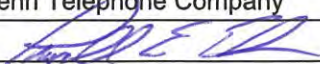
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.					
Signature of Authorized Officer: Steven Tourje				Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=the north-eastern pennsylvania telephone co.,l=Forest City PA 18421, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Steven Tourje					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 570-785-2216					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	North Penn Telephone Company		
Signature of Authorized Officer		Date	5/30/2024
Printed name of Authorized Officer	Russell Eliason		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer:	(607) 522-3712 ext.		
Study Area Code of Reporting Carrier	170192	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL. CO. NORTH</p>					
<p>Signature of Authorized Officer: Barbara Direnzo</p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Barbara Direnzo</p>					
<p>Title or position of Authorized Officer: Director - Finance and Accounting</p>					
<p>Telephone number of Authorized Officer: 724-283-0925</p>					
Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALMERTON TELEPHONE COMPANY					
Signature of Authorized Officer: Timothy Hausman				Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company, Inc., Date: 5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Timothy Hausman					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 610-826-9433					
Study Area Code of Reporting Carrier	170196		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PENNSYLVANIA TEL. CO.</p>					
<p>Signature of Authorized Officer: Richard Maietta</p>				<p><small>Digitally signed by Richard Maietta DN:cn=Richard Maietta,email=rich.maietta@ptcbb.com,O=pennsylvania tel. co.,l= , Date: 5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Richard Maietta</p>					
<p>Title or position of Authorized Officer: Vice President & General Manager</p>					
<p>Telephone number of Authorized Officer: 570-745-7101</p>					
Study Area Code of Reporting Carrier	170197		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PYMATUNING IND. TEL. CO.					
Signature of Authorized Officer: Charles Custer				Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=pymatuning ind. tel. co.,l=Lewisville AR 71845, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Charles Custer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 870-921-5758					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOUTH CANAAN TEL CO					
Signature of Authorized Officer: James Kail				Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc., Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: James Kail					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 724-593-2411					
Study Area Code of Reporting Carrier	170205		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VENUS TEL. CORP.					
Signature of Authorized Officer: Janice Kline				Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel. corp.,I=Venus PA 16364, Date:5/17/2024	
Date: 5/17/2024					
Printed name of Authorized Officer: Janice Kline					
Title or position of Authorized Officer: Sec/Treas.					
Telephone number of Authorized Officer: 814-354-6123					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: YUKON - WALTZ TEL CO</p>					
<p>Signature of Authorized Officer: James Kail</p>				<p><small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: James Kail</p>					
<p>Title or position of Authorized Officer: President and CEO</p>					
<p>Telephone number of Authorized Officer: 724-593-2411</p>					
Study Area Code of Reporting Carrier	170215		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL. CO. OF MD					
Signature of Authorized Officer: Barbara Direnzo				Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Barbara Direnzo					
Title or position of Authorized Officer: Director - Finance and Accounting					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	180216		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BURKE'S GARDEN TEL. CO., INC.					
Signature of Authorized Officer: Missy Lynch				Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel. co., inc., Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Missy Lynch					
Title or position of Authorized Officer: Office Manager/Secretary					
Telephone number of Authorized Officer: 276-472-2345					
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS TEL. COOP.-VA					
Signature of Authorized Officer: Donna Smith				Digitally signed by Donna Smith DN:cn=Donna Smith,email=donnasmith@citizens.coop,O=citizens tel. coop.-va,lc=Floyd VA 24091-0137, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Donna Smith					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 540-745-2111					
Study Area Code of Reporting Carrier	190225		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MGW TELEPHONE COMPANY, INC.</p>					
<p>Signature of Authorized Officer: Sheri Smith</p>				<p><small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: Sheri Smith</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 540-925-5235</p>					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Pembroke Telephone Cooperative				
Signature of Authorized Officer: 			Date: 5-21-24	
Printed name of Authorized Officer: Leon A. Law				
Title or position of Authorized Officer: President				
Telephone number of Authorized Officer: (540) 626-7111 , ext.				
Study Area Code of Reporting Carrier		190243	Filing Due Date for this form (mm/dd/yyyy)	May 31, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEOPLES MUTUAL TEL					
Signature of Authorized Officer: Eric Cramer				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	190244		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHENANDOAH TEL CO					
Signature of Authorized Officer: Matt Harbaugh				Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/24/2024 Date: 5/24/2024	
Printed name of Authorized Officer: Matt Harbaugh					
Title or position of Authorized Officer: Director of Accounting					
Telephone number of Authorized Officer: 814-233-4309					
Study Area Code of Reporting Carrier	190250		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHENANDOAH - NR</p>					
<p>Signature of Authorized Officer: Matt Harbaugh</p>				<p><small>Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/24/2024</small></p> <p>Date: 5/24/2024</p>	
<p>Printed name of Authorized Officer: Matt Harbaugh</p>					
<p>Title or position of Authorized Officer: Director of Accounting</p>					
<p>Telephone number of Authorized Officer: 814-233-4309</p>					
Study Area Code of Reporting Carrier	197251		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL. CO.-WV</p>					
<p>Signature of Authorized Officer: Barbara Direnzo</p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Barbara Direnzo</p>					
<p>Title or position of Authorized Officer: Director - Finance and Accounting</p>					
<p>Telephone number of Authorized Officer: 724-283-0925</p>					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SPRUCE KNOB SENECA ROCKS TEL., INC.					
Signature of Authorized Officer: Jena Miller				<small>Digitally signed by Jena Miller DN:cn=Jena Miller,email=jmiller@skprt.com,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814, Date:5/22/2024</small> Date: 5/22/2024	
Printed name of Authorized Officer: Jena Miller					
Title or position of Authorized Officer: Interim General Manager					
Telephone number of Authorized Officer: 304-567-2121					
Study Area Code of Reporting Carrier	200257		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HARDY TELECOMMUNICATIONS, INC.					
Signature of Authorized Officer: Scott Sherman				Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc.,l= , Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Scott Sherman					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 304-897-9911					
Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL. CO.					
Signature of Authorized Officer: Barbara Direnzo				Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Barbara Direnzo					
Title or position of Authorized Officer: Director - Finance and Accounting					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHEAST FLORIDA					
Signature of Authorized Officer: Charles Custer				Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=northeast florida tel. co., inc.,l=Lewisville AR 71845, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Charles Custer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 870-921-5758					
Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALMA TEL. CO., INC.					
Signature of Authorized Officer: Laure Cohen				Digitally signed by Laure Cohen DN:cn=Laure Cohen,email=lcohen@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Laure Cohen					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 912-632-3117					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BRANTLEY TEL. CO., INC.					
Signature of Authorized Officer: Donovan Strickland				Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel. co., inc.,l=Nahunta GA 31553, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Donovan Strickland					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 912-462-5111					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BULLOCH CNTY. RURAL TEL. COOP., INC.					
Signature of Authorized Officer: John Scott				Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc., Date:5/28/2024	
				Date: 5/28/2024	
Printed name of Authorized Officer: John Scott					
Title or position of Authorized Officer: General Manager/COO					
Telephone number of Authorized Officer: 912-865-1100					
Study Area Code of Reporting Carrier	220348		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS TEL. CO., INC.-GA					
Signature of Authorized Officer: Jessica Molina				Digitally signed by Jessica Molina DN:cn=Jessica Molina,email=jessicamolina@citizensdsl.com,O=citizens tel. co., inc.-ga,l=Leslie GA 31764, Date:5/29/2024	
Date: 5/29/2024					
Printed name of Authorized Officer: Jessica Molina					
Title or position of Authorized Officer: Co- President					
Telephone number of Authorized Officer: 229-874-4145					
Study Area Code of Reporting Carrier	220355		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Darien Telephone Company			
Signature of Authorized Officer <i>Mary Lou Forstyh</i>		Date 5-29-24	
Printed name of Authorized Officer Mary Lou Forstyh			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (912) 437-6611 ext.			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GLENWOOD TEL. CO.</p>					
<p>Signature of Authorized Officer: James O'Brien</p>				<p><small>Digitally signed by James O'Brien DN:cn=James O'Brien,email=glenwoodtelephone@gmail.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: James O'Brien</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 912-523-5111</p>					
Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HART TEL. CO.					
Signature of Authorized Officer: Randy Daniel				Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy.daniel@htconline.net,O=hart tel. co.,l=Hartwell GA 30643, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Randy Daniel					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 706-376-4701					
Study Area Code of Reporting Carrier	220368		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEMBROKE TEL. CO., INC.					
Signature of Authorized Officer: Mary Anna Hite				Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Mary Anna Hite					
Title or position of Authorized Officer: Secretary-Treasurer/General Manager					
Telephone number of Authorized Officer: 912-653-4389					
Study Area Code of Reporting Carrier	220376		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	PlantTel		
Signature of Authorized Officer	Eric Ramey	Digitally signed by Eric Ramey Date: 2024.05.31 14:59:48 -04'00'	Date
Printed name of Authorized Officer	Eric Ramey		
Title or position of Authorized Officer	SVP -Regulatory & HR		
Telephone number of Authorized Officer: () - , ext.	803-581-9152		
Study Area Code of Reporting Carrier	220379	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PROGRESSIVE RURAL TEL. COOP., INC.					
Signature of Authorized Officer: Ron Chambers				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:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Ron Chambers					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 478-984-4201					
Study Area Code of Reporting Carrier	220380		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PUBLIC SERVICE TEL. CO.					
Signature of Authorized Officer: James Bond				<small>Digitally signed by James Bond DN:cn=James Bond,email=jim.bond@pstel.com,O=public service tel. co.,l=Reynolds GA 31076, Date:5/24/2024</small> Date: 5/24/2024	
Printed name of Authorized Officer: James Bond					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 478-847-6520					
Study Area Code of Reporting Carrier	220381		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRENTON TEL. CO.					
Signature of Authorized Officer: Steven Tatum				<small>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel. co.,l= , Date:5/31/2024</small>	Date: 5/31/2024
Printed name of Authorized Officer: Steven Tatum					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 706-657-4367					
Study Area Code of Reporting Carrier	220389		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Wave	DocuSigned by:	
Signature of Authorized Officer		Date	5/29/2024
Printed name of Authorized Officer	267B2C2DC4C0454... Christopher Reno		
Title or position of Authorized Officer	Vice President-Controller		
Telephone number of Authorized Officer: () - - , ext.	307-600-0000		
Study Area Code of Reporting Carrier	220392	Filing Due Date for this form (mm/dd/yyyy)	05/31/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

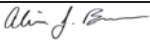
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BARNARDSVILLE TEL CO					
Signature of Authorized Officer: Eric Cramer				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230469		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ELLERBE TEL CO					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2024</small>	Date: 5/30/2024
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230478		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier **North State Telephone, LLC**Signature of Authorized Officer  Date **05/30/2024**Printed name of Authorized Officer **Alison J. Brown**Title or position of Authorized Officer **Chief Legal Officer**Telephone number of Authorized Officer: **(917) 549-7538** ext. _____Study Area Code of Reporting Carrier **230491** Filing Due Date for this form
(mm/dd/yyyy) **June 17, 2024**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Town of Pineville dba Pineville Telephone Co</u>			
Signature of Authorized Officer <u>Tammy J. Vachon</u>			Date <u>5-31-24</u>
Printed name of Authorized Officer <u>Tammy J. Vachon</u>			
Title or position of Authorized Officer <u>Director of Telecommunications</u>			
Telephone number of Authorized Officer: <u>704.889.0208</u> ext.			
Study Area Code of Reporting Carrier <u>230494</u>		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.					
Signature of Authorized Officer: Kimberly Garner				<small>Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l= , Date:5/20/2024</small>	Date: 5/20/2024
Printed name of Authorized Officer: Kimberly Garner					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 336-879-7911					
Study Area Code of Reporting Carrier	230496		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SURRY MEMBERSHIP					
Signature of Authorized Officer: Richard Parker				<small>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/20/2024</small> Date: 5/20/2024	
Printed name of Authorized Officer: Richard Parker					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 336-374-5021					
Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SALUDA MOUNTAIN TEL					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2024</small> Date: 5/30/2024	
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230498		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SERVICE TEL CO					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2024</small>	Date: 5/30/2024
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230500		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SURRY MEMBERSHIP					
Signature of Authorized Officer: Richard Parker				Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Richard Parker					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 336-374-5021					
Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RIVERSTREET-TCTMC					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2024</small> Date: 5/30/2024	
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230505		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RIVERSTREET-WTMC					
Signature of Authorized Officer: Eric Cramer				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230510		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALMETTO RURAL TEL. COOP., INC.					
Signature of Authorized Officer: Dewaine Wilson				Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.us,O=palmetto rural tel. coop., inc., Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Dewaine Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 843 538-9382					
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SANDHILL TEL. COOP., INC.					
Signature of Authorized Officer: Lee Chambers				Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@mysandhill.net,O=sandhill tel. coop., inc.,l=Jefferson SC 29718, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Lee Chambers					
Title or position of Authorized Officer: CEO/Manager					
Telephone number of Authorized Officer: 843-658-6379					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CASTLEBERRY TEL. CO., INC.					
Signature of Authorized Officer: Homer Holland				Digitally signed by Homer Holland DN:cn=Homer Holland,email=cbtel_36432@yahoo.com,O=castleberry tel. co., inc.,l=Castleberry AL 36432, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Homer Holland					
Title or position of Authorized Officer: Accountant					
Telephone number of Authorized Officer: 251-966-2110					
Study Area Code of Reporting Carrier	250285		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS TELECOMMUNICATIONS COOPERATIVE, INC.					
Signature of Authorized Officer: Paul Higdon				<small>Digitally signed by Paul Higdon DN:cn=Paul Higdon,email=phigdon@staff.farmerstel.com,O=farmers telecommunications cooperative, inc.,l=Rainsville AL 35986-0217, Date:5/23/2024</small>	
Date: 5/23/2024					
Printed name of Authorized Officer: Paul Higdon					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 256-638-2144					
Study Area Code of Reporting Carrier	250290		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HAYNEVILLE TEL. CO., INC.					
Signature of Authorized Officer: Evelyn Causey				Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@hftfiber.com,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Evelyn Causey					
Title or position of Authorized Officer: President/COO					
Telephone number of Authorized Officer: 334-548-2101					
Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MON-CRE TEL. COOP. INC.					
Signature of Authorized Officer: Teresa Rich				Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,l=Ramer AL 36069, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Teresa Rich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 334-562-3242					
Study Area Code of Reporting Carrier	250305		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier New Hope Telephone Cooperative, Inc.			
Signature of Authorized Officer 			Date 05/29/2024
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 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PINE BELT TEL. CO.</p>					
<p>Signature of Authorized Officer: John Nettles</p>				<p><small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: John Nettles</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 334-385-2106</p>					
Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

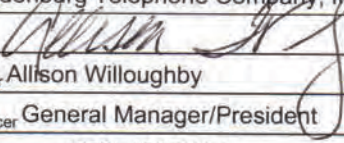
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RAGLAND TEL. CO.					
Signature of Authorized Officer: Matthew Jackson				Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=matt024jackson@yahoo.com,O=ragland tel. co.,l=Ragland AL 35131, Date:5/30/2024	
Date: 5/30/2024					
Printed name of Authorized Officer: Matthew Jackson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 205-472-2141					
Study Area Code of Reporting Carrier	250316		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BALLARD RURAL TEL. COOP. CORP., INC.					
Signature of Authorized Officer: Karen Hensley				Digitally signed by Karen Hensley DN:cn=Karen Hensley,email=karen.tilford@btc.coop,O=ballard rural tel. coop. corp., inc.,l=La Center KY 42056-0209, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Karen Hensley					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 270-665-5186					
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Brandenburg Telephone Company, Inc.				
Signature of Authorized Officer 			Date 05/20/2024	
Printed name of Authorized Officer Allison Willoughby				
Title or position of Authorized Officer General Manager/President				
Telephone number of Authorized Officer: (270) 422-2121 ext. _____				
Study Area Code of Reporting Carrier		260398	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DUO COUNTY TEL. COOP., INC.					
Signature of Authorized Officer: Daryl Hammond				<small>Digitally signed by Daryl Hammond DN: cn=Daryl Hammond, email=dhammond@duobroadband.com, O=duo county tel. coop., inc., l=Jamestown KY 42629, Date: 5/29/2024</small> Date: 5/29/2024	
Printed name of Authorized Officer: Daryl Hammond					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 700-343-1111					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LOGAN TEL. COOP., INC.					
Signature of Authorized Officer: Gregory Hale				<small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@ltconnect.com,O=logan tel. coop., inc.,l=Auburn KY 42206, Date:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Gregory Hale					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 270-542-4121					
Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MOUNTAIN RURAL TEL. COOP. CORP., INC.</p>					
<p>Signature of Authorized Officer: 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:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Shayne Ison</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 606-743-3121</p>					
Study Area Code of Reporting Carrier	260414		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Peoples Rural Telephone Coop.</u>			
Signature of Authorized Officer <u>Keith Gabbard</u>		Date <u>05-30-24</u>	
Printed name of Authorized Officer <u>Keith Gabbard</u>			
Title or position of Authorized Officer <u>CEO</u>			
Telephone number of Authorized Officer: <u>(602) 287 7101 ext.</u>			
Study Area Code of Reporting Carrier <u>260415</u>		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THACKER/GRIGSBY TEL. CO., INC.					
Signature of Authorized Officer: William Grigsby				Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: William Grigsby					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 606-785-9500					
Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WEST KENTUCKY RURAL</p>					
<p>Signature of Authorized Officer: Robert Hutter</p>				<p><small>Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=west ky. rural tel. coop. corp., inc.,l= , Date:5/23/2024</small></p> <p>Date: 5/23/2024</p>	
<p>Printed name of Authorized Officer: Robert Hutter</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 270-558-0420</p>					
Study Area Code of Reporting Carrier	260421		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CAMPTI-PLEASANT HILL					
Signature of Authorized Officer: Tom Edens				Digitally signed by Tom Edens DN:cn=Tom Edens,email=tedens@pelicanbb.com,O=campiti-pleasant hill tel. co.,l=Natchitoches LA 71458, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Tom Edens					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 318-352-0014					
Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DELCAMBRE TEL. CO.</p>					
<p>Signature of Authorized Officer: Marcy Landry</p>				<p><small>Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Marcy Landry</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 337-685-2311</p>					
Study Area Code of Reporting Carrier	270428		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KAPLAN TEL. CO.					
Signature of Authorized Officer: Richard Constantin				Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Richard Constantin					
Title or position of Authorized Officer: Regulatory Manager					
Telephone number of Authorized Officer: 337-643-4242					
Study Area Code of Reporting Carrier	270432		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHEAST LOUISIANA TEL. CO., INC.					
Signature of Authorized Officer: Mike George				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:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Mike George					
Title or position of Authorized Officer: President / General Manager					
Telephone number of Authorized Officer: 318-874-7011					
Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RESERVE TEL CO					
Signature of Authorized Officer: Annette Faircloth				Digitally signed by Annette Faircloth DN:cn=Annette Faircloth,email=afaircloth@reservetele.com,O=reserve tel. co.,l= , Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Annette Faircloth					
Title or position of Authorized Officer: V.P 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)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STAR TEL CO					
Signature of Authorized Officer: Timothy May				Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Timothy May					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DECATUR TEL. CO., INC.-MS					
Signature of Authorized Officer: Esther Smith, PhD				Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,l=Decatur MS 39327, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Esther Smith, PhD					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 601-635-2251					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FRANKLIN TEL CO - MS</p>					
<p>Signature of Authorized Officer: Tammy Torrey</p>				<p><small>Digitally signed by Tammy Torrey DN: cn=Tammy Torrey, email=ttorrey@telapexinc.com, O=franklin tel. co., inc.-ms, l=Meadville MS 39653-0219, Date: 5/22/2024</small></p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Tammy Torrey</p>					
<p>Title or position of Authorized Officer: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer: 601-384-3350</p>					
Study Area Code of Reporting Carrier	280454		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GEORGETOWN TEL CO					
Signature of Authorized Officer: 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:5/22/2024</small> Date: 5/22/2024	
Printed name of Authorized Officer: Joie Miller					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 601-858-2211					
Study Area Code of Reporting Carrier	280456		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		NOXAPATER TELEPHONE COMPANY	
Signature of Authorized Officer		Charlotte Pearce	
Printed name of Authorized Officer		CHARLOTTE PEARCE	
Title or position of Authorized Officer		VICE-PRESIDENT	
Telephone number of Authorized Officer: (601 726-7100 ext.	
Study Area Code of Reporting Carrier	280461	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SLEDGE TEL CO					
Signature of Authorized Officer: Robert Sledge Jr.				Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel. co.,inc.,l=Sunflower MS 38778, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Robert Sledge Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-569-3311					
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARDMORE TEL CO					
Signature of Authorized Officer: Robert Hutter				Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=ardmore tel. co.,inc., Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Robert Hutter					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-558-0420					
Study Area Code of Reporting Carrier	290280		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Highland Telephone Cooperative		
Signature of Authorized Officer		Date	5/20/2024
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 ext.		
Study Area Code of Reporting Carrier	290565	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Loretto Telephone Company, Inc.			
Signature of Authorized Officer <i>Kimberly Shepherd</i>		Date <i>05/29/24</i>	
Printed name of Authorized Officer Kimberly Shepherd			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (336) 876-6163 ext. _____			
Study Area Code of Reporting Carrier	290570	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH CENTRAL TEL. COOP., INC.					
Signature of Authorized Officer: 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: 5/20/2024</small> Date: 5/20/2024	
Printed name of Authorized Officer: Johnny McClanahan					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 615-666-2151					
Study Area Code of Reporting Carrier	290573		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST KY COOP-TN					
Signature of Authorized Officer: Robert Hutter				Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=west kentucky rural telephone coop. corp.-tn, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Robert Hutter					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-558-0420					
Study Area Code of Reporting Carrier	290598		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE ARTHUR MUTUAL TEL. CO.</p>					
<p>Signature of Authorized Officer: 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:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Eric Roughton</p>					
<p>Title or position of Authorized Officer: General Manager/Sec'y/Treasurer</p>					
<p>Telephone number of Authorized Officer: 419-393-2233</p>					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: AYERSVILLE TEL. CO.					
Signature of Authorized Officer: Phil Maag				Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel. co.,l= , Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Phil Maag					
Title or position of Authorized Officer: Sec./Treas. & General Manager					
Telephone number of Authorized Officer: 419-395-2222					
Study Area Code of Reporting Carrier	300588		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BASCOM MUTUAL TEL. CO.					
Signature of Authorized Officer: Laura Wise				Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Laura Wise					
Title or position of Authorized Officer: Board Assistant Treasurer					
Telephone number of Authorized Officer: 419-937-2222					
Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BENTON RIDGE TEL. CO.					
Signature of Authorized Officer: Randy Marksberry				Digitally signed by Randy Marksberry DN:cn=Randy Marksberry, email=randymarksberry@corp.watchcomm.net,O=benton ridge tel. co.,l= , Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Randy Marksberry					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 419-859-2144					
Study Area Code of Reporting Carrier	300590		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BUCKLAND TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: Douglas Place</p>				<p><small>Digitally signed by Douglas Place DN:cn=Douglas Place,email=doug@ohiolink.net,O=buckland telephone company, Date:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Douglas Place</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 419-657-2222</p>					
Study Area Code of Reporting Carrier	300591		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE CHAMPAIGN TEL. CO.</p>					
<p>Signature of Authorized Officer: Tiffany Ebersold</p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l= , Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Tiffany Ebersold</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 937-653-2263</p>					
Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MCCLURE TEL. CO.					
Signature of Authorized Officer: 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:5/29/2024</small> Date: 5/29/2024	
Printed name of Authorized Officer: Lance Miller					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HANSON COMM OH-COL					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, I= , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300604		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CONNEAUT TEL. CO.					
Signature of Authorized Officer: Deanna Brown				Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@greatwavecom.com,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Deanna Brown					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 440-593-7138					
Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DOYLESTOWN TEL. CO.					
Signature of Authorized Officer: Brian Brockman				<small>Digitally signed by Brian Brockman DN:cn=Brian Brockman,email=bbrockman@doylestowntelephone.com,O=doylestown tel. co.,l= , Date:5/24/2024</small> Date: 5/24/2024	
Printed name of Authorized Officer: Brian Brockman					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 330-658-2121					
Study Area Code of Reporting Carrier	300609		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH</p>					
<p>Signature of Authorized Officer: 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:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Cheryl Bostelman</p>					
<p>Title or position of Authorized Officer: Secretary/General Manager</p>					
<p>Telephone number of Authorized Officer: 419-758-3303</p>					
Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FORT JENNINGS TEL. CO.					
Signature of Authorized Officer: Michael Metzger				Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel. co.,l=Ft. Jennings OH 45844-0146, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Michael Metzger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-286-2181					
Study Area Code of Reporting Carrier	300614		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HANSON COMM OH-GER					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, I= , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300618		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLANDORF TEL. CO., INC.					
Signature of Authorized Officer: David Hunt				Digitally signed by David Hunt DN:cn=David Hunt,email=daveh@kalidatel.com,O=glandorf tel. co., inc.,l=Kalida OH 45853, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: David Hunt					
Title or position of Authorized Officer: General Manager/Treasurer					
Telephone number of Authorized Officer: 419-532-3218					
Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KALIDA TEL. CO., INC.					
Signature of Authorized Officer: David Hunt				Digitally signed by David Hunt DN:cn=David Hunt,email=daveh@kalidatel.com,O=glandorf tel. co., inc.,l=Kalida OH 45853, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: David Hunt					
Title or position of Authorized Officer: General Manager/Treasurer					
Telephone number of Authorized Officer: 419-532-3218					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDDLE POINT HOME					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc, Date:5/21/2024</small>	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>MILFORD TELEPHONE COMPANY</u>				
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5/28/2024</u>	
Printed name of Authorized Officer <u>CASEY NEAL</u>				
Title or position of Authorized Officer <u>GENERAL MANAGER</u>				
Telephone number of Authorized Officer: <u>(708) 830-2156 ext.</u>				
Study Area Code of Reporting Carrier		<u>300634</u>	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE NEW KNOXVILLE					
Signature of Authorized Officer: Preston Meyer				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:5/24/2024 Date: 5/24/2024	
Printed name of Authorized Officer: Preston Meyer					
Title or position of Authorized Officer: Sales Manager/Chief Operating Officer					
Telephone number of Authorized Officer: 419-753-2457					
Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE NOVA TEL. CO.					
Signature of Authorized Officer: Charles Mattingly				Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kcenterprise.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Charles Mattingly					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 903-663-0099					
Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HANSON COMM OH-ORW					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, I= , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300649		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE OTTOVILLE MUTUAL TEL. CO.					
Signature of Authorized Officer: William Honigford				Digitally signed by William Honigford DN:cn=William Honigford,email=bilh@ottovillemutual.com,O=the ottoville mutual tel. co.,l=Ottoville OH 45876-0427, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: William Honigford					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-453-3324					
Study Area Code of Reporting Carrier	300650		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PATTERSONVILLE TEL. CO.-OH					
Signature of Authorized Officer: Aaron Jones				Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh,l=Carrollton OH 44615, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Aaron Jones					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 330-895-4391					
Study Area Code of Reporting Carrier	300651		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RIDGEVILLE TEL. CO.</p>					
<p>Signature of Authorized Officer: 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:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Dave Gobrogge</p>					
<p>Title or position of Authorized Officer: General Manager/Certification Officer</p>					
<p>Telephone number of Authorized Officer: 419-267-5185</p>					
<p>Study Area Code of Reporting Carrier</p>	300654		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHERWOOD MUTUAL TEL. ASSOC.					
Signature of Authorized Officer: 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:5/20/2024</small> Date: 5/20/2024	
Printed name of Authorized Officer: Richard Rostorfer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-899-2121					
Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SYCAMORE TEL. CO.					
Signature of Authorized Officer: Richard Ekleberry II				Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel. co.,l= , Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Richard Ekleberry II					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-927-6012					
Study Area Code of Reporting Carrier	300658		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TELEPHONE SERVICE					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VAUGHNSVILLE TEL. CO., INC.					
Signature of Authorized Officer: Amanda Maag				Digitally signed by Amanda Maag DN:cn=Amanda Maag,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,l=Vaughnsville OH 45893-0127, Date:5/17/2024	
Date: 5/17/2024					
Printed name of Authorized Officer: Amanda Maag					
Title or position of Authorized Officer: Manager/Secretary /Treasurer					
Telephone number of Authorized Officer: 419-646-3431					
Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WABASH MUTUAL TEL. CO.					
Signature of Authorized Officer: Mike Boley				Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Mike Boley					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 419-942-1111					
Study Area Code of Reporting Carrier	300664		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALLBAND COMMUNICATIONS COOPERATIVE					
Signature of Authorized Officer: Coral Olsen				Digitally signed by Coral Olsen DN:cn=Coral Olsen,email=colsen@allbandcomm.com,O=allband communications cooperative, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Coral Olsen					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 989-369-9999					
Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BARAGA TELEPHONE COMPANY					
Signature of Authorized Officer: Paul Stark				Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Paul Stark					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 906-353-6644					
Study Area Code of Reporting Carrier	310675		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BARRY COUNTY TEL CO					
Signature of Authorized Officer: David Stoll				Digitally signed by David Stoll DN:cn=David Stoll,email=execadmin@mei.net,O=barry county tel. co.,l=Delton MI 49046, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: David Stoll					
Title or position of Authorized Officer: GM/CEO					
Telephone number of Authorized Officer: 269-623-9971					
Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLANCHARD TEL. CO.					
Signature of Authorized Officer: Michael Fitzpatrick				<div style="font-size: small;"> Digitally signed by Michael Fitzpatrick DN:cn=Michael Fitzpatrick,email=mfitzpatrick@blanchardtel.com,O=blanchard telephone co.,l=Blanchard MI 49310, Date:5/20/2024 </div>	
Date: 5/20/2024					
Printed name of Authorized Officer: Michael Fitzpatrick					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 989-561-9932					
Study Area Code of Reporting Carrier	310678		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CARR TEL. CO.					
Signature of Authorized Officer: Terri Bogner				Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel. co.,l= , Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Terri Bogner					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 231-898-2244					
Study Area Code of Reporting Carrier	310683		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier CLIMAX TELEPHONE COMPANY			
Signature of Authorized Officer 		Date 5/29/2024	
Printed name of Authorized Officer ED CORR			
Title or position of Authorized Officer VICE PRESIDENT TAX			
Telephone number of Authorized Officer: (913) 794-3121 , ext.			
Study Area Code of Reporting Carrier	310688	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DEERFIELD FARMERS TEL. CO.</p>					
<p>Signature of Authorized Officer: Robert Parisien</p>				<p>Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co.,l= , Date:5/22/2024</p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Robert Parisien</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 734-279-5514</p>					
Study Area Code of Reporting Carrier	310691		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUT. OF CHAPIN DBA CHAPIN TEL. CO.					
Signature of Authorized Officer: Greg Ringle				Digitally signed by Greg Ringle DN:cn=Greg Ringle,email=chapintel@4cld.net,O=farmers mut. of chapin dba chapin tel. co.,l= , Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Greg Ringle					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 989-661-2476					
Study Area Code of Reporting Carrier	310694		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier KALEVA TELEPHONE COMPANY			
Signature of Authorized Officer 		Date 05/28/2024	
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)	05/28/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ACE TEL OF MICHIGAN					
Signature of Authorized Officer: Michael Osborne				Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943, Date:5/30/2024 Date: 5/30/2024	
Printed name of Authorized Officer: Michael Osborne					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 616-892-0123					
Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LENNON TEL CO					
Signature of Authorized Officer: Sharon Patsey				Digitally signed by Sharon Patsey DN:cn=Sharon Patsey,email=spatsey@lentel.com,O=lennon tel co,l=Lennon MI 48449-0329, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Sharon Patsey					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 810-621-3305					
Study Area Code of Reporting Carrier	310708		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDWAY TEL CO</p>					
<p>Signature of Authorized Officer: Camie Nebel-Conklin</p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel. co.,l= , Date:5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 906-387-9911</p>					
Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HIAWATHA TEL CO					
Signature of Authorized Officer: 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:5/28/2024</small> Date: 5/28/2024	
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OGDEN TEL. CO.					
Signature of Authorized Officer: Kristen Fisher				Digitally signed by Kristen Fisher DN:cn=Kristen Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l= , Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Kristen Fisher					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 517-443-5595					
Study Area Code of Reporting Carrier	310714		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ONTONAGON COUNTY TEL					
Signature of Authorized Officer: Camie Nebel-Conklin				Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel. co.,l= , Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PIGEON TEL. CO.</p>					
<p>Signature of Authorized Officer: 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:5/22/2024</small></p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Neal Eichler</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 989-453-4391</p>					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SAND CREEK TEL. CO.					
Signature of Authorized Officer: Teresa Sadler				Digitally signed by Teresa Sadler DN:cn=Teresa Sadler,email=tsadler@sc-telco.com,O=sand creek tel. co.,l=Sand Creek MI 49279-0066, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Teresa Sadler					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 517-436-3130					
Study Area Code of Reporting Carrier	310725		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SPRINGPORT TEL. CO.					
Signature of Authorized Officer: Mark Cutler				Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Mark Cutler					
Title or position of Authorized Officer: Accountant					
Telephone number of Authorized Officer: 517-857-3100					
Study Area Code of Reporting Carrier	310728		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UPPER PENINSULA TEL</p>					
<p>Signature of Authorized Officer: Phil Truran</p>				<p><small>Digitally signed by Phil Truran DN:cn=Phil Truran,email=phil.truran@michbbs365.com,O=upper peninsula tel. co.,l= , Date:5/30/2024</small></p> <p>Date: 5/30/2024</p>	
<p>Printed name of Authorized Officer: Phil Truran</p>					
<p>Title or position of Authorized Officer: President and General Manager</p>					
<p>Telephone number of Authorized Officer: 248-990-3272</p>					
Study Area Code of Reporting Carrier	310732		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WALDRON TEL CO					
Signature of Authorized Officer: Lucinda Bernath				Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Lucinda Bernath					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 517-286-6211					
Study Area Code of Reporting Carrier	310734		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Westphalia Telephone Company			
Signature of Authorized Officer 		Date 5-28-24	
Printed name of Authorized Officer Greg Ringle			
Title or position of Authorized Officer Certifying Officer			
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 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WINN TEL. CO.					
Signature of Authorized Officer: Mark Graf				Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winntel.com,O=winn tel. co.,l=Winn MI 48896, Date:5/30/2024 Date: 5/30/2024	
Printed name of Authorized Officer: Mark Graf					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 989-953-9876					
Study Area Code of Reporting Carrier	310737		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MCBC</p>					
<p>Signature of Authorized Officer: Phil Truran</p>				<p><small>Digitally signed by Phil Truran DN:cn=Phil Truran,email=phil.truran@michbbs365.com,O=upper peninsula tel. co.,l= , Date:5/30/2024</small></p> <p>Date: 5/30/2024</p>	
<p>Printed name of Authorized Officer: Phil Truran</p>					
<p>Title or position of Authorized Officer: President and General Manager</p>					
<p>Telephone number of Authorized Officer: 248-990-3272</p>					
Study Area Code of Reporting Carrier	310785		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BLOOMINGDALE HOME TELEPHONE COMPANY, INC.</p>					
<p>Signature of Authorized Officer: Ronja Branson</p>				<p>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingtontel.com,O=bloomingtondale home telephone company, inc.,l=Bloomingtondale IN 47832, Date:5/22/2024</p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Ronja Branson</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 765-498-2000</p>					
Study Area Code of Reporting Carrier	320742		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS TEL. CORP.-WARREN					
Signature of Authorized Officer: Cammy Ackley				Digitally signed by Cammy Ackley DN:cn=Cammy Ackley,email=cammy@citizensfiber.tel,O=citizens tel. corp.-warren,l=Warren IN 46792, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Cammy Ackley					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 260-375-2111					
Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR					
Signature of Authorized Officer: Darin LaCoursiere				<small>Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darini@weEndeavor.com,O=clay cty. rural tel coop inc d/b/a endeavor,l=Cloverdale IN 46120-0237, Date:5/22/2024</small>	Date: 5/22/2024
Printed name of Authorized Officer: Darin LaCoursiere					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 765-795-4261					
Study Area Code of Reporting Carrier	320753		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CRAIGVILLE TEL. CO., INC.					
Signature of Authorized Officer: 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:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Lee Von Gunten					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 260-565-3131					
Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.					
Signature of Authorized Officer: Kirk Lehman				Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=daviess-martin cty. rural tel. dba rtc comm.,l= , Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Kirk Lehman					
Title or position of Authorized Officer: CEO/Executive VP					
Telephone number of Authorized Officer: 812-486-3211					
Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GEETINGSVILLE TEL. CO., INC.					
Signature of Authorized Officer: Steve Scott				Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc., Date:5/21/2024	
				Date: 5/21/2024	
Printed name of Authorized Officer: Steve Scott					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 765-258-3111					
Study Area Code of Reporting Carrier	320771		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LIGONIER TEL. CO.					
Signature of Authorized Officer: Mike Troup				Digitally signed by Mike Troup DN:cn=Mike Troup,email=mtroup@ligtel.net,O=lignonier tel. co.,l= , Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Mike Troup					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 260-894-7161					
Study Area Code of Reporting Carrier	320783		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MONON TEL. CO., INC.					
Signature of Authorized Officer: 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:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Bruce Hanway					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 219-253-6601					
Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MULBERRY COOP. TEL. CO., INC.					
Signature of Authorized Officer: Greg Maish				Digitally signed by Greg Maish DN:cn=Greg Maish,email=gregmaish@mintel.net,O=mulberry coop. tel. co., inc.,l=Mulberry IN 46058-0370, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Greg Maish					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 765-296-2885					
Study Area Code of Reporting Carrier	320792		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEW PARIS TEL., INC.					
Signature of Authorized Officer: Paul Penrose				Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,l=New Paris IN 46553-0047, Date:5/31/2024 Date: 5/31/2024	
Printed name of Authorized Officer: Paul Penrose					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 574-831-7115					
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHWESTERN INDIANA TEL. CO., INC.					
Signature of Authorized Officer: Thomas Long				Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Thomas Long					
Title or position of Authorized Officer: COO					
Telephone number of Authorized Officer: 219-996-2981					
Study Area Code of Reporting Carrier	320800		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC</p>					
<p>Signature of Authorized Officer: Daren Brown</p>				<p>Digitally signed by Daren Brown DN:cn=Daren Brown,email=drbrown@psciber.net,O=perry-spencer rural tel. coop., inc. dba psc, Date:5/28/2024</p>	
<p>Date: 5/28/2024</p>					
<p>Printed name of Authorized Officer: Daren Brown</p>					
<p>Title or position of Authorized Officer: President/CEO</p>					
<p>Telephone number of Authorized Officer: 812-357-2123</p>					
Study Area Code of Reporting Carrier	320807		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM					
Signature of Authorized Officer: Brent Gillum				Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrct.net,O=pulaski-white rural tel. coop.dba lightstream,l=Buffalo IN 47925, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Brent Gillum					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 574-278-7121					
Study Area Code of Reporting Carrier	320813		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ROCHESTER TEL. CO., INC.					
Signature of Authorized Officer: Tyson Kalischuk				Digitally signed by Tyson Kalischuk DN:cn=Tyson Kalischuk,email=tyson.kalischuk@rtc1.com,O=rochester tel. co., inc., Date:5/22/2024	
				Date: 5/22/2024	
Printed name of Authorized Officer: Tyson Kalischuk					
Title or position of Authorized Officer: VP of Finance					
Telephone number of Authorized Officer: 574-223-0241					
Study Area Code of Reporting Carrier	320815		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.					
Signature of Authorized Officer: Anthony Clark				Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=southeastern indiana rural tel. coop., inc.,l= , Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Anthony Clark					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 812-667-5100					
Study Area Code of Reporting Carrier	320819		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SWAYZEE TEL. CO., INC.					
Signature of Authorized Officer: Audra Hicks				Digitally signed by Audra Hicks DN:cn=Audra Hicks,email=ahicks@fiberhawk.com,O=swayzee tel. co., inc.,l=Swayzee IN 46986, Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Audra Hicks					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 765-922-7916					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SWEETSER RURAL TEL. CO., INC.					
Signature of Authorized Officer: Scott Winger				Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Scott Winger					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 765-384-4311					
Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WASH. CTY. RURAL TEL. COOP., INC.					
Signature of Authorized Officer: Roland King				Digitally signed by Roland King DN:cn=Roland King,email=roland.king@telemedia.coop,O=wash. cty. rural tel. coop., inc.,l= , Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Roland King					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 812-967-2050					
Study Area Code of Reporting Carrier	320834		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: YEOMAN TEL. CO., INC.					
Signature of Authorized Officer: Tonya O'Farrell				Digitally signed by Tonya O'Farrell DN:cn=Tonya O'Farrell,email=ofarrell@ytci.com,O=yeoman tel. co., inc.,l=Yeoman IN 47997, Date:5/21/2024	
				Date: 5/21/2024	
Printed name of Authorized Officer: Tonya O'Farrell					
Title or position of Authorized Officer: Financial Manager					
Telephone number of Authorized Officer: 574-965-2100					
Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

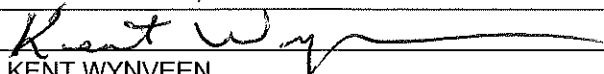
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: AMERY TELCOM, INC.					
Signature of Authorized Officer: Scott Jensen				Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc., Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Scott Jensen					
Title or position of Authorized Officer: Vice President & General Manager					
Telephone number of Authorized Officer: 715-268-7101					
Study Area Code of Reporting Carrier	330842		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: AMHERST TEL CO					
Signature of Authorized Officer: Raymond Tetzloff				Digitally signed by Raymond Tetzloff DN:cn=Raymond Tetzloff,email=rtetzloff@tvalleycom.com,O=amherst tel. co.,l=Plainfield WI 54966-0096, Date:5/24/2024 Date: 5/24/2024	
Printed name of Authorized Officer: Raymond Tetzloff					
Title or position of Authorized Officer: General Manager and Chief Executive Off					
Telephone number of Authorized Officer: 715-824-0587					
Study Area Code of Reporting Carrier	330843		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier BALDWIN TELECOM, INC.				
Signature of Authorized Officer 			Date MAY 21, 2024	
Printed name of Authorized Officer KENT WYNVEEN				
Title or position of Authorized Officer PRESIDENT				
Telephone number of Authorized Officer: (715) 684-3346 ext.				
Study Area Code of Reporting Carrier 330846		Filing Due Date for this form (mm/dd/yyyy) June 17, 2024		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BELMONT TEL CO					
Signature of Authorized Officer: Kent Dau				Digitally signed by Kent Dau DN:cn=Kent Dau,email=kdau@centralbb.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/28/2024	
Date: 5/28/2024					
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BERGEN TEL CO					
Signature of Authorized Officer: 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:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Brad Ellefson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 262-736-9981					
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLOOMER TEL. CO.					
Signature of Authorized Officer: Kent Klima				Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l= , Date:5/24/2024	
Date: 5/24/2024					
Printed name of Authorized Officer: Kent Klima					
Title or position of Authorized Officer: Vice President & General Manager					
Telephone number of Authorized Officer: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BRUCE TEL. CO., INC.					
Signature of Authorized Officer: John Manosky				<small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc., Date:5/22/2024</small> Date: 5/22/2024	
Printed name of Authorized Officer: John Manosky					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-868-5111					
Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHEQUAMEGON COM COOP					
Signature of Authorized Officer: Eugene Carlson				Digitally signed by Eugene Carlson DN:cn=Eugene Carlson,email=ecarlson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Eugene Carlson					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 715-339-7512					
Study Area Code of Reporting Carrier	330860		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHIBARDUN TEL. COOP., INC.</p>					
<p>Signature of Authorized Officer: Domenico Fornaro</p>				<p><small>Digitally signed by Domenico Fornaro DN:cn=Domenico Fornaro,email=dfornaro@mosaictelecom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822, Date:5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: Domenico Fornaro</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 715-458-5400</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330861</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS TEL. COOP., INC.-WI					
Signature of Authorized Officer: Dennis Bachman				Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel. coop., inc.-wi,l=New Auburn WI 54757-0127, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Dennis Bachman					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 715-237-2605					
Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLEAR LAKE TELEPHONE COMPANY, LLC					
Signature of Authorized Officer: Tim Kusilek				Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake telephone company, llc,l=Clear Lake WI 54005, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Tim Kusilek					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 715-263-2755					
Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COON VALLEY FARMERS TEL. CO., INC.					
Signature of Authorized Officer: Carol Olson				Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers tel. co., inc.,l=Coon Valley WI 54623-0398, Date:5/24/2024	
				Date: 5/24/2024	
Printed name of Authorized Officer: Carol Olson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 608-452-3101					
Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CUBA CITY EXCHANGE					
Signature of Authorized Officer: Kent Dau				Digitally signed by Kent Dau DN:cn=Kent Dau,email=kdau@centralbb.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	330872		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS IND. TEL. CO.-WI					
Signature of Authorized Officer: Terry Kucera				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:5/24/2024	
Date: 5/24/2024					
Printed name of Authorized Officer: Terry Kucera					
Title or position of Authorized Officer: General Manager and Compliance Officer					
Telephone number of Authorized Officer: 715-463-5322					
Study Area Code of Reporting Carrier	330879		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HILLSBORO TEL. CO., INC.</p>					
<p>Signature of Authorized Officer: 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:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Carla Shaker</p>					
<p>Title or position of Authorized Officer: Treasurer/Office Mgr.</p>					
<p>Telephone number of Authorized Officer: 608-489-3230</p>					
Study Area Code of Reporting Carrier	330892		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAKEFIELD TEL CO					
Signature of Authorized Officer: Lisa Beaupied-Pum				Digitally signed by Lisa Beaupied-Pum DN:cn=Lisa Beaupied-Pum,email=lisa.beaupied-pum@nsight.com,O=Lakefield telephone company, Inc., Date:5/28/2024	
Date: 5/28/2024					
Printed name of Authorized Officer: Lisa Beaupied-Pum					
Title or position of Authorized Officer: Chief Experience Officer					
Telephone number of Authorized Officer: 920-617-7022					
Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LA VALLE TEL. COOP.					
Signature of Authorized Officer: Gregory Rockweiler				Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=gregr@lvc.coop,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Gregory Rockweiler					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 608-985-7201					
Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL. CO.</p>					
<p>Signature of Authorized Officer: Donna Rezin</p>				<p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel. co.,l=Camp Douglas WI 54618, Date:5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: Donna Rezin</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 608-427-6515</p>					
Study Area Code of Reporting Carrier	330900		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LAKELAND COMMUNICATIONS GROUP, LLC</p>					
<p>Signature of Authorized Officer: Crystal Morley</p>				<p>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakelandteam.com,O=lakeland communications group, llc,l=Milltown WI 54858, Date:5/24/2024</p>	
<p>Date: 5/24/2024</p>					
<p>Printed name of Authorized Officer: Crystal Morley</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 715-825-5105</p>					
Study Area Code of Reporting Carrier	330902		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MARQUETTE-ADAMS TEL. COOP., INC.</p>					
<p>Signature of Authorized Officer: Darren Moser</p>				<p><small>Digitally signed by Darren Moser DN:cn=Darren Moser,email=dmoser@maadtelco.com,O=marquette-ada ms tel. coop., inc.,l=Oxford WI 53952, Date:5/24/2024</small></p> <p>Date: 5/24/2024</p>	
<p>Printed name of Authorized Officer: Darren Moser</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 608-586-4111</p>					
Study Area Code of Reporting Carrier	330908		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NELSON COMMUNICATIONS COOPERATIVE					
Signature of Authorized Officer: Laura Gullickson				Digitally signed by Laura Gullickson DN:cn=Laura Gullickson,email=laura@ntec.net,O=nelson communications cooperative, =Durand WI 54736-0228, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Laura Gullickson					
Title or position of Authorized Officer: CEO/Executive Vice President					
Telephone number of Authorized Officer: 715-672-4204					
Study Area Code of Reporting Carrier	330918		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NIAGARA TEL CO					
Signature of Authorized Officer: Lisa Beaupied-Pum				<small>Digitally signed by Lisa Beaupied-Pum DN:cn=Lisa Beaupied-Pum,email=lisa.beaupied-pum@nsight.com,O=lakefield telephone company,lc=, Date:5/28/2024</small> Date: 5/28/2024	
Printed name of Authorized Officer: Lisa Beaupied-Pum					
Title or position of Authorized Officer: Chief Experience Officer					
Telephone number of Authorized Officer: 920-617-7022					
Study Area Code of Reporting Carrier	330920		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BAYLAND TEL, LLC					
Signature of Authorized Officer: Lisa Beaupied-Pum				Digitally signed by Lisa Beaupied-Pum DN:cn=Lisa Beaupied-Pum,email=lisa.beaupied-pum@nsight.com,O=lakefield telephone company, Inc., Date:5/28/2024	
Date: 5/28/2024					
Printed name of Authorized Officer: Lisa Beaupied-Pum					
Title or position of Authorized Officer: Chief Experience Officer					
Telephone number of Authorized Officer: 920-617-7022					
Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PRICE COUNTY TEL CO					
Signature of Authorized Officer: Eugene Carlson				Digitally signed by Eugene Carlson DN:cn=Eugene Carlson,email=ecarlson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Eugene Carlson					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 715-339-7512					
Study Area Code of Reporting Carrier	330937		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHEAST TEL CO					
Signature of Authorized Officer: Lisa Beaupied-Pum				Digitally signed by Lisa Beaupied-Pum DN:cn=Lisa Beaupied-Pum,email=lisa.beaupied-pum@nsight.com,O=lakefield telephone company, Inc., Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Lisa Beaupied-Pum					
Title or position of Authorized Officer: Chief Experience Officer					
Telephone number of Authorized Officer: 920-617-7022					
Study Area Code of Reporting Carrier	330938		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHARON TEL CO					
Signature of Authorized Officer: Brad Ellefson				Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/21/2024	
				Date: 5/21/2024	
Printed name of Authorized Officer: Brad Ellefson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 262-736-9981					
Study Area Code of Reporting Carrier	330946		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SIREN TEL. CO., INC.					
Signature of Authorized Officer: Sid Sherstad				Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Sid Sherstad					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 715-349-2224					
Study Area Code of Reporting Carrier	330949		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOMERSET TEL CO</p>					
<p>Signature of Authorized Officer: Scott Jensen</p>				<p><small>Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc., Date:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Scott Jensen</p>					
<p>Title or position of Authorized Officer: Vice President & General Manager</p>					
<p>Telephone number of Authorized Officer: 715-268-7101</p>					
Study Area Code of Reporting Carrier	330951		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SPRING VALLEY TEL. CO., INC.					
Signature of Authorized Officer: Carol Anderson				Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=c.anderson@svtbroadband.com,O=spring valley tel. co., inc.,l=Spring Valley WI 54767, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Carol Anderson					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 715-778-4433					
Study Area Code of Reporting Carrier	330953		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</p>					
<p>Signature of Authorized Officer: 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:5/24/2024</small></p> <p>Date: 5/24/2024</p>	
<p>Printed name of Authorized Officer: Cheryl Rue</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 715-695-2691</p>					
Study Area Code of Reporting Carrier	330960		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UNION TEL CO					
Signature of Authorized Officer: Raymond Tetzloff				Digitally signed by Raymond Tetzloff DN:cn=Raymond Tetzloff,email=rtetzloff@tvalleycom.com,O=amherst tel. co.,l=Plainfield WI 54966-0096, Date:5/24/2024	
Date: 5/24/2024					
Printed name of Authorized Officer: Raymond Tetzloff					
Title or position of Authorized Officer: General Manager and Chief Executive Off					
Telephone number of Authorized Officer: 715-824-0587					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VERNON COMMUNICATIONS COOPERATIVE					
Signature of Authorized Officer: Scott Haakenson				Digitally signed by Scott Haakenson DN:cn=Scott Haakenson,email=shaakenson@vernoncom.coop,O=vernon communications cooperative,lc=Westby WI 54667, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Scott Haakenson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 608-634-3136					
Study Area Code of Reporting Carrier	330966		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WITTENBERG TEL. CO.					
Signature of Authorized Officer: Scott Nyman				Digitally signed by Scott Nyman DN:cn=Scott Nyman,email=snyman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499-0160, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Scott Nyman					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 715-253-2112					
Study Area Code of Reporting Carrier	330973		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

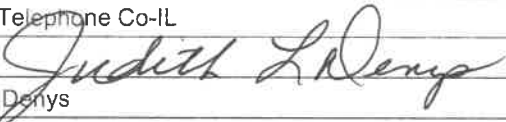
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ADAMS TEL. COOP.</p>					
<p>Signature of Authorized Officer: James Broemmer Jr.</p>				<p><small>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroomer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/22/2024</small></p>	
<p>Date: 5/22/2024</p>					
<p>Printed name of Authorized Officer: James Broemmer Jr.</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 217-696-4411</p>					
Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALHAMBRA - GRANTFORK TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: Tracey Robinson</p>				<p>Digitally signed by Tracey Robinson DN:cn=Tracey Robinson,email=traceyr@exchange.agtelco.com,O=alham bra - grantfork telephone company,lc= , Date:5/24/2024</p>	
<p>Date: 5/24/2024</p>					
<p>Printed name of Authorized Officer: Tracey Robinson</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 618-488-2165</p>					
Study Area Code of Reporting Carrier	340978		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Cambridge Telephone Co-IL				
Signature of Authorized Officer 			Date 5/30/2024	
Printed name of Authorized Officer Judith Denys				
Title or position of Authorized Officer Financial Manager				
Telephone number of Authorized Officer: (309) 944-2103 ext.				
Study Area Code of Reporting Carrier		340983	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASS TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: Amy Parlier</p>				<p><small>Digitally signed by Amy Parlier DN:cn=Amy Parlier,email=amy@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Amy Parlier</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 217-452-4112</p>					
Study Area Code of Reporting Carrier	340984		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Clarksville Mutual Telephone Company				
Signature of Authorized Officer <i>Patricia Rhoads</i>			Date 05/21/2024	
Printed name of Authorized Officer Patricia Rhoads				
Title or position of Authorized Officer Secretary-Treasurer				
Telephone number of Authorized Officer: 217-8893822 , ext.				
Study Area Code of Reporting Carrier		340990	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CROSSVILLE TEL. CO.					
Signature of Authorized Officer: Chris Birkla				Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.net,O=crossville tel. co.,l=Crossville IL 62827, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Chris Birkla					
Title or position of Authorized Officer: Assistant Secretary/Treasurer/General Mg					
Telephone number of Authorized Officer: 618-966-2196					
Study Area Code of Reporting Carrier	340993		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

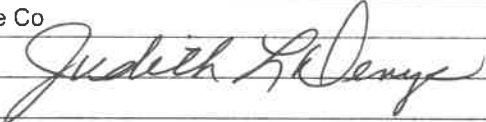
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: EGYPTIAN COOP ASSN					
Signature of Authorized Officer: Matt Bollinger				<small>Digitally signed by Matt Bollinger DN:cn=Matt Bollinger,email=mbollinger@egyptian.net,O=egyptian tel. coop. assn.,l= , Date:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Matt Bollinger					
Title or position of Authorized Officer: Executive Vice President/General Manager					
Telephone number of Authorized Officer: 618-774-1000					
Study Area Code of Reporting Carrier	341003		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FLAT ROCK TEL CO-OP					
Signature of Authorized Officer: Barry Adair				Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=flat rock tel. coop.,inc.,l=Louisville IL 62858, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Barry Adair					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 618-665-3311					
Study Area Code of Reporting Carrier	341012		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Geneseo Telephone Co			
Signature of Authorized Officer 		Date 5/30/2024	
Printed name of Authorized Officer Judith Denys			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: 309 944-2123			
Study Area Code of Reporting Carrier	341016	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLASFORD TEL. CO.					
Signature of Authorized Officer: Damon Spenny				Digitally signed by Damon Spenny DN:cn=Damon Spenny,email=dspenny@glastel.net,O=glasford tel. co.,l=Glasford IL 61533, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Damon Spenny					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-389-2111					
Study Area Code of Reporting Carrier	341017		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRAFTON TEL. CO.					
Signature of Authorized Officer: Leigh Sickinger				<small>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger, email=lsickinger@gtec.net, O=grifton tel. co., l=Grafton IL 62037, Date:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Leigh Sickinger					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 618-786-3400					
Study Area Code of Reporting Carrier	341020		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE GRANDVIEW MUTUAL TEL. CO.					
Signature of Authorized Officer: Angela Tate				Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Angela Tate					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 217-946-4101					
Study Area Code of Reporting Carrier	341021		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRIDLEY TEL CO					
Signature of Authorized Officer: Herb Flesher				Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Herb Flesher					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-747-3780					
Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

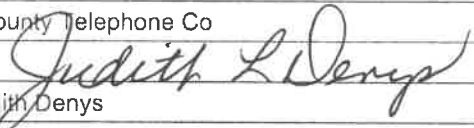
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Hamilton County Telephone Co-op				
Signature of Authorized Officer 			Date 05/21/2024	
Printed name of Authorized Officer Kevin Pyle				
Title or position of Authorized Officer GM/EVP				
Telephone number of Authorized Officer: (618) 736-2211 ext.				
Study Area Code of Reporting Carrier		341024	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHAWNEE TEL. CO.					
Signature of Authorized Officer: James Grisham				Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,lc=Equality IL 62934, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: James Grisham					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 618-276-4211					
Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Henry County Telephone Co				
Signature of Authorized Officer 			Date 5/30/2024	
Printed name of Authorized Officer Judith Denys				
Title or position of Authorized Officer Comptroller				
Telephone number of Authorized Officer: (309) 944-2103 ext.				
Study Area Code of Reporting Carrier	341029	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HOME TELEPHONE COMPANY-ST. JACOB					
Signature of Authorized Officer: Eric Schmidt				Digitally signed by Eric Schmidt DN:cn=Eric Schmidt,email=eschmidt@hometel.com,O=home telephone company-st. jacob,l=St. Jacob IL 62281, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Eric Schmidt					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 618-644-2111					
Study Area Code of Reporting Carrier	341032		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KINSMAN MUTUAL TEL. CO.					
Signature of Authorized Officer: Michelle Baudino				Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Michelle Baudino					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 815-392-4210					
Study Area Code of Reporting Carrier	341041		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LA HARPE TEL. CO.</p>					
<p>Signature of Authorized Officer: Mark Irish</p>				<p><small>Digitally signed by Mark Irish DN:cn=Mark Irish,email=mark@laharpetelephone.com,O=la harpe tel. co.,l=LaHarpe IL 61450, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Mark Irish</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 217-659-7721</p>					
Study Area Code of Reporting Carrier	341043		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LEAF RIVER TEL. CO.					
Signature of Authorized Officer: Aaron Palmer				Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Aaron Palmer					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 608-220-1587					
Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LEONORE MUTUAL TEL. CO.					
Signature of Authorized Officer: Greg Walder				Digitally signed by Greg Walder DN:cn=Greg Walder,email=greg.walder@gmail.com,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Greg Walder					
Title or position of Authorized Officer: Board President					
Telephone number of Authorized Officer: 815-481-2631					
Study Area Code of Reporting Carrier	341046		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MCDONOUGH TELEPHONE COOPERATIVE					
Signature of Authorized Officer: 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:5/20/2024</small> Date: 5/20/2024	
Printed name of Authorized Officer: Jay Griswold					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 309-776-3211					
Study Area Code of Reporting Carrier	341047		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MCNABB TEL. CO.</p>					
<p>Signature of Authorized Officer: Kenneth Troyan</p>				<p><small>Digitally signed by Kenneth Troyan DN:cn=Kenneth Troyan,email=kennethtroyan@nabbnet.com,O=mcnabb tel. co.,l= , Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Kenneth Troyan</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 815-882-2201</p>					
Study Area Code of Reporting Carrier	341048		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MADISON TEL. CO.					
Signature of Authorized Officer: Mary Schwartz				Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=regmadison@madisontelco.com,O=madison tel. co.,l=Staunton IL 62088, Date:5/22/2024	
Date:				5/22/2024	
Printed name of Authorized Officer: Mary Schwartz					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 618-635-5000					
Study Area Code of Reporting Carrier	341049		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARSELLES TEL CO					
Signature of Authorized Officer: Ann Dickerson				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:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: METAMORA TEL CO					
Signature of Authorized Officer: Ann Dickerson				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:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MID CENTURY TELEPHONE CO-OPERATIVE					
Signature of Authorized Officer: James Broemmer, Jr.				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: 5/22/2024
Printed name of Authorized Officer: James Broemmer, Jr.					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 309-778-8611					
Study Area Code of Reporting Carrier	341054		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MONTROSE MUTUAL TEL					
Signature of Authorized Officer: Barry Adair				Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=flat rock tel. coop.,inc.,l=Louisville IL 62858, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Barry Adair					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 618-665-3311					
Study Area Code of Reporting Carrier	341058		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MOULTRIE INDEPENDENT					
Signature of Authorized Officer: James Grisham				Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,lc=Equality IL 62934, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: James Grisham					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 618-276-4211					
Study Area Code of Reporting Carrier	341060		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEW WINDSOR TEL. CO.					
Signature of Authorized Officer: Sharon Sims				<small>Digitally signed by Sharon Sims DN:cn=Sharon Sims,email=nwofficer667@gmail.com,O=new windsor tel. co.,l=New Windsor IL 61465, Date:5/20/2024</small> Date: 5/20/2024	
Printed name of Authorized Officer: Sharon Sims					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 309-667-2712					
Study Area Code of Reporting Carrier	341062		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ONEIDA TEL. EXCHANGE					
Signature of Authorized Officer: Troy Nimrick				Digitally signed by Troy Nimrick DN:cn=Troy Nimrick,email=troy@oneidatel.com,O=oneida tel. exchange,l=Oneida IL 61467-0445, Date:5/17/2024	
Date: 5/17/2024					
Printed name of Authorized Officer: Troy Nimrick					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-483-3111					
Study Area Code of Reporting Carrier	341066		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: REYNOLDS TEL. CO.					
Signature of Authorized Officer: Jace Taylor				Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Jace Taylor					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-372-4214					
Study Area Code of Reporting Carrier	341075		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TONICA TEL. CO.					
Signature of Authorized Officer: Jeremy Hillyer				Digitally signed by Jeremy Hillyer DN:cn=Jeremy Hillyer,email=tontel@tonicacom.net,O=tonica tel. co.,l=Tonica IL 61370-0158, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Jeremy Hillyer					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 815-442-9901					
Study Area Code of Reporting Carrier	341086		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VIOLA HOME TEL. CO.					
Signature of Authorized Officer: Jay Barton				Digitally signed by Jay Barton DN:cn=Jay Barton,email=jay@violatel.com,O=viola home tel. co.,l=Viola IL 61486, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Jay Barton					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 309-596-2222					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WABASH COMM CO-OP					
Signature of Authorized Officer: Barry Adair				Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=flat rock tel. coop.,inc.,l=Louisville IL 62858, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Barry Adair					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 618-665-3311					
Study Area Code of Reporting Carrier	341088		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WOODHULL TELEPHONE COMPANY					
Signature of Authorized Officer: Philip Wirt				Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwtc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Philip Wirt					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-334-2150					
Study Area Code of Reporting Carrier	341091		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STELLE TEL. CO.					
Signature of Authorized Officer: Jo Daly				Digitally signed by Jo Daly DN:cn=Jo Daly,email=stelletelephone@stelle.net,O=stelle tel. co.,l= , Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Jo Daly					
Title or position of Authorized Officer: Financial/Admin Manager					
Telephone number of Authorized Officer: 815-256-2345					
Study Area Code of Reporting Carrier	341092		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: REASNOR TELEPHONE COMPANY, LLC					
Signature of Authorized Officer: Johnny Harvison				Digitally signed by Johnny Harvison DN:cn=Johnny Harvison,email=johnny.harvison@dynprod.net,O=reasnor telephone company, llc, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Johnny Harvison					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 817-838-1800					
Study Area Code of Reporting Carrier	350739		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ANDREW TEL CO INC					
Signature of Authorized Officer: JoAnne Gregorich				Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: JoAnne Gregorich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-773-2213					
Study Area Code of Reporting Carrier	351097		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTSIDE INDEPENDENT					
Signature of Authorized Officer: Kevin Skinner				Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Kevin Skinner					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-2311					
Study Area Code of Reporting Carrier	351100		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ATKINS TEL. CO.					
Signature of Authorized Officer: Gerald Spaight				<small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atcomm.net,O=atkins tel. co.,l=Atkins IA 52206, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Gerald Spaight					
Title or position of Authorized Officer: General Manager / Treasurer					
Telephone number of Authorized Officer: 319-446-7331					
Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: AYRSHIRE FMRS. MUT. TEL. CO.					
Signature of Authorized Officer: Gary Petersen				Digitally signed by Gary Petersen DN:cn=Gary Petersen,email=gpetersen@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Gary Petersen					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-776-2222					
Study Area Code of Reporting Carrier	351105		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALPINE COMM.					
Signature of Authorized Officer: Chris Hopp				Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, I.c.,I=Elkader IA 52043, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Chris Hopp					
Title or position of Authorized Officer: Chief Operating Officer					
Telephone number of Authorized Officer: 563-245-4480					
Study Area Code of Reporting Carrier	351106		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BALDWIN-NASHVILLE TEL. CO., INC.					
Signature of Authorized Officer: Brian Rickels				Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville tel. co., inc.,l=Baldwin IA 52207-0050, Date:5/23/2024	
Date: 5/23/2024					
Printed name of Authorized Officer: Brian Rickels					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 563-673-6001					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BARNES CITY COOP. TEL. CO.					
Signature of Authorized Officer: Diane Henry				Digitally signed by Diane Henry DN:cn=Diane Henry,email=barnescity@netins.net,O=barnes city coop.tel. co.,l=Barnes City IA 50027, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Diane Henry					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 641-644-5214					
Study Area Code of Reporting Carrier	351108		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BERNARD TEL. CO., INC.</p>					
<p>Signature of Authorized Officer: Kyle Manders</p>				<p><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:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Kyle Manders</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 563-879-3203</p>					
Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BREDA TEL CORP.					
Signature of Authorized Officer: Kevin Skinner				Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Kevin Skinner					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-2311					
Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BROOKLYN MUTUAL TEL. CO.					
Signature of Authorized Officer: Tim Atkinson				Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Tim Atkinson					
Title or position of Authorized Officer: General Manager/Compliance Officer					
Telephone number of Authorized Officer: 641-522-9211					
Study Area Code of Reporting Carrier	351113		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BUTLER-BREMER MUT. TEL. CO.					
Signature of Authorized Officer: Andrea Hansen				Digitally signed by Andrea Hansen DN:cn=Andrea Hansen,email=andrea@butler-bremer.biz,O=butler-bremer mut. tel. co.,l=Plainfield IA 50666-0099, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Andrea Hansen					
Title or position of Authorized Officer: CEO/GM					
Telephone number of Authorized Officer: 319-276-4458					
Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CASCADE COMMUNICATIONS COMPANY					
Signature of Authorized Officer: Chris Summerall				<div style="font-size: small;"> Digitally signed by Chris Summerall DN:cn=Chris Summerall,email=chris@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/21/2024 </div>	
Printed name of Authorized Officer: Chris Summerall					
Title or position of Authorized Officer: General Manager/Compliance Officer					
Telephone number of Authorized Officer: 563-852-3710					
Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASEY MUTUAL TEL. CO.</p>					
<p>Signature of Authorized Officer: John Breining</p>				<p><small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: John Breining</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-746-2222</p>					
Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CENTER JUNCTION TEL. CO., INC.					
Signature of Authorized Officer: Russ Benke				Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=center junction tel. co., inc.,l=Center Junction IA 52212, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Russ Benke					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-487-2631					
Study Area Code of Reporting Carrier	351121		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CENTRAL SCOTT TEL CO					
Signature of Authorized Officer: Kent Dau				Digitally signed by Kent Dau DN:cn=Kent Dau,email=kdau@centralbb.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	351125		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CITIZENS MUTUAL TEL</p>					
<p>Signature of Authorized Officer: Vince Tyson</p>				<p><small>Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative, Date:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Vince Tyson</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-664-2074</p>					
Study Area Code of Reporting Carrier	351129		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLARENCE TEL. CO., INC.					
Signature of Authorized Officer: Chad Fall				Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co., inc.,l=Clarence IA 52216, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Chad Fall					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-452-3852					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: C-M-L TEL. COOP. ASSN.					
Signature of Authorized Officer: Bruce Johnson				<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:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Bruce Johnson					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-443-8222					
Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLO TEL. CO.					
Signature of Authorized Officer: Randy Bellon				<small>Digitally signed by Randy Bellon DN:cn=Randy Bellon,email=shane@colotel.org,O=colo tel. co.,l= Colo IA 50056, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Randy Bellon					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-377-2202					
Study Area Code of Reporting Carrier	351134		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHELLSBURG CABLEVISION, INC.</p>					
<p>Signature of Authorized Officer: Curtis Eldred</p>				<p>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/17/2024</p>	
<p>Date: 5/17/2024</p>					
<p>Printed name of Authorized Officer: Curtis Eldred</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 319-436-2224</p>					
Study Area Code of Reporting Carrier	351136		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COON VALLEY COOP. TEL. ASSN., INC.					
Signature of Authorized Officer: Jim Nelson				Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop. tel. assn., inc.,l=Menlo IA 50164, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Jim Nelson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-524-2111					
Study Area Code of Reporting Carrier	351137		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COOP. TEL. CO.					
Signature of Authorized Officer: Scott Schabacker				Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=scott@ctctechnology.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Scott Schabacker					
Title or position of Authorized Officer: Chief Operating Officer/General Manager					
Telephone number of Authorized Officer: 319-647-3131					
Study Area Code of Reporting Carrier	351139		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CORN BELT TEL. CO.</p>					
<p>Signature of Authorized Officer: Lee Wuebker</p>				<p><small>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Lee Wuebker</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 712-664-2221</p>					
Study Area Code of Reporting Carrier	351141		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CUMBERLAND TEL. CO.					
Signature of Authorized Officer: Steve Pelzer				<small>Digitally signed by Steve Pelzer DN:cn=Steve Pelzer,email=jhall@netins.net,O=cumberland tel. co.,l=cumberland IA 50843, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Steve Pelzer					
Title or position of Authorized Officer: Director and Acting Secretary					
Telephone number of Authorized Officer: 712-774-2221					
Study Area Code of Reporting Carrier	351146		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DANVILLE MUT. TEL. CO.					
Signature of Authorized Officer: Timothy FencI				Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfenci@danvilletelco.net,O=danville mut. tel. co.,l=Danville IA 52623, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Timothy FencI					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 319-392-4251					
Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL COOPERATIVE TEL CO (DEFIANCE)					
Signature of Authorized Officer: Thomas Conry				Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop tel co- harlan, =Harlan IA 51537-0311, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Thomas Conry					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-744-3131					
Study Area Code of Reporting Carrier	351149		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DIXON ACQ LLC					
Signature of Authorized Officer: Kent Dau				Digitally signed by Kent Dau DN:cn=Kent Dau,email=kdau@centralbb.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DUMONT TEL. CO.</p>					
<p>Signature of Authorized Officer: Roger Kregel</p>				<p><small>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@dumonttelephone.com,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Roger Kregel</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-857-3211</p>					
Study Area Code of Reporting Carrier	351152		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DUNKERTON TEL. COOP., INC.					
Signature of Authorized Officer: Abbi Kienast				Digitally signed by Abbi Kienast DN:cn=Abbi Kienast,email=abbi@dunkerton.net,O=dunkerton tel. coop., inc.,l=Dunkerton IA 50626, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Abbi Kienast					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-822-4512					
Study Area Code of Reporting Carrier	351153		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: EAST BUCHANAN TEL. COOP.					
Signature of Authorized Officer: Michael Becker				Digitally signed by Michael Becker DN:cn=Michael Becker,email=mike.becker@eastbuchanan.com,O=east buchanan tel. coop.,l= , Date:5/17/2024	
Date: 5/17/2024					
Printed name of Authorized Officer: Michael Becker					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-935-3011					
Study Area Code of Reporting Carrier	351156		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ELLSWORTH COOP. TEL. ASSN.					
Signature of Authorized Officer: Joshua Angove				Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Joshua Angove					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 515-836-4431					
Study Area Code of Reporting Carrier	351157		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MINBURN TELECOMM.</p>					
<p>Signature of Authorized Officer: 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:5/22/2024</p>	
<p>Date: 5/22/2024</p>					
<p>Printed name of Authorized Officer: Debra Lucht</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 515-677-2264</p>					
Study Area Code of Reporting Carrier	351158		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: F&B COMMUNICATIONS, INC.					
Signature of Authorized Officer: Aaron Horman				Digitally signed by Aaron Horman DN:cn=Aaron Horman,email=aaron@fbc-tele.com,O=f&b communications, inc.,l=Wheatland IA 52777, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Aaron Horman					
Title or position of Authorized Officer: General Manager/Assistant Treasurer					
Telephone number of Authorized Officer: 563-374-1236					
Study Area Code of Reporting Carrier	351160		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS COOP. TEL. CO.-DYSART					
Signature of Authorized Officer: Shelly Franzenburg				Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@ftc.coop,O=farmers coop. tel. co.-dysart,l=Dysart IA 52224-0280, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Shelly Franzenburg					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-476-7800					
Study Area Code of Reporting Carrier	351162		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS & MERCHANTS MUTUAL TEL. CO.					
Signature of Authorized Officer: Casey Peck				Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey.peck@kctc.net,O=farmers & merchants mutual tel. co.,l=Kalona IA 52247-1208, Date:5/19/2024	Date: 5/19/2024
Printed name of Authorized Officer: Casey Peck					
Title or position of Authorized Officer: General Manager/CFO					
Telephone number of Authorized Officer: 319-656-3668					
Study Area Code of Reporting Carrier	351166		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP TEL CO- HARLAN</p>					
<p>Signature of Authorized Officer: Thomas Conry</p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop tel co- harlan, =Harlan IA 51537-0311, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Thomas Conry</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-744-3131</p>					
Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL COOP. TEL. CO.-MOULTON					
Signature of Authorized Officer: Tammy Wheeler				Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=tammywheeler@fmcfiber.com,O=farmers mutual coop. tel. co.-moulton,l=Moulton IA 52572, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Tammy Wheeler					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-642-3249					
Study Area Code of Reporting Carrier	351169		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL TEL. CO.-JESUP					
Signature of Authorized Officer: Shawn Westpfahl				Digitally signed by Shawn Westpfahl DN:cn=Shawn Westpfahl,email=shawn.westpfahl@heartlandtechnology.com,O=farmers mutual tel. co.-jesup,l=Jesup IA 50648-0249, Date: 5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Shawn Westpfahl					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-827-1151					
Study Area Code of Reporting Carrier	351171		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Josh Hveem				Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,IA=Truro IA 50257, Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Josh Hveem					
Title or position of Authorized Officer: President/Chief Executive Officer					
Telephone number of Authorized Officer: 641-765-4201					
Study Area Code of Reporting Carrier	351172		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL. COOP.-SHELLSBURG					
Signature of Authorized Officer: Curtis Eldred				Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Curtis Eldred					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-436-2224					
Study Area Code of Reporting Carrier	351173		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA					
Signature of Authorized Officer: Tim Eklund				Digitally signed by Tim Eklund DN:cn=Tim Eklund,email=teklund@fmtcnet.com,O=farmers mutual telephone co. of stanton, iowa,l=Stanton IA 51573-0220, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Tim Eklund					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-829-2111					
Study Area Code of Reporting Carrier	351174		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS TEL CO - BAT					
Signature of Authorized Officer: Vince Tyson				Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative, Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Vince Tyson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-664-2074					
Study Area Code of Reporting Carrier	351175		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS TEL. CO.-ESSEX</p>					
<p>Signature of Authorized Officer: Tim Hill</p>				<p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex,l=Essex IA 51638, Date:5/17/2024</p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Tim Hill</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 712-379-3001</p>					
Study Area Code of Reporting Carrier	351176		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS TEL CO -RICE					
Signature of Authorized Officer: Josh Hveem				Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/20/2024	
Printed name of Authorized Officer: Josh Hveem				Date: 5/20/2024	
Title or position of Authorized Officer: President/Chief Executive Officer					
Telephone number of Authorized Officer: 641-765-4201					
Study Area Code of Reporting Carrier	351177		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FENTON COOP. TEL. CO.					
Signature of Authorized Officer: Steven Longhenry				Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton coop. tel. co.,l=Fenton IA 50539, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Steven Longhenry					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 515-889-2785					
Study Area Code of Reporting Carrier	351179		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PARTNER COMMUNICATIONS COOPERATIVE</p>					
<p>Signature of Authorized Officer: Arthur Cooper</p>				<p><small>Digitally signed by Arthur Cooper DN: cn=Arthur Cooper, email=tophog@partnercom.net, O=partner communications cooperative, = , Date: 5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Arthur Cooper</p>					
<p>Title or position of Authorized Officer: Board President</p>					
<p>Telephone number of Authorized Officer: 641-498-7701</p>					
Study Area Code of Reporting Carrier	351187		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GOLDFIELD TEL CO					
Signature of Authorized Officer: Randy Yeakel				Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=goldfield tel. co.,l=Kanawha IA 50447, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Randy Yeakel					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 641-762-3772					
Study Area Code of Reporting Carrier	351188		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RIVER VALLEY TELECOMMUNICATIONS COOP.					
Signature of Authorized Officer: Ivan Dalen				<div style="font-size: small;"> Digitally signed by Ivan Dalen DN:cn=Ivan Dalen,email=idalen@rvtc.co,O=river valley telecommunications coop.,l=Graettinger IA 51342, Date:5/17/2024 </div>	
Printed name of Authorized Officer: Ivan Dalen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-859-3300					
Study Area Code of Reporting Carrier	351189		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRAND MOUND COOP. TEL. ASSN.</p>					
<p>Signature of Authorized Officer: Travis Ballou</p>				<p><small>Digitally signed by Travis Ballou DN:cn=Travis Ballou,email=tballou@gmcta.coop,O=grand mound coop.tel. assn.,l=Grand Mound IA 52751, Date:5/22/2024</small></p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Travis Ballou</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 563-847-3000</p>					
Study Area Code of Reporting Carrier	351191		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRISWOLD COOP. TEL. CO.					
Signature of Authorized Officer: Amy McLaren				<small>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold coop. tel. co.,l=Griswold IA 51535-0640, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Amy McLaren					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-778-2121					
Study Area Code of Reporting Carrier	351195		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HAWKEYE TEL. CO.					
Signature of Authorized Officer: David Byers				Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=hawkeye tel. co.,l=Monona IA 52159-0835, Date:5/24/2024 Date: 5/24/2024	
Printed name of Authorized Officer: David Byers					
Title or position of Authorized Officer: COO/Assistant Secretary					
Telephone number of Authorized Officer: 563-539-2122					
Study Area Code of Reporting Carrier	351199		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HUBBARD COOP. TEL. ASSN.					
Signature of Authorized Officer: Greg Ball				<small>Digitally signed by Greg Ball DN:cn=Greg Ball,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l= , Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Greg Ball					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 641-864-2216					
Study Area Code of Reporting Carrier	351203		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HUXLEY COMMUNICATIONS COOPERATIVE</p>					
<p>Signature of Authorized Officer: Levi Bappe</p>				<p>Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=levi@huxleycommunications.net,O=huxley communications cooperative, =Huxley IA 50124-0036, Date:5/23/2024</p>	
<p>Date: 5/23/2024</p>					
<p>Printed name of Authorized Officer: Levi Bappe</p>					
<p>Title or position of Authorized Officer: General Manager/Executive Vice President</p>					
<p>Telephone number of Authorized Officer: 515-597-2281</p>					
Study Area Code of Reporting Carrier	351205		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: IAMO COMM - IA					
Signature of Authorized Officer: Tim Toepfer				<small>Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia, Date:5/28/2024</small> Date: 5/28/2024	
Printed name of Authorized Officer: Tim Toepfer					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 712-583-3232					
Study Area Code of Reporting Carrier	351206		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FMTC-I35, INC.					
Signature of Authorized Officer: Josh Hveem				Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Josh Hveem					
Title or position of Authorized Officer: President/Chief Executive Officer					
Telephone number of Authorized Officer: 641-765-4201					
Study Area Code of Reporting Carrier	351209		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: JORDAN SOLDIERVALLEY</p>					
<p>Signature of Authorized Officer: Paul Bergmann</p>				<p>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:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Paul Bergmann</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 712-271-5535</p>					
Study Area Code of Reporting Carrier	351213		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KALONA COOP. TEL. CO.</p>					
<p>Signature of Authorized Officer: Casey Peck</p>				<p><small>Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey.peck@kctc.net,O=farmers & merchants mutual tel. co.,l=Kalona IA 52247-1208, Date:5/19/2024</small></p> <p>Date: 5/19/2024</p>	
<p>Printed name of Authorized Officer: Casey Peck</p>					
<p>Title or position of Authorized Officer: General Manager/CFO</p>					
<p>Telephone number of Authorized Officer: 319-656-3668</p>					
Study Area Code of Reporting Carrier	351214		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KEYSTONE FRMS. COOP. TEL. CO.					
Signature of Authorized Officer: Mitch Kuhn				Digitally signed by Mitch Kuhn DN:cn=Mitch Kuhn,email=mkuhn@keystonecommunications.com,O=keystone frms. coop. tel. co.,l= , Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Mitch Kuhn					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-981-1274					
Study Area Code of Reporting Carrier	351217		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LA PORTE CITY TEL CO					
Signature of Authorized Officer: Chris Hopp				Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, I.c.,l=Elkader IA 52043, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Chris Hopp					
Title or position of Authorized Officer: Chief Operating Officer					
Telephone number of Authorized Officer: 563-245-4480					
Study Area Code of Reporting Carrier	351220		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LA MOTTE TEL CO					
Signature of Authorized Officer: JoAnne Gregorich				Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel. co.,l=LaMotte IA 52054, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: JoAnne Gregorich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-773-2213					
Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LEHIGH VALLEY COOP. TEL. ASSN.					
Signature of Authorized Officer: Jim Suchan				Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop. tel. assn.,l=Lehigh IA 50557-0137, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Jim Suchan					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 515-359-2211					
Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LONE ROCK COOP. TEL. CO.					
Signature of Authorized Officer: Josh Adams				Digitally signed by Josh Adams DN:cn=Josh Adams,email=office@lonerocktel.com,O=lone rock coop. tel. co.,l=Lone Rock IA 50559-0278, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Josh Adams					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 515-925-3271					
Study Area Code of Reporting Carrier	351228		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LOST NATION-ELWOOD TEL. CO.					
Signature of Authorized Officer: Jan Muhl				Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Jan Muhl					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 563-678-2470					
Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHEAST IOWA TEL. CO.					
Signature of Authorized Officer: Steve Hanson				Digitally signed by Steve Hanson DN:cn=Steve Hanson,email=shanson@neitel.com,O=northeast iowa tel. co.,l=Monona IA 52159, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Steve Hanson					
Title or position of Authorized Officer: Chief Operating Officer					
Telephone number of Authorized Officer: 563-539-2122					
Study Area Code of Reporting Carrier	351230		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LYNNVILLE TEL. CO.					
Signature of Authorized Officer: Christopher Ulmer				Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Christopher Ulmer					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 610-928-3903					
Study Area Code of Reporting Carrier	351232		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL COOPERATIVE TEL CO (MANILLA)					
Signature of Authorized Officer: Thomas Conry				<small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop tel co- harlan, =Harlan IA 51537-0311, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Thomas Conry					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-744-3131					
Study Area Code of Reporting Carrier	351235		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARNE & ELK HORN TEL					
Signature of Authorized Officer: Rachel Hamilton				Digitally signed by Rachel Hamilton DN:cn=Rachel Hamilton,email=rachel@metcteam.com,O=marne & elk horn tel. co.,l=Walnut IA 51577, Date:5/28/2024	
Date: 5/28/2024					
Printed name of Authorized Officer: Rachel Hamilton					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-784-2211					
Study Area Code of Reporting Carrier	351237		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARTELLE COOP ASSN					
Signature of Authorized Officer: 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:5/29/2024</small> Date: 5/29/2024	
Printed name of Authorized Officer: Hans Arwine					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-432-7221					
Study Area Code of Reporting Carrier	351238		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MASSENA TEL. CO.</p>					
<p>Signature of Authorized Officer: Mike Klocke</p>				<p><small>Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Mike Klocke</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-779-2227</p>					
Study Area Code of Reporting Carrier	351239		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MECHANICSVILLE TEL					
Signature of Authorized Officer: Hans Arwine				Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Hans Arwine					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-432-7221					
Study Area Code of Reporting Carrier	351241		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MILES COOP. TEL. ASSN.					
Signature of Authorized Officer: Scott Boehde				Digitally signed by Scott Boehde DN:cn=Scott Boehde,email=scott@milestelephone.com,O=miles coop. tel. assn.,l= , Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Scott Boehde					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-682-7111					
Study Area Code of Reporting Carrier	351242		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MINBURN TEL CO</p>					
<p>Signature of Authorized Officer: 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:5/22/2024</p>	
<p>Date: 5/22/2024</p>					
<p>Printed name of Authorized Officer: Debra Lucht</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 515-677-2264</p>					
Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MINERVA VALLEY TEL. CO., INC.					
Signature of Authorized Officer: Mary Phillips				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:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Mary Phillips					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-487-7399					
Study Area Code of Reporting Carrier	351246		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MODERN COOP. TEL. CO.</p>					
<p>Signature of Authorized Officer: Brenda Bowman</p>				<p><small>Digitally signed by Brenda Bowman DN:cn=Brenda Bowman,email=mctcfone@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Brenda Bowman</p>					
<p>Title or position of Authorized Officer: Assistant Manager/CFO</p>					
<p>Telephone number of Authorized Officer: 319-667-2375</p>					
Study Area Code of Reporting Carrier	351247		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MUTUAL TEL. CO. OF MORNING SUN</p>					
<p>Signature of Authorized Officer: Jeff Molle</p>				<p><small>Digitally signed by Jeff Molle DN:cn=Jeff Molle,email=jmolle@mutel.com,O=mutual tel. co. of morning sun,l=Morning Sun IA 52640, Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Jeff Molle</p>					
<p>Title or position of Authorized Officer: General Manager/Executive Vice President</p>					
<p>Telephone number of Authorized Officer: 319-868-7636</p>					
Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MEDIAPOLIS TEL. CO.					
Signature of Authorized Officer: Angie Rupe				Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Angie Rupe					
Title or position of Authorized Officer: Office Manager & CFO					
Telephone number of Authorized Officer: 319-394-3456					
Study Area Code of Reporting Carrier	351251		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTH ENGLISH COOP. TEL. CO.					
Signature of Authorized Officer: Reed Ostenberg				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:5/17/2024	
Date:				5/17/2024	
Printed name of Authorized Officer: Reed Ostenberg					
Title or position of Authorized Officer: COO					
Telephone number of Authorized Officer: 319-664-3821					
Study Area Code of Reporting Carrier	351257		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHWEST IOWA TEL					
Signature of Authorized Officer: Paul Bergmann				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:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Paul Bergmann					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-271-5535					
Study Area Code of Reporting Carrier	351260		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHWEST COMM. COOP. ASSN.					
Signature of Authorized Officer: Gary Petersen				Digitally signed by Gary Petersen DN:cn=Gary Petersen,email=gpetersen@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Gary Petersen					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-776-2222					
Study Area Code of Reporting Carrier	351261		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COMM 1 NETWORK					
Signature of Authorized Officer: Randy Yeakel				Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=goldfield tel. co.,l=Kanawha IA 50447, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Randy Yeakel					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 641-762-3772					
Study Area Code of Reporting Carrier	351262		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OGDEN TEL. CO.-IA					
Signature of Authorized Officer: James Heckman				<small>Digitally signed by James Heckman DN:cn=James Heckman, email=jheckman@ogdentc.com, O=ogden tel. co.-ia, l=Ogden IA 50212, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: James Heckman					
Title or position of Authorized Officer: General Manager / Executive VP					
Telephone number of Authorized Officer: 515-275-2050					
Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OLIN TEL. CO., INC.</p>					
<p>Signature of Authorized Officer: 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:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Frank Wood</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 319-484-2200</p>					
Study Area Code of Reporting Carrier	351264		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ONSLOW COOP. TEL. ASSN.					
Signature of Authorized Officer: 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:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Russ Benke					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-485-2833					
Study Area Code of Reporting Carrier	351265		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ORAN MUTUAL TEL. CO.					
Signature of Authorized Officer: Corinne Schares				Digitally signed by Corinne Schares DN:cn=Corinne Schares,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/18/2024 Date: 5/18/2024	
Printed name of Authorized Officer: Corinne Schares					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 319-638-6006					
Study Area Code of Reporting Carrier	351266		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALO COOPERATIVE TELEPHONE ASSOCIATION					
Signature of Authorized Officer: Erin Petersen				Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=erin@palocommunications.net,O=palo cooperative telephone association,l=Palo IA 52324, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Erin Petersen					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 319-851-3431					
Study Area Code of Reporting Carrier	351269		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALMER MUTUAL TEL. CO.					
Signature of Authorized Officer: Steve Pelz				Digitally signed by Steve Pelz DN:cn=Steve Pelz,email=spelz@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/17/2024	
Date: 5/17/2024					
Printed name of Authorized Officer: Steve Pelz					
Title or position of Authorized Officer: Compliance Officer					
Telephone number of Authorized Officer: 712-359-2411					
Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PANORA COMMUNICATIONS COOPERATIVE					
Signature of Authorized Officer: Andrew Randol				Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative, Panora IA 50216, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Andrew Randol					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 641-755-2424					
Study Area Code of Reporting Carrier	351271		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEOPLES TEL CO - IA					
Signature of Authorized Officer: Curt Kawlewski				Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	351273		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PRAIRIEBURG TEL CO					
Signature of Authorized Officer: Jamie Pennello				<small>Digitally signed by Jamie Pennello DN:cn=Jamie Pennello,email=jamie.pennello@hilliary.com,O=prairieburg tel. co., inc.,l=Lawton OK 73502, Date:5/31/2024</small> Date: 5/31/2024	
Printed name of Authorized Officer: Jamie Pennello					
Title or position of Authorized Officer: Vice President of Accounting					
Telephone number of Authorized Officer: 580-529-5000					
Study Area Code of Reporting Carrier	351275		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PRESTON TEL. CO.					
Signature of Authorized Officer: MaryBeth Heister				Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=mary@prestontelephone.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: MaryBeth Heister					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 563-689-3811					
Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RADCLIFFE TEL. CO., INC.					
Signature of Authorized Officer: Edwin Drake				Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Edwin Drake					
Title or position of Authorized Officer: Manager/President					
Telephone number of Authorized Officer: 515-899-2341					
Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RINGSTED TEL. CO.					
Signature of Authorized Officer: Aaron McCartan				Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Aaron McCartan					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-866-8000					
Study Area Code of Reporting Carrier	351280		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ROCKWELL COOP. TEL. ASSN.</p>					
<p>Signature of Authorized Officer: David Severin</p>				<p><small>Digitally signed by David Severin DN: cn=David Severin, email=rockwell@netins.net, O=rockwell coop. tel. assn., I=Rockwell IA 50469, Date: 5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: David Severin</p>					
<p>Title or position of Authorized Officer: General Mgr/Assist Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 641-822-3212</p>					
Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RIVER VALLEY TELECOMMUNICATIONS COOP-RUTHVEN					
Signature of Authorized Officer: Ivan Dalen				Digitally signed by Ivan Dalen DN:cn=Ivan Dalen,email=idalen@rvtc.co,O=river valley telecommunications coop.,l=Graettinger IA 51342, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Ivan Dalen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-859-3300					
Study Area Code of Reporting Carrier	351284		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SAC COUNTY MUTUAL TEL. CO.					
Signature of Authorized Officer: Ronald Sorensen				Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual tel. co.,l=Odebolt IA 51458, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Ronald Sorensen					
Title or position of Authorized Officer: Compliance Officer					
Telephone number of Authorized Officer: 712-668-2200					
Study Area Code of Reporting Carrier	351285		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SCHALLER TEL. CO.					
Signature of Authorized Officer: 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:5/30/2024</small> Date: 5/30/2024	
Printed name of Authorized Officer: Missy Kestel					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-275-4211					
Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SEARSBORO TEL CO					
Signature of Authorized Officer: Christopher Ulmer				Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Christopher Ulmer					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 610-928-3903					
Study Area Code of Reporting Carrier	351292		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHARON TEL. CO.					
Signature of Authorized Officer: Scott Havel				Digitally signed by Scott Havel DN:cn=Scott Havel,email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Scott Havel					
Title or position of Authorized Officer: General manager					
Telephone number of Authorized Officer: 319-679-2211					
Study Area Code of Reporting Carrier	351293		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SCRANTON TEL. CO.					
Signature of Authorized Officer: Allen Jacob				Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:5/17/2024	
Date: 5/17/2024					
Printed name of Authorized Officer: Allen Jacob					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 712-652-3355					
Study Area Code of Reporting Carrier	351294		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FMTC-I35 (SWT)					
Signature of Authorized Officer: Josh Hveem				Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Josh Hveem					
Title or position of Authorized Officer: President/Chief Executive Officer					
Telephone number of Authorized Officer: 641-765-4201					
Study Area Code of Reporting Carrier	351301		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SPRINGVILLE COOP. TEL. ASSN.</p>					
<p>Signature of Authorized Officer: Kim Snitker</p>				<p><small>Digitally signed by Kim Snitker DN:cn=Kim Snitker,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Kim Snitker</p>					
<p>Title or position of Authorized Officer: Treasurer/ Executive Office Manager</p>					
<p>Telephone number of Authorized Officer: 319-854-6107</p>					
Study Area Code of Reporting Carrier	351302		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Cooperative Telephone Exchange

Signature of Authorized Officer

Date 5/21/2024

Printed name of Authorized Officer Bradley Schmidt

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (515) 826-3206 ext.

Study Area Code of Reporting Carrier

351303

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

June 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STRATFORD MUTUAL TEL. CO.					
Signature of Authorized Officer: Jen Frank				<small>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Jen Frank					
Title or position of Authorized Officer: Assistant Secretary/Office Manager					
Telephone number of Authorized Officer: 515-838-2390					
Study Area Code of Reporting Carrier	351305		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SULLY TEL. ASSOC.					
Signature of Authorized Officer: John Williams				<small>Digitally signed by John Williams DN:cn=John Williams,email=johnw@sullytel.com,O=sully tel. assoc., = , Date:5/24/2024</small>	
Date: 5/24/2024					
Printed name of Authorized Officer: John Williams					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-594-2905					
Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SUPERIOR TEL. COOP.					
Signature of Authorized Officer: Cheryl Noble				Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,l=Superior IA 51363, Date:5/20/2024	
Date:				5/20/2024	
Printed name of Authorized Officer: Cheryl Noble					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 712-858-4591					
Study Area Code of Reporting Carrier	351307		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TEMPLETON TEL. CO.					
Signature of Authorized Officer: Joe Behrens				Digitally signed by Joe Behrens DN:cn=Joe Behrens,email=joebehrens2@netins.net,O=templeton tel. co.,l= , Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Joe Behrens					
Title or position of Authorized Officer: Board Secretary/Treasurer					
Telephone number of Authorized Officer: 712-669-3311					
Study Area Code of Reporting Carrier	351308		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TERRIL TELEPHONE COOPERATIVE</p>					
<p>Signature of Authorized Officer: Dana Loring</p>				<p><small>Digitally signed by Dana Loring DN:cn=Dana Loring,email=dana@terril.com,O=terril telephone cooperative,lc=, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Dana Loring</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 712-853-6121</p>					
Study Area Code of Reporting Carrier	351309		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TITONKA TEL. CO. DBA TITONKA-BURT COMM					
Signature of Authorized Officer: Aaron McCartan				Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@tbctel.com,O=titonka tel. co. dba titonka-burt comm,l=Titonka IA 50480-0321, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Aaron McCartan					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 515-928-2110					
Study Area Code of Reporting Carrier	351310		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UNITED FARMERS TEL. CO.					
Signature of Authorized Officer: Roxanne White				Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Every IA 51338, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Roxanne White					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 712-834-2211					
Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VAN BUREN TEL. CO., INC.</p>					
<p>Signature of Authorized Officer: 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:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Monte Hagge</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 319-293-3187</p>					
Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VAN HORNE COOP. TEL. CO.					
Signature of Authorized Officer: Kristyn Frazier				Digitally signed by Kristyn Frazier DN:cn=Kristyn Frazier,email=vanhorne@netins.net,O=van horne coop. tel. co.,l=Van Horne IA 52346-0096, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Kristyn Frazier					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 319-228-8791					
Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VENTURA TEL. CO., INC.					
Signature of Authorized Officer: Thomas Lovell				Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel. co., inc.,l=Clear Lake IA 50428-0066, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Thomas Lovell					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 641-357-2111					
Study Area Code of Reporting Carrier	351322		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WEBSTER-CALHOUN COOP. TEL. ASSN.</p>					
<p>Signature of Authorized Officer: Daryl Carlson</p>				<p><small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop. tel. assn.,l=Gowrie IA 50543-0475, Date:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Daryl Carlson</p>					
<p>Title or position of Authorized Officer: Executive Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer: 515-352-3151</p>					
Study Area Code of Reporting Carrier	351328		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WELLMAN COOP. TEL. ASSN.					
Signature of Authorized Officer: Dion Schminke				Digitally signed by Dion Schminke DN:cn=Dion Schminke,email=dion.s@wellmantelephone.com,O=wellman coop. tel. assn.,l=Wellman IA 52356-0170, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Dion Schminke					
Title or position of Authorized Officer: General Manager, COO					
Telephone number of Authorized Officer: 319-646-6075					
Study Area Code of Reporting Carrier	351329		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST IOWA TEL CO					
Signature of Authorized Officer: Robert Gannon				Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Robert Gannon					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-786-5572					
Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST LIBERTY TEL. CO.					
Signature of Authorized Officer: Andy Meader				Digitally signed by Andy Meader DN:cn=Andy Meader,email=ameader@corp.lcom.net,O=west liberty tel. co.,l= , Date:5/22/2024	
Printed name of Authorized Officer: Andy Meader				Date: 5/22/2024	
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-627-0223					
Study Area Code of Reporting Carrier	351332		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTERN IOWA TEL. ASSN.					
Signature of Authorized Officer: Heath Mallory				Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa tel. assn.,l=Lawton IA 51030-0038, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Heath Mallory					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-944-5711					
Study Area Code of Reporting Carrier	351334		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTSIDE INDEPENDENT					
Signature of Authorized Officer: Kevin Skinner				Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Kevin Skinner					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-2311					
Study Area Code of Reporting Carrier	351335		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WILTON TEL. CO.					
Signature of Authorized Officer: Mark Peterson				Digitally signed by Mark Peterson DN:cn=Mark Peterson,email=mwp@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Mark Peterson					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 563-732-3000					
Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WOOLSTOCK MUT. TEL. ASSN.</p>					
<p>Signature of Authorized Officer: 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:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Chris Simmons</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 515-839-5571</p>					
Study Area Code of Reporting Carrier	351342		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WYOMING MUTUAL TEL. CO.</p>					
<p>Signature of Authorized Officer: Kelly Brodersen</p>				<p><small>Digitally signed by Kelly Brodersen DN:cn=Kelly Brodersen,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Kelly Brodersen</p>					
<p>Title or position of Authorized Officer: Board Secretary/Office Manager</p>					
<p>Telephone number of Authorized Officer: 563-488-2535</p>					
Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PRAIRIE TEL CO					
Signature of Authorized Officer: Kevin Skinner				Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Kevin Skinner					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-2311					
Study Area Code of Reporting Carrier	351344		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALLIANCE-HILLS IA					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	351405		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KILLDUFF TEL. CO.					
Signature of Authorized Officer: Christopher Ulmer				Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Christopher Ulmer					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 610-928-3903					
Study Area Code of Reporting Carrier	351407		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MABEL COOP TEL-IA					
Signature of Authorized Officer: Julie Kolka				Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia, Mabel MN 55954, Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Julie Kolka					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 507-493-5411					
Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ACE TEL ASSN-MN					
Signature of Authorized Officer: Michael Osborne				Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Michael Osborne					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 616-892-0123					
Study Area Code of Reporting Carrier	361346		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALBANY MUTUAL TEL. ASSN., INC.					
Signature of Authorized Officer: Jared Johnson				<small>Digitally signed by Jared Johnson DN:cn=Jared Johnson,email=jared.johnson@albanytel.net,O=albany mutual tel. assn., inc.,l= , Date:5/22/2024</small> Date: 5/22/2024	
Printed name of Authorized Officer: Jared Johnson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 320-845-2101					
Study Area Code of Reporting Carrier	361347		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WILDERNESS VALLEY</p>					
<p>Signature of Authorized Officer: Shane Young</p>				<p><small>Digitally signed by Shane Young DN: cn=Shane Young, email=Shane@northerntelephone.net, O=wilderness valley telephone company, inc., c=US, Date: 5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: Shane Young</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 218-488-6565</p>					
Study Area Code of Reporting Carrier	361348		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITY OF BARNESVILLE TEL. CO.					
Signature of Authorized Officer: Guy Swenson				<small>Digitally signed by Guy Swenson DN: cn=Guy Swenson, email=tecmanager@barnesvillemn.com, O=city of barnesville tel. co., l=Barnesville MN 56514, Date: 5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Guy Swenson					
Title or position of Authorized Officer: TEC Manager					
Telephone number of Authorized Officer: 218-354-2292					
Study Area Code of Reporting Carrier	361353		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BENTON COOP. TEL. CO.					
Signature of Authorized Officer: Cheryl Scapanski				Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/23/2024	
Date: 5/23/2024					
Printed name of Authorized Officer: Cheryl Scapanski					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 320-393-2115					
Study Area Code of Reporting Carrier	361356		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLARA CITY TEL EXCH					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,le , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361370		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CONSOLIDATED TEL. CO.-MN					
Signature of Authorized Officer: Greg Springer				Digitally signed by Greg Springer DN:cn=Greg Springer,email=greg@goclc.com,O=consolidated tel. co.-mn,l=Brainerd MN 56401, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Greg Springer					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-454-1128					
Study Area Code of Reporting Carrier	361373		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DUNNELL TEL. CO., INC.					
Signature of Authorized Officer: Charles Mattingly				Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kcclenterprises.net,O=dunnell tel. co., inc.,l=Judson TX 75660, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Charles Mattingly					
Title or position of Authorized Officer: Managing Member					
Telephone number of Authorized Officer: 903-663-0099					
Study Area Code of Reporting Carrier	361381		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: EMILY COOP TEL CO					
Signature of Authorized Officer: Josh Netland				Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Josh Netland					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 218-763-3000					
Study Area Code of Reporting Carrier	361387		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL. CO.-BELLINGHAM					
Signature of Authorized Officer: Kevin Beyer				Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,lc=, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Kevin Beyer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 320-568-2105					
Study Area Code of Reporting Carrier	361389		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FEDERATED TEL COOP</p>					
<p>Signature of Authorized Officer: Kevin Beyer</p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/23/2024</small></p> <p>Date: 5/23/2024</p>	
<p>Printed name of Authorized Officer: Kevin Beyer</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 320-324-7111</p>					
Study Area Code of Reporting Carrier	361390		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GARDEN VALLEY TEL. CO. dba GARDEN VALLEY TECH					
Signature of Authorized Officer: Steve Mueller				<small>Digitally signed by Steve Mueller DN:cn=Steve Mueller,email=steve.mueller@gvtel.net,O=garden valley tel. co. dba garden valley tech,l=Ersine MN 56535, Date:5/24/2024</small> Date: 5/24/2024	
Printed name of Authorized Officer: Steve Mueller					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-687-2400					
Study Area Code of Reporting Carrier	361395		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GARDONVILLE COOP. TEL. ASSN.					
Signature of Authorized Officer: David Wolf				Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn.,l= , Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: David Wolf					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 320-524-2211					
Study Area Code of Reporting Carrier	361396		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HALSTAD TEL. CO.</p>					
<p>Signature of Authorized Officer: Mark Forseth</p>				<p><small>Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net, O=halstad tel. co., l=Halstad MN 56548-0055, Date: 5/23/2024</small></p> <p>Date: 5/23/2024</p>	
<p>Printed name of Authorized Officer: Mark Forseth</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 218-456-2125</p>					
Study Area Code of Reporting Carrier	361401		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FEDERATED TEL COOP</p>					
<p>Signature of Authorized Officer: Kevin Beyer</p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/23/2024</small></p> <p>Date: 5/23/2024</p>	
<p>Printed name of Authorized Officer: Kevin Beyer</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 320-324-7111</p>					
Study Area Code of Reporting Carrier	361403		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HARMONY TEL CO</p>					
<p>Signature of Authorized Officer: Jill Huffman</p>				<p>Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@sgc-coop.com,O=harmony telephone company, llc,l=Spring Grove MN 55974-0516, Date:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Jill Huffman</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 507-498-3456</p>					
Study Area Code of Reporting Carrier	361404		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALLIANCE-HILLS MN					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	361405		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HUTCHINSON TEL CO					
Signature of Authorized Officer: Curt Kawlewski				Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: JOHNSON TELEPHONE COMPANY					
Signature of Authorized Officer: Dwayne Johnson				Digitally signed by Dwayne Johnson DN:cn=Dwayne Johnson,email=jtcbusiness@jtc-co.net,O=johnson telephone company,l=Remer MN 56672, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Dwayne Johnson					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 218-566-2302					
Study Area Code of Reporting Carrier	361410		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KASSON & MANTORVILLE TEL. CO.					
Signature of Authorized Officer: Beth Tollefson				Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville tel. co.,l= , Date:5/20/2024	
				Date: 5/20/2024	
Printed name of Authorized Officer: Beth Tollefson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-634-2511					
Study Area Code of Reporting Carrier	361412		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LISMORE COOPERATIVE TELEPHONE CO.</p>					
<p>Signature of Authorized Officer: 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:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Tarri Joens</p>					
<p>Title or position of Authorized Officer: Office Manager</p>					
<p>Telephone number of Authorized Officer: 507-472-8748</p>					
Study Area Code of Reporting Carrier	361419		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RUNESTONE TEL ASSN					
Signature of Authorized Officer: Kent Hedstrom				Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Kent Hedstrom					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 320-986-2013					
Study Area Code of Reporting Carrier	361423		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MABEL COOP TEL - MN</p>					
<p>Signature of Authorized Officer: Julie Kolka</p>				<p><small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia,l=Mabel MN 55954, Date:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Julie Kolka</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 507-493-5411</p>					
Study Area Code of Reporting Carrier	361424		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHRISTENSEN COMMUNICATIONS COMPANY					
Signature of Authorized Officer: Glen Christensen				Digitally signed by Glen Christensen DN:cn=Glen Christensen,email=glenc@chriscomco.net,O=christensen communications company, Inc., Date: 5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Glen Christensen					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 507-642-5555					
Study Area Code of Reporting Carrier	361425		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Manchester-Hartland Telephone Company

Signature of Authorized Officer  Date 5/20/2024

Printed name of Authorized Officer Brian Thompson

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (507) 826-3212 ext.

Study Area Code of Reporting Carrier 361426 Filing Due Date for this form (mm/dd/yyyy) June 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MINNESOTA VALLEY TEL					
Signature of Authorized Officer: Danny Busche				Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Danny Busche					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 507-557-2275					
Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NUVERA COMM.					
Signature of Authorized Officer: Curt Kawlewski				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company,lc=, Date:5/22/2024</small> Date: 5/22/2024	
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361442		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PARK REGION MUTUAL					
Signature of Authorized Officer: Dave Bickett				Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Dave Bickett					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 218-826-6161					
Study Area Code of Reporting Carrier	361450		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PAUL BUNYAN RURAL TEL. COOP.					
Signature of Authorized Officer: Dave Schultz				Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/24/2024	
Date: 5/24/2024					
Printed name of Authorized Officer: Dave Schultz					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-444-1141					
Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ROTHSAY TEL CO, INC					
Signature of Authorized Officer: Dave Bickett				Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Dave Bickett					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 218-826-6161					
Study Area Code of Reporting Carrier	361474		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RUNESTONE TEL ASSN</p>					
<p>Signature of Authorized Officer: Kent Hedstrom</p>				<p>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:5/23/2024</p>	
<p>Date: 5/23/2024</p>					
<p>Printed name of Authorized Officer: Kent Hedstrom</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 320-986-2013</p>					
Study Area Code of Reporting Carrier	361475		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SACRED HEART TEL CO					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, I= , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361476		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SCOTT RICE TEL CO					
Signature of Authorized Officer: Curt Kawlewski				Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361479		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SLEEPY EYE TEL CO					
Signature of Authorized Officer: Curt Kawlewski				Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361483		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SPRING GROVE COMM.</p>					
<p>Signature of Authorized Officer: Jill Huffman</p>				<p>Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@sgc-coop.com,O=harmony telephone company, llc,l=Spring Grove MN 55974-0516, Date:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Jill Huffman</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 507-498-3456</p>					
Study Area Code of Reporting Carrier	361485		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STARBUCK TEL CO					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc, Date:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361487		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UPSALA COOPERATIVE TELEPHONE ASSN.					
Signature of Authorized Officer: Tony Gebhard				Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala cooperative telephone assn.,l=Upsala MN 56384, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Tony Gebhard					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 320-573-1390					
Study Area Code of Reporting Carrier	361494		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VALLEY TEL CO - MN					
Signature of Authorized Officer: Dave Bickett				Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Dave Bickett					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 218-826-6161					
Study Area Code of Reporting Carrier	361495		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRI-CO/CROSSLAKE					
Signature of Authorized Officer: Josh Netland				Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Josh Netland					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 218-763-3000					
Study Area Code of Reporting Carrier	361499		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHERN TEL CO - MN					
Signature of Authorized Officer: Shane Young				<small>Digitally signed by Shane Young DN: cn=Shane Young, email=Shane@northerntelephone.net, O=wildernes s valley telephone company, inc., Date: 5/28/2024</small> Date: 5/28/2024	
Printed name of Authorized Officer: Shane Young					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 218-488-6565					
Study Area Code of Reporting Carrier	361500		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST CENTRAL TELEPHONE ASSN.					
Signature of Authorized Officer: Jonathon Loeffen				Digitally signed by Jonathon Loeffen DN:cn=Jonathon Loeffen,email=jonl@wcta.net,O=west central telephone assn.,l=Sebeka MN 56477, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Jonathon Loeffen					
Title or position of Authorized Officer: CEO-GM					
Telephone number of Authorized Officer: 218-837-5151					
Study Area Code of Reporting Carrier	361501		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WESTERN TEL CO</p>					
<p>Signature of Authorized Officer: Curt Kawlewski</p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company,lc=, Date:5/22/2024</small></p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 507-233-4172</p>					
Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Wikstrom Telephone Co. Inc.				
Signature of Authorized Officer 			Date 05/28/2024	
Printed name of Authorized Officer Leslie B. Wikstrom				
Title or position of Authorized Officer Vice President				
Telephone number of Authorized Officer: (218) 436-2121 ext.				
Study Area Code of Reporting Carrier		361505	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WINTHROP TEL CO					
Signature of Authorized Officer: Danny Busche				Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Danny Busche					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 507-557-2275					
Study Area Code of Reporting Carrier	361508		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WOODSTOCK TELEPHONE COMPANY					
Signature of Authorized Officer: Terry Nelson				Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=tnelson@woodstockcomm.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Terry Nelson					
Title or position of Authorized Officer: Woodstock Communications					
Telephone number of Authorized Officer: 507-658-3830					
Study Area Code of Reporting Carrier	361510		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WOLVERTON TEL CO					
Signature of Authorized Officer: Karl Blake				Digitally signed by Karl Blake DN:cn=Karl Blake,email=kblake@polartel.com,O=wolverton telephone company,l=Park River ND 58270, Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Karl Blake					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 701-284-4334					
Study Area Code of Reporting Carrier	361512		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ZUMBROTA TEL CO					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361515		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: INTERSTATE TELECOMM.</p>					
<p>Signature of Authorized Officer: Tracy Bandemer</p>				<p><small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/20/2024</small></p>	
<p>Date: 5/20/2024</p>					
<p>Printed name of Authorized Officer: Tracy Bandemer</p>					
<p>Title or position of Authorized Officer: CEO/ General Manager</p>					
<p>Telephone number of Authorized Officer: 605-874-2181</p>					
Study Area Code of Reporting Carrier	361654		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

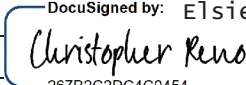
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARAPAHOE TELEPHONE COMPANY					
Signature of Authorized Officer: John Koller				Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.com,O=arapahoe telephone company, =Arapahoe NE 68922, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: John Koller					
Title or position of Authorized Officer: VP Operations					
Telephone number of Authorized Officer: 308-962-7298					
Study Area Code of Reporting Carrier	371516		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

NECA

TO BE COMPLETED BY THE REPORTING CARRIER,**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	DocuSigned by: Elsie Communications		
Signature of Authorized Officer		Date	5/29/2024
Printed name of Authorized Officer	Christopher Reno		
Title or position of Authorized Officer	Vice President-Controller		
Telephone number of Authorized Officer: () - - - - , ext. - - - -	307-600-0000		
Study Area Code of Reporting Carrier	371518	Filing Due Date for this form (mm/dd/yyyy)	05/31/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THREE RIVER TELCO					
Signature of Authorized Officer: Steven Dorf				Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Steven Dorf					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 402-569-2666					
Study Area Code of Reporting Carrier	371525		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CAMBRIDGE TEL CO -NE					
Signature of Authorized Officer: J. Shoemaker				Digitally signed by J. Shoemaker DN:cn=J. Shoemaker, email=tom.shoemaker@pnpt.com, O=cambridge telephone company - ne, l=Cambridge NE 69022, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: J. Shoemaker					
Title or position of Authorized Officer: V P Regulatory Affairs					
Telephone number of Authorized Officer: 308-697-3333					
Study Area Code of Reporting Carrier	371526		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CONSOLIDATED TELCO					
Signature of Authorized Officer: Wendy Thompson Fast				Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wendy.fast@nebnet.com,O=consolidated telephone company- ne,l=Lincoln NE 68506-0147,	Date: 5/20/2024
Printed name of Authorized Officer: Wendy Thompson Fast					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-489-2728					
Study Area Code of Reporting Carrier	371530		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CONSOLIDATED TEL CO					
Signature of Authorized Officer: Wendy Thompson Fast				Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wendy.fast@nebnet.com,O=consolidated telephone company- ne,l=Lincoln NE 68506-0147,	Date: 5/20/2024
Printed name of Authorized Officer: Wendy Thompson Fast					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-489-2728					
Study Area Code of Reporting Carrier	371532		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COZAD TELEPHONE COMPANY					
Signature of Authorized Officer: Marcus Young				Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company,l= , Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Marcus Young					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 308-784-4044					
Study Area Code of Reporting Carrier	371534		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CURTIS TEL CO					
Signature of Authorized Officer: Wendy Thompson Fast				Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wendy.fast@nebnet.com,O=consolidated telephone company- ne,l=Lincoln NE 68506-0147,	Date: 5/20/2024
Printed name of Authorized Officer: Wendy Thompson Fast					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-489-2728					
Study Area Code of Reporting Carrier	371536		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

NECA

TO BE COMPLETED BY THE REPORTING CARRIER,**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Dalton Telephone Company		DocuSigned by:	
Name of Reporting Carrier			
Signature of Authorized Officer		<i>Christopher Reno</i>	Date 5/29/2024
Printed name of Authorized Officer		Christopher Reno 267B2C2DC4C0454...	
Title or position of Authorized Officer		Vice President-Controller	
Telephone number of Authorized Officer: (307) 600-0000 ext. _____			
Study Area Code of Reporting Carrier	371537	Filing Due Date for this form (mm/dd/yyyy)	05/31/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DILLER TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: Loren Duerksen</p>				<p><small>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company, Diller NE 68342-0236, Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Loren Duerksen</p>					
<p>Title or position of Authorized Officer: General Manager/Director of Operations</p>					
<p>Telephone number of Authorized Officer: 402-793-5330</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>371540</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLENWOOD TELEPHONE MEMBERSHIP CORP.					
Signature of Authorized Officer: Stanley Rouse				Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=stanr@glenwoodtelco.net,O=glenwood telephone membership corp.,l=Blue Hill NE 68930-0008, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Stanley Rouse					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 402-756-3131					
Study Area Code of Reporting Carrier	371553		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HAMILTON TEL CO					
Signature of Authorized Officer: John Nelson				Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=hamilton telephone company,l= , Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: John Nelson					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 402-694-5101					
Study Area Code of Reporting Carrier	371555		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HARTINGTON TELECOMMUNICATIONS CO., INC.					
Signature of Authorized Officer: Dave Nilles				Digitally signed by Dave Nilles DN:cn=Dave Nilles,email=davenilles@hartelco.com,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Dave Nilles					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 402-254-3901					
Study Area Code of Reporting Carrier	371556		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HARTMAN TELEPHONE EXCHANGES INC.					
Signature of Authorized Officer: Jenna Burrell				<small>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/20/2024</small> Date: 5/20/2024	
Printed name of Authorized Officer: Jenna Burrell					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 308-423-2000					
Study Area Code of Reporting Carrier	371557		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HEMINGFORD COOP. TELEPHONE COMPANY					
Signature of Authorized Officer: Tonya Mayer				Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Tonya Mayer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 308-487-3311					
Study Area Code of Reporting Carrier	371558		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HENDERSON CO-OP TELEPHONE COMPANY					
Signature of Authorized Officer: Jeremiah Duerksen				Digitally signed by Jeremiah Duerksen DN:cn=Jeremiah Duerksen,email=jeremiah@mainstaycomm.com,O=henderson co-op telephone company,l=Henderson NE 681371, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Jeremiah Duerksen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 402-723-4448					
Study Area Code of Reporting Carrier	371559		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HERSHEY COOPERATIVE TELEPHONE CO</p>					
<p>Signature of Authorized Officer: Rex Woolley</p>				<p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co, =Hershey NE 69143, Date:5/28/2024</p>	
<p>Date: 5/28/2024</p>					
<p>Printed name of Authorized Officer: Rex Woolley</p>					
<p>Title or position of Authorized Officer: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer: 308-368-5561</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>371561</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CONSOLIDATED TELECOM</p>					
<p>Signature of Authorized Officer: Wendy Thompson Fast</p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wendy.fast@nebnet.com,O=consolidated telephone company- ne, =Lincoln NE 68506-0147, Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Wendy Thompson Fast</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 402-489-2728</p>					
Study Area Code of Reporting Carrier	371562		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HOOPER TEL CO					
Signature of Authorized Officer: Robert Gannon				Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Robert Gannon					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-786-5572					
Study Area Code of Reporting Carrier	371563		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: K & M TELEPHONE COMPANY INC.					
Signature of Authorized Officer: Thomas Magnuson				Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m telephone company inc.,l=Chambers NE 68725, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Thomas Magnuson					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 402-482-5800					
Study Area Code of Reporting Carrier	371565		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLENWOOD NETWORK SERVICES, INC.					
Signature of Authorized Officer: Stanley Rouse				Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=stanr@glenwoodtelco.net,O=glenwood telephone membership corp.,I=Blue Hill NE 68930-0008, Date:5/17/2024	
Date: 5/17/2024					
Printed name of Authorized Officer: Stanley Rouse					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 402-756-3131					
Study Area Code of Reporting Carrier	371567		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEBRASKA CENTRAL TEL					
Signature of Authorized Officer: John Nelson				Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=nebraska central telephone company,lc= , Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: John Nelson					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 402-694-5101					
Study Area Code of Reporting Carrier	371574		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHEAST NEBRASKA TELEPHONE COMPANY					
Signature of Authorized Officer: Patrick McElroy				<small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=northeast nebraska telephone company,lc=US, Date:5/28/2024</small>	
Date: 5/28/2024					
Printed name of Authorized Officer: Patrick McElroy					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 402-632-4321					
Study Area Code of Reporting Carrier	371576		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PIERCE TELEPHONE COMPANY					
Signature of Authorized Officer: William Fogle				Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelphone.com,O=pierce telephone company,l=Pierce NE 68767-0113, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: William Fogle					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 402-329-6225					
Study Area Code of Reporting Carrier	371581		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PLAINVIEW TELEPHONE COMPANY INC.</p>					
<p>Signature of Authorized Officer: Eric Nye</p>				<p><small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plvwtelco.net,O=plainview telephone company inc.,l= , Date:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Eric Nye</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 402-370-5431</p>					
Study Area Code of Reporting Carrier	371582		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SODTOWN COMM.					
Signature of Authorized Officer: Wendy Thompson Fast				Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wendy.fast@nebnet.com,O=consolidated telephone company- ne,l=Lincoln NE 68506-0147,	Date: 5/20/2024
Printed name of Authorized Officer: Wendy Thompson Fast					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-489-2728					
Study Area Code of Reporting Carrier	371590		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOUTHEAST NEBRASKA COMMUNICATIONS, INC.</p>					
<p>Signature of Authorized Officer: 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:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Ray Joy</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 402-245-4451</p>					
Study Area Code of Reporting Carrier	371591		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STANTON TELECOM INC.					
Signature of Authorized Officer: Nicholas Paden				<small>Digitally signed by Nicholas Paden DN:cn=Nicholas Paden,email=npaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/28/2024</small> Date: 5/28/2024	
Printed name of Authorized Officer: Nicholas Paden					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 402-439-2264					
Study Area Code of Reporting Carrier	371592		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WAUNETA TEL. CO.</p>					
<p>Signature of Authorized Officer: Jenna Burrell</p>				<p><small>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=wauneta tel. co.,l=Benkelman NE 69021, Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Jenna Burrell</p>					
<p>Title or position of Authorized Officer: Secretary</p>					
<p>Telephone number of Authorized Officer: 308-423-2000</p>					
Study Area Code of Reporting Carrier	371597		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BENKELMAN TELEPHONE COMPANY INC.</p>					
<p>Signature of Authorized Officer: Jenna Burrell</p>				<p>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/20/2024</p>	
<p>Date: 5/20/2024</p>					
<p>Printed name of Authorized Officer: Jenna Burrell</p>					
<p>Title or position of Authorized Officer: Secretary</p>					
<p>Telephone number of Authorized Officer: 308-423-2000</p>					
Study Area Code of Reporting Carrier	372455		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTH DAKOTA TELEPHONE COMPANY					
Signature of Authorized Officer: Shawna Senger				Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota telephone company,l=Devils Lake ND 58301, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Shawna Senger					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 701-662-6428					
Study Area Code of Reporting Carrier	381447		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WOLVERTON TEL CO					
Signature of Authorized Officer: Karl Blake				Digitally signed by Karl Blake DN:cn=Karl Blake,email=kblake@polartel.com,O=wolverton telephone company,l=Park River ND 58270, Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Karl Blake					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 701-284-4334					
Study Area Code of Reporting Carrier	381509		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BEK COMM. COOP.					
Signature of Authorized Officer: Brandon Vaughan				Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Brandon Vaughan					
Title or position of Authorized Officer: CFO/Financial Manager					
Telephone number of Authorized Officer: 701-475-1246					
Study Area Code of Reporting Carrier	381604		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CONSOLIDATED TELCOM					
Signature of Authorized Officer: Bryan Personne				Digitally signed by Bryan Personne DN:cn=Bryan Personne,email=bryan@consolidatednd.com,O=consolidated telecom,l=Dickinson ND 58602-1408, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Bryan Personne					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 701-483-4000					
Study Area Code of Reporting Carrier	381607		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Dakota Central Telecommunications Cooperative / DCTI				
Signature of Authorized Officer 			Date 5/23/2024	
Printed name of Authorized Officer Doug Wede				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (701) 652-3184 , ext.				
Study Area Code of Reporting Carrier		381610	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DICKEY RURAL TEL COOP.					
Signature of Authorized Officer: Troy Radermacher				Digitally signed by Troy Radermacher DN:cn=Troy Radermacher,email=tradermacher@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/24/2024 Date: 5/24/2024	
Printed name of Authorized Officer: Troy Radermacher					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 701-344-6061					
Study Area Code of Reporting Carrier	381611		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: POLAR COMM MUT AID-A					
Signature of Authorized Officer: Karl Blake				Digitally signed by Karl Blake DN:cn=Karl Blake,email=kblake@polartel.com,O=wolverton telephone company,l=Park River ND 58270, Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Karl Blake					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 701-284-4334					
Study Area Code of Reporting Carrier	381614		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRIGGS COUNTY TEL CO					
Signature of Authorized Officer: Tyler Kilde				Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tkilde@mlgc.email,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Tyler Kilde					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 701-437-9209					
Study Area Code of Reporting Carrier	381615		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: INTER-COMMUNITY TEL					
Signature of Authorized Officer: Brandon Vaughan				Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Brandon Vaughan					
Title or position of Authorized Officer: CFO/Financial Manager					
Telephone number of Authorized Officer: 701-475-1246					
Study Area Code of Reporting Carrier	381616		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDSTATE TEL CO					
Signature of Authorized Officer: Shane Hart				Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=midstate telephone company,l=Parshall ND 58770-0068, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Shane Hart					
Title or position of Authorized Officer: CEO/ General Manager					
Telephone number of Authorized Officer: 701-862-3115					
Study Area Code of Reporting Carrier	381617		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRIGGS CTY (M&L)					
Signature of Authorized Officer: Tyler Kilde				Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tkilde@mlgc.email,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Tyler Kilde					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 701-437-9209					
Study Area Code of Reporting Carrier	381622		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHWEST COMMUNICATIONS COOPERATIVE					
Signature of Authorized Officer: Jennifer Bingeman				Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Jennifer Bingeman					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 701-568-8101					
Study Area Code of Reporting Carrier	381625		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: POLAR COMM MUT AID					
Signature of Authorized Officer: Karl Blake				Digitally signed by Karl Blake DN:cn=Karl Blake,email=kblake@polartel.com,O=wolverton telephone company,l=Park River ND 58270, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Karl Blake					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 701-284-4334					
Study Area Code of Reporting Carrier	381630		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM					
Signature of Authorized Officer: Thomas Steinolfson		Digitally signed by Thomas Steinolfson DN:cn=Thomas Steinolfson,email=toms@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND 58001, Date:5/30/2024		Date: 5/30/2024	
Printed name of Authorized Officer: Thomas Steinolfson					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 701-553-8309					
Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RESERVATION TEL COOP					
Signature of Authorized Officer: Shane Hart				Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=midstate telephone company,l=Parshall ND 58770-0068, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Shane Hart					
Title or position of Authorized Officer: CEO/ General Manager					
Telephone number of Authorized Officer: 701-862-3115					
Study Area Code of Reporting Carrier	381632		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UNITED TEL MUTUAL					
Signature of Authorized Officer: Steve Swanson				<small>Digitally signed by Steve Swanson DN:cn=Steve Swanson,email=steves@corp.utma.com,O=united telephone mutual aid corp.,l=Langdon ND 58249-0729, Date:5/21/2024</small> Date: 5/21/2024	
Printed name of Authorized Officer: Steve Swanson					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 701-256-5156					
Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST RIVER TELECOMMUNICATIONS COOPERATIVE					
Signature of Authorized Officer: Troy Schilling				Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Troy Schilling					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 701-748-2211					
Study Area Code of Reporting Carrier	381637		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDSTATE COMM.</p>					
<p>Signature of Authorized Officer: Shane Hart</p>				<p><small>Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=midstate telephone company,l=Parshall ND 58770-0068, Date:5/30/2024</small></p> <p>Date: 5/30/2024</p>	
<p>Printed name of Authorized Officer: Shane Hart</p>					
<p>Title or position of Authorized Officer: CEO/ General Manager</p>					
<p>Telephone number of Authorized Officer: 701-862-3115</p>					
Study Area Code of Reporting Carrier	381638		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SRT COMMUNICATIONS, INC.</p>					
<p>Signature of Authorized Officer: Cassidy Hjelmstad</p>				<p><small>Digitally signed by Cassidy Hjelmstad DN:cn=Cassidy Hjelmstad,email=cassidyh@srttel.com,O=srt communications, inc.,l= , Date:5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: Cassidy Hjelmstad</p>					
<p>Title or position of Authorized Officer: CEO/ General Manager</p>					
<p>Telephone number of Authorized Officer: 701-838-9719</p>					
Study Area Code of Reporting Carrier	383303		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALLIANCE-HILLS SD					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

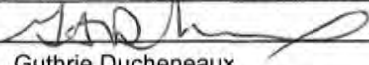
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GOLDEN WEST-ARMOUR					
Signature of Authorized Officer: Dennis Law				Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391640		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALLIANCE-BALTIC					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Cheyenne River Sioux Tribe Telephone Authority			
Signature of Authorized Officer 		Date 05-30-2024	
Printed name of Authorized Officer Guthrie Ducheneaux			
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 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BERESFORD MUNICIPAL TEL. CO.					
Signature of Authorized Officer: Austin Hansen				Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@beresfordtel.com,O=beresford municipal tel. co.,l= , Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Austin Hansen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-763-2500					
Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLARITY TELECOM, LLC DBA BLUEPEAK					
Signature of Authorized Officer: Marc Krasney				Digitally signed by Marc Krasney DN:cn=Marc Krasney,email=marc.krasney@mybluepeak.com,O=clarity telecom, llc dba bluepeak,l= , Date:5/31/2024	
				Date: 5/31/2024	
Printed name of Authorized Officer: Marc Krasney					
Title or position of Authorized Officer: VP of Legal Affairs					
Telephone number of Authorized Officer: 720-241-1196					
Study Area Code of Reporting Carrier	391652		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITY OF FAITH MUNICIPAL TEL CO					
Signature of Authorized Officer: Debbie Brown				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:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Debbie Brown					
Title or position of Authorized Officer: Finance Officer					
Telephone number of Authorized Officer: 605-967-2261					
Study Area Code of Reporting Carrier	391653		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: INTERSTATE TELECOMM.					
Signature of Authorized Officer: Tracy Bandemer				Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Tracy Bandemer					
Title or position of Authorized Officer: CEO/ General Manager					
Telephone number of Authorized Officer: 605-874-2181					
Study Area Code of Reporting Carrier	391654		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALLIANCE-SPLITROCK</p>					
<p>Signature of Authorized Officer: Kari Flanagan</p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:5/23/2024</p>	
<p>Date: 5/23/2024</p>					
<p>Printed name of Authorized Officer: Kari Flanagan</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 605-594-8228</p>					
Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GOLDEN WEST TELECOM					
Signature of Authorized Officer: Dennis Law				Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391659		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FT RANDALL-MT RUSHMR					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, I= , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: JAMES VALLEY COOPERATIVE TELEPHONE COMPANY					
Signature of Authorized Officer: James Groft				Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Inc., Date: 5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: James Groft					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 605-397-2323					
Study Area Code of Reporting Carrier	391664		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: JEFFERSON TEL CO -SD					
Signature of Authorized Officer: Paul Bergmann				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:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Paul Bergmann					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-271-5535					
Study Area Code of Reporting Carrier	391666		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-KADOKA</p>					
<p>Signature of Authorized Officer: 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:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Dennis Law</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 605-279-2161</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391667</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KENNEBEC TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: Matt Collins</p>				<p>Digitally signed by Matt Collins DN:cn=Matt Collins,email=mattc@kennebectelephone.net,O=kennebec telephone company,l=Kennebec SD 57544, Date:5/24/2024</p>	
<p>Date: 5/24/2024</p>					
<p>Printed name of Authorized Officer: Matt Collins</p>					
<p>Title or position of Authorized Officer: President/Manager</p>					
<p>Telephone number of Authorized Officer: 605-869-2220</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391668</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRIOTEL COMMUNICATIONS, INC.					
Signature of Authorized Officer: Heather Kranz				Digitally signed by Heather Kranz DN:cn=Heather Kranz,email=heatherk@triotel.com,O=triotel communications, inc.,l=Salem SD 57058-0630, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Heather Kranz					
Title or position of Authorized Officer: CEO/GM					
Telephone number of Authorized Officer: 605-425-2238					
Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

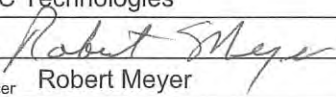
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDSTATE COMMUNICATIONS, INC.					
Signature of Authorized Officer: Chad Mutziger				Digitally signed by Chad Mutziger DN:cn=Chad Mutziger,email=chad@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/24/2024 Date: 5/24/2024	
Printed name of Authorized Officer: Chad Mutziger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-778-6221					
Study Area Code of Reporting Carrier	391670		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WEST RIVER TELECOMMUNICATIONS COOP.(MOBRIDGE)</p>					
<p>Signature of Authorized Officer: Troy Schilling</p>				<p><small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Troy Schilling</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 701-748-2211</p>					
Study Area Code of Reporting Carrier	391671		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier RC Technologies				
Signature of Authorized Officer 			Date 05/28/2024	
Printed name of Authorized Officer Robert Meyer				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (605) 637-5211, ext.				
Study Area Code of Reporting Carrier		391674	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SANTEL COMM. COOP.					
Signature of Authorized Officer: Ryan Thompson				<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:5/20/2024</small>	
Date: 5/20/2024					
Printed name of Authorized Officer: Ryan Thompson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-796-8143					
Study Area Code of Reporting Carrier	391676		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GOLDEN WEST-SIOUX VY					
Signature of Authorized Officer: Dennis Law				Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-UNION</p>					
<p>Signature of Authorized Officer: 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:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Dennis Law</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 605-279-2161</p>					
Study Area Code of Reporting Carrier	391684		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VALLEY TELECOMM. COOP. ASSN., INC.</p>					
<p>Signature of Authorized Officer: 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:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Jeff Symens</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 605-437-2615</p>					
Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-VIVIAN</p>					
<p>Signature of Authorized Officer: 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:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Dennis Law</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 605-279-2161</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391686</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier WEST RIVER COOPERATIVE TELEPHONE COMPANY			
Signature of Authorized Officer 		Date 05/23/2024	
Printed name of Authorized Officer Eric Kahler			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: 6052445213			
Study Area Code of Reporting Carrier 391689		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARKANSAS TELEPHONE COMPANY					
Signature of Authorized Officer: Randy McCaslin				Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/31/2024	Date: 5/31/2024
Printed name of Authorized Officer: Randy McCaslin					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 501-745-2114					
Study Area Code of Reporting Carrier	401692		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CENTRAL ARKANSAS TEL. COOP INC.					
Signature of Authorized Officer: Larry Frazier				Digitally signed by Larry Frazier DN:cn=Larry Frazier,email=larryf@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Larry Frazier					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 501-865-7008					
Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLEVELAND COUNTY TEL					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	401698		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DECATUR TEL CO INC					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	401699		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOUTH ARKANSAS TEL. CO.,INC.					
Signature of Authorized Officer: Greg Ashcraft				Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Greg Ashcraft					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 870-942-4344					
Study Area Code of Reporting Carrier	401702		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MADISON COUNTY TEL. CO. INC.					
Signature of Authorized Officer: Travis Reed				<small>Digitally signed by Travis Reed DN:cn=Travis Reed,email=travis@madisoncountytelco.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:5/20/2024</small> Date: 5/20/2024	
Printed name of Authorized Officer: Travis Reed					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 479-738-2121					
Study Area Code of Reporting Carrier	401709		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MAGAZINE TELEPHONE COMPANY					
Signature of Authorized Officer: Cheryl Stone				Digitally signed by Cheryl Stone DN:cn=Cheryl Stone,email=magtel@magtel.com,O=magazine telephone company,l=Magazine AR 72943, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Cheryl Stone					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 479-969-2211					
Study Area Code of Reporting Carrier	401710		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MOUNTAIN VIEW TEL CO					
Signature of Authorized Officer: Aaron Millsap				Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Aaron Millsap					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 870-425-3100					
Study Area Code of Reporting Carrier	401712		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHERN ARKANSAS TEL. CO.,INC.					
Signature of Authorized Officer: Steven Sanders, Jr.				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:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Steven Sanders, Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 870-453-9273					
Study Area Code of Reporting Carrier	401713		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PRAIRIE GROVE TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: Rhonda Rouse</p>				<p><small>Digitally signed by Rhonda Rouse DN:cn=Rhonda Rouse,email=rrouse@pgtc.com,O=prairie grove telephone company,l=Praire Grove AR 72753-1010, Date:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Rhonda Rouse</p>					
<p>Title or position of Authorized Officer: Accounting/ HR Manager</p>					
<p>Telephone number of Authorized Officer: 479-846-7226</p>					
Study Area Code of Reporting Carrier	401718		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

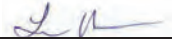
Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Rice Belt Telephone Company, Inc				
Signature of Authorized Officer <i>Darby A. McCarty</i>			Date <i>5/24/2024</i>	
Printed name of Authorized Officer Darby A. McCarty				
Title or position of Authorized Officer CEO				
Telephone number of Authorized Officer: (812) 876-2211, ext. _____				
Study Area Code of Reporting Carrier	401721		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier **E. Ritter Telephone Company**

Signature of Authorized Officer

Date **5/28/2024**Printed name of Authorized Officer **Lexanne Horton**Title or position of Authorized Officer **CFO**Telephone number of Authorized Officer: **(870) 336-2321**, ext. _____

Study Area Code of Reporting Carrier

401722Filing Due Date for this form
(mm/dd/yyyy)

June 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOUTHWEST ARKANSAS TEL. COOP. INC.</p>					
<p>Signature of Authorized Officer: Tina Moore</p>				<p>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc.,l= , Date:5/22/2024</p>	
<p>Date: 5/22/2024</p>					
<p>Printed name of Authorized Officer: Tina Moore</p>					
<p>Title or position of Authorized Officer: Accountant</p>					
<p>Telephone number of Authorized Officer: 870-653-8222</p>					
Study Area Code of Reporting Carrier	401724		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WALNUT HILL TEL CO					
Signature of Authorized Officer: Charles Custer				Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=northeast florida tel. co., inc.,l=Lewisville AR 71845, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Charles Custer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 870-921-5758					
Study Area Code of Reporting Carrier	401729		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: YELCOT TEL CO INC					
Signature of Authorized Officer: Aaron Millsap				Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Aaron Millsap					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 870-425-3100					
Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SCOTT COUNTY TEL CO					
Signature of Authorized Officer: Karen Gilliam				Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/31/2024 Date: 5/31/2024	
Printed name of Authorized Officer: Karen Gilliam					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 479-923-4200					
Study Area Code of Reporting Carrier	403031		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COUNCIL GROVE TEL. CO.					
Signature of Authorized Officer: Dale Jones				Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Dale Jones					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 620-767-5153					
Study Area Code of Reporting Carrier	411758		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CUNNINGHAM TELEPHONE CO. INC.					
Signature of Authorized Officer: Brent Cunningham				Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctcfiber.net,O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Brent Cunningham					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 785-545-3215					
Study Area Code of Reporting Carrier	411761		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ELKHART TELEPHONE COMPANY INC.					
Signature of Authorized Officer: Becky Scott				Digitally signed by Becky Scott DN:cn=Becky Scott,email=bscott@epictouch.com,O=elkhart telephone company inc.,l=Elkhart KS 67950, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Becky Scott					
Title or position of Authorized Officer: President & CFO					
Telephone number of Authorized Officer: 620-697-2111					
Study Area Code of Reporting Carrier	411764		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GOLDEN BELT TELEPHONE ASSN. INC.					
Signature of Authorized Officer: Beau Rebel				Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc., Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Beau Rebel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 785-372-4236					
Study Area Code of Reporting Carrier	411777		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GORHAM TELEPHONE COMPANY INC.					
Signature of Authorized Officer: Tonya Murphy				Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tonya.murphy@gorhamtelcom.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Tonya Murphy					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 785-637-5300					
Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HAVILAND TEL CO					
Signature of Authorized Officer: Mark Wade				Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Mark Wade					
Title or position of Authorized Officer: VP of Operations					
Telephone number of Authorized Officer: 620-862-5211					
Study Area Code of Reporting Carrier	411780		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: H & B COMMUNICATIONS INC.					
Signature of Authorized Officer: Brandon Koch				Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h & b communications inc.,l= , Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Brandon Koch					
Title or position of Authorized Officer: President and General Manager					
Telephone number of Authorized Officer: 785-252-4000					
Study Area Code of Reporting Carrier	411781		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: J. B. N. TEL CO INC					
Signature of Authorized Officer: Mark Wade				Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Mark Wade					
Title or position of Authorized Officer: VP of Operations					
Telephone number of Authorized Officer: 620-862-5211					
Study Area Code of Reporting Carrier	411785		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KANOKLA TEL ASSN-KS					
Signature of Authorized Officer: David Nance				Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,j= , Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: David Nance					
Title or position of Authorized Officer: Chief Operating Officer					
Telephone number of Authorized Officer: 620-845-5682					
Study Area Code of Reporting Carrier	411788		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MADISON TELEPHONE, LLC					
Signature of Authorized Officer: Shana Rains				Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Shana Rains					
Title or position of Authorized Officer: Regulatory Officer					
Telephone number of Authorized Officer: 620-437-2356					
Study Area Code of Reporting Carrier	411801		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MOKAN DIAL INC-KS					
Signature of Authorized Officer: Charles Custer				Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=northeast florida tel. co., inc.,l=Lewisville AR 71845, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Charles Custer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 870-921-5758					
Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MUTUAL TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: John Tietjens</p>				<p>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual telephone company,l=Little River KS 67457, Date:5/21/2024</p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: John Tietjens</p>					
<p>Title or position of Authorized Officer: President & General Manager</p>					
<p>Telephone number of Authorized Officer: 620-897-6200</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411809</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEOPLES TELECOMMUNICATIONS, LLC					
Signature of Authorized Officer: Jennifer Leach				Digitally signed by Jennifer Leach DN:cn=Jennifer Leach,email=jennifer@peoplestelecom.net,O=peoples telecommunications, llc,l=La Cygne KS 66040, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Jennifer Leach					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 913-757-2500					
Study Area Code of Reporting Carrier	411814		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CRAW-KAN TEL COOP					
Signature of Authorized Officer: Craig Wilbert				Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan telephone coop inc- ks,l=Girard KS 66743-0100, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Craig Wilbert					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-724-8235					
Study Area Code of Reporting Carrier	411818		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RAINBOW TELECOMMUNICATIONS ASSOC., INC.					
Signature of Authorized Officer: Kathy Ruoff				Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Kathy Ruoff					
Title or position of Authorized Officer: Controller/CFO					
Telephone number of Authorized Officer: 785-548-7511					
Study Area Code of Reporting Carrier	411820		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

NECA

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		S & A Telephone Company	
Signature of Authorized Officer		DocuSigned by: Christopher Reno	Date 5/29/2024
Printed name of Authorized Officer		Christopher Reno	
Title or position of Authorized Officer		Vice President-Controller	
Telephone number of Authorized Officer:		307-600-0000	
Study Area Code of Reporting Carrier		411829	
Filing Due Date for this form (mm/dd/yyyy)		05/31/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: S. CENTRAL TEL - KS					
Signature of Authorized Officer: Carla Shearer				Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=s. central tel - ks,l= , Date:5/24/2024	
Date: 5/24/2024					
Printed name of Authorized Officer: Carla Shearer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-930-1082					
Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRI-COUNTY TEL. ASSN. INC.-KS					
Signature of Authorized Officer: Dale Jones				Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Dale Jones					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 620-767-5153					
Study Area Code of Reporting Carrier	411839		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UNITED TELEPHONE ASSOCIATION, INC.					
Signature of Authorized Officer: Jennifer Pachner				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:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Jennifer Pachner					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 620-227-8641					
Study Area Code of Reporting Carrier	411841		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WHEAT STATE TELEPHONE, INC.					
Signature of Authorized Officer: Randy Hoffman				Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/31/2024 Date: 5/31/2024	
Printed name of Authorized Officer: Randy Hoffman					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-782-3341					
Study Area Code of Reporting Carrier	411847		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WILSON TELEPHONE COMPANY INC.</p>					
<p>Signature of Authorized Officer: Craig Freeman</p>				<p>Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig.freeman@wilsoncom.net,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/22/2024</p>	
<p>Date: 5/22/2024</p>					
<p>Printed name of Authorized Officer: Craig Freeman</p>					
<p>Title or position of Authorized Officer: Vice President / General Manager</p>					
<p>Telephone number of Authorized Officer: 785-658-2111</p>					
Study Area Code of Reporting Carrier	411849		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BPS Telephone Company</p>					
<p>Signature of Authorized Officer: Lisa Winberry</p>				<p>Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps telephone company,l=Bernie MO 63822-0550, Date:5/20/2024</p>	
<p>Date: 5/20/2024</p>					
<p>Printed name of Authorized Officer: Lisa Winberry</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 573-293-2277</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>420463</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: IAMO COMM - MO					
Signature of Authorized Officer: Tim Toepfer				<small>Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia,l= , Date:5/28/2024</small> Date: 5/28/2024	
Printed name of Authorized Officer: Tim Toepfer					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 712-583-3232					
Study Area Code of Reporting Carrier	421206		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MOKAN DIAL INC-MO					
Signature of Authorized Officer: Charles Custer				Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=northeast florida tel. co., inc.,l=Lewisville AR 71845, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Charles Custer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 870-921-5758					
Study Area Code of Reporting Carrier	421807		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHARITON VALLEY TELEPHONE CORPORATION					
Signature of Authorized Officer: Ryan Johnson				<small>Digitally signed by Ryan Johnson DN:cn=Ryan Johnson,email=rjohnson@charitonvalley.com,O=chariton valley telephone corporation,lc= , Date:5/28/2024</small> Date: 5/28/2024	
Printed name of Authorized Officer: Ryan Johnson					
Title or position of Authorized Officer: President/Chief Executive Officer					
Telephone number of Authorized Officer: 660-395-9657					
Study Area Code of Reporting Carrier	421864		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ELLINGTON TELEPHONE COMPANY					
Signature of Authorized Officer: Dee McCormack				Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Dee McCormack					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 573-663-2000					
Study Area Code of Reporting Carrier	421874		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARBER TEL CO					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	421876		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRANBY TEL CO - MISSOURI</p>					
<p>Signature of Authorized Officer: Cheri Johnson</p>				<p><small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:5/22/2024</small></p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Cheri Johnson</p>					
<p>Title or position of Authorized Officer: Corporate Secretary</p>					
<p>Telephone number of Authorized Officer: 417-472-5513</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>421887</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GREEN HILLS TEL CORP					
Signature of Authorized Officer: David Adams				Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: David Adams					
Title or position of Authorized Officer: EVP/GM					
Telephone number of Authorized Officer: 660-644-5411					
Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHOCTAW TELEPHONE CO</p>					
<p>Signature of Authorized Officer: Charles Custer</p>				<p><small>Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=northeast florida tel. co., inc.,l=Lewisville AR 71845, Date:5/21/2024</small></p> <p>Date: 5/21/2024</p>	
<p>Printed name of Authorized Officer: Charles Custer</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 870-921-5758</p>					
Study Area Code of Reporting Carrier	421893		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KINGDOM TELEPHONE COMPANY					
Signature of Authorized Officer: Marla McCowan				Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Marla McCowan					
Title or position of Authorized Officer: Assistant Board Secretary					
Telephone number of Authorized Officer: 573-386-2241					
Study Area Code of Reporting Carrier	421901		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Le-Ru Telephone Company, Inc.				
Signature of Authorized Officer <i>W. Jay Mitchell</i>			Date 5-20-2024	
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		421908	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEW FLORENCE TEL CO					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	421927		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEW LONDON TEL CO					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	421928		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

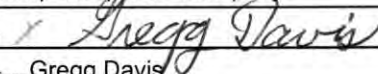
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTHEAST MISSOURI RURAL TEL. CO.</p>					
<p>Signature of Authorized Officer: Michele Gillespie</p>				<p><small>Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=genmgr@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/23/2024</small></p> <p>Date: 5/23/2024</p>	
<p>Printed name of Authorized Officer: Michele Gillespie</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 660-874-5177</p>					
Study Area Code of Reporting Carrier	421931		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier Lathrop Telephone Company

Signature of Authorized Officer



Date 5/28/2024

Printed name of Authorized Officer Gregg Davis

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (660) 748-3231, ext.

Study Area Code of Reporting Carrier

421932

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

July 31, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ORCHARD FARM TEL CO					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	421934		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OREGON FARMERS MUTUAL TEL. CO.					
Signature of Authorized Officer: Charles Custer				<small>Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=pymatuning ind. tel. co.,l=Lewisville AR 71845, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Charles Custer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 870-921-5758					
Study Area Code of Reporting Carrier	421935		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEACE VALLEY TELEPHONE CO.					
Signature of Authorized Officer: Kelly Bosserman				Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley telephone co.,l=Peace Valley MO 65788-0009, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Kelly Bosserman					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 417-277-5550					
Study Area Code of Reporting Carrier	421936		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ROCK PORT TEL. CO.					
Signature of Authorized Officer: Rick Bradley				Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel. co.,l=Rock Port MO 64482-0147, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Rick Bradley					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 660-744-5311					
Study Area Code of Reporting Carrier	421942		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: STOUTLAND TEL CO</p>					
<p>Signature of Authorized Officer: Wendy Ottman</p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Wendy Ottman</p>					
<p>Title or position of Authorized Officer: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer: 573-835-4051</p>					
Study Area Code of Reporting Carrier	421951		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KANOKLA TEL ASSN-OK					
Signature of Authorized Officer: David Nance				Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,j= , Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: David Nance					
Title or position of Authorized Officer: Chief Operating Officer					
Telephone number of Authorized Officer: 620-845-5682					
Study Area Code of Reporting Carrier	431788		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: S. CENTRAL TEL - OK					
Signature of Authorized Officer: Carla Shearer				Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=s. central tel - ks,l= , Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Carla Shearer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-930-1082					
Study Area Code of Reporting Carrier	431831		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ATLAS TELEPHONE CO.					
Signature of Authorized Officer: Barbara Summa				Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Barbara Summa					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 918-783-5111					
Study Area Code of Reporting Carrier	431966		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BEGGS TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: 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:5/21/2024</small></p>	
<p>Date: 5/21/2024</p>					
<p>Printed name of Authorized Officer: Kay Mount</p>					
<p>Title or position of Authorized Officer: Pres. & General Manager</p>					
<p>Telephone number of Authorized Officer: 918-267-3636</p>					
Study Area Code of Reporting Carrier	431968		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

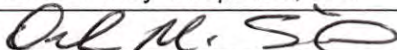
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Canadian Valley Telephone, LLC

Signature of Authorized Officer



Date 5/28/24

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, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CARNEGIE TELEPHONE CO.INC.					
Signature of Authorized Officer: James Powers				Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegietelephone.com,O=carnegie telephone co.inc.,l=Carnegie OK 73015, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: James Powers					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 580-654-1002					
Study Area Code of Reporting Carrier	431976		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.					
Signature of Authorized Officer: Steve Guest				Digitally signed by Steve Guest DN:cn=Steve Guest,email=steveg@cotc.net,O=central oklahoma telephone co., l.l.c.,l=Davenport OK 74026-0789, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Steve Guest					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 918-377-2241					
Study Area Code of Reporting Carrier	431977		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHEROKEE TELEPHONE CO.					
Signature of Authorized Officer: Samuel Sanchez				Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/31/2024	Date: 5/31/2024
Printed name of Authorized Officer: Samuel Sanchez					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 580-434-5375					
Study Area Code of Reporting Carrier	431979		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHICKASAW TELEPHONE CO.					
Signature of Authorized Officer: Rita Glover				Digitally signed by Rita Glover DN:cn=Rita Glover,email=rglover@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Rita Glover					
Title or position of Authorized Officer: Corporate Secretary					
Telephone number of Authorized Officer: 580-622-2111					
Study Area Code of Reporting Carrier	431980		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CIMARRON TEL CO					
Signature of Authorized Officer: H. Baldwin				Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: H. Baldwin					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 918-865-3311					
Study Area Code of Reporting Carrier	431982		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRAND TELEPHONE CO. INC.					
Signature of Authorized Officer: Jason Anderson				Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,I=Jay OK 74346-0308, Date:5/24/2024 Date: 5/24/2024	
Printed name of Authorized Officer: Jason Anderson					
Title or position of Authorized Officer: General Manager/Vice President/Controlle					
Telephone number of Authorized Officer: 918-253-4231					
Study Area Code of Reporting Carrier	431994		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HINTON TELEPHONE CO.					
Signature of Authorized Officer: Kenneth Doughty				Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/30/2024 Date: 5/30/2024	
Printed name of Authorized Officer: Kenneth Doughty					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 405-542-3262					
Study Area Code of Reporting Carrier	431995		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MEDICINE PARK TELEPHONE CO.					
Signature of Authorized Officer: Jamie Pennello				Digitally signed by Jamie Pennello DN:cn=Jamie Pennello,email=jamie.pennello@hilliary.com,O=medicine park telephone co.,l=Lawton OK 73502, Date:5/31/2024 Date: 5/31/2024	
Printed name of Authorized Officer: Jamie Pennello					
Title or position of Authorized Officer: Vice President of Accounting					
Telephone number of Authorized Officer: 580-529-5000					
Study Area Code of Reporting Carrier	432008		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OKLAHOMA WESTERN TEL					
Signature of Authorized Officer: Jamie Pennello				Digitally signed by Jamie Pennello DN:cn=Jamie Pennello,email=jamie.pennello@hilliary.com,O=oklahoma western telephone co.,l=Lawton OK 73502, Date:5/31/2024	Date: 5/31/2024
Printed name of Authorized Officer: Jamie Pennello					
Title or position of Authorized Officer: vice President of Accounting					
Telephone number of Authorized Officer: 580-529-5000					
Study Area Code of Reporting Carrier	432014		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: POTTAWATOMIE TEL CO					
Signature of Authorized Officer: H. Baldwin				Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: H. Baldwin					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 918-865-3311					
Study Area Code of Reporting Carrier	432020		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SALINA-SPAVINAW TEL. CO.,INC.					
Signature of Authorized Officer: Scott Boone				Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l=Salina OK 74365, Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Scott Boone					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 918-434-5392					
Study Area Code of Reporting Carrier	432022		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KANOKLA SHIDLER</p>					
<p>Signature of Authorized Officer: David Nance</p>				<p><small>Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,j= , Date:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: David Nance</p>					
<p>Title or position of Authorized Officer: Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer: 620-845-5682</p>					
Study Area Code of Reporting Carrier	432023		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TERRAL TEL. CO.					
Signature of Authorized Officer: Chad Segress				Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Chad Segress					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 405-609-7164					
Study Area Code of Reporting Carrier	432029		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VALLIANT TELEPHONE COMPANY					
Signature of Authorized Officer: Tommy Dorries				Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company, =Valliant OK 74764, Date:5/28/2024 Date: 5/28/2024	
Printed name of Authorized Officer: Tommy Dorries					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 580-933-4400					
Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WYANDOTTE TEL CO					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	432034		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLOSSOM TELEPHONE COMPANY					
Signature of Authorized Officer: Clint Dorries				Digitally signed by Clint Dorries DN:cn=Clint Dorries,email=clint@blossomtel.net,O=blossom telephone company,l=Blossom TX 75416, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Clint Dorries					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 903-982-5200					
Study Area Code of Reporting Carrier	442038		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BIG BEND TELEPHONE COMPANY INC.					
Signature of Authorized Officer: Rusty Moore				Digitally signed by Rusty Moore DN:cn=Rusty Moore,email=rusty.moore@bbtco.com,O=big bend telephone company inc.,l= , Date:5/30/2024	
Date: 5/30/2024					
Printed name of Authorized Officer: Rusty Moore					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 432-364-0089					
Study Area Code of Reporting Carrier	442039		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BRAZORIA TEL. CO.					
Signature of Authorized Officer: Jason Tracy				<small>Digitally signed by Jason Tracy DN:cn=Jason Tracy,email=jasont@btel.com,O=brazoria tel. co.,l=Brazoria TX 77422, Date:5/24/2024</small> Date: 5/24/2024	
Printed name of Authorized Officer: Jason Tracy					
Title or position of Authorized Officer: Vice President/Financial Controller					
Telephone number of Authorized Officer: 979-798-2121					
Study Area Code of Reporting Carrier	442040		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAP ROCK TELEPHONE COOPERATIVE, INC.					
Signature of Authorized Officer: Jim Whitefield				<small>Digitally signed by Jim Whitefield DN: cn=Jim Whitefield, email=advisory@caprock-spur.com, O=cap rock telephone cooperative, inc., l=Spur TX 79370-0300, Date: 5/22/2024</small>	Date: 5/22/2024
Printed name of Authorized Officer: Jim Whitefield					
Title or position of Authorized Officer: Executive Vice President/General Manager					
Telephone number of Authorized Officer: 806-271-3336					
Study Area Code of Reporting Carrier	442046		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CENTRAL TEXAS TELEPHONE CO-OP. INC.					
Signature of Authorized Officer: Jamey Wigley				Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas telephone co-op. inc.,l=Goldthwaite TX 76844, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Jamey Wigley					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 325-648-2237					
Study Area Code of Reporting Carrier	442052		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COLEMAN COUNTY TELEPHONE CO-OP. INC.					
Signature of Authorized Officer: Tim Humpert				Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county telephone co-op. inc.,l=Santa Anna TX 76878, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Tim Humpert					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 325-348-3124					
Study Area Code of Reporting Carrier	442057		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COLORADO VALLEY TELEPHONE CO-OP. INC.					
Signature of Authorized Officer: Kelly Allison				Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovallley.com,O=colorado valley telephone co-op. inc.,l=La Grange TX 78945, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Kelly Allison					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 979-247-8315					
Study Area Code of Reporting Carrier	442059		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CUMBY TELEPHONE COOPERATIVE INC.					
Signature of Authorized Officer: Karen Zimmerman				Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karen@cumbytel.net,O=cumby telephone cooperative inc.,l=Cumby TX 75433, Date:5/31/2024	
Date: 5/31/2024					
Printed name of Authorized Officer: Karen Zimmerman					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 903-994-2211					
Study Area Code of Reporting Carrier	442065		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DELL TEL. CO-OP - TX</p>					
<p>Signature of Authorized Officer: J Martinez</p>				<p><small>Digitally signed by J Martinez DN:cn=J Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc. - tx, Date:5/28/2024</small></p> <p>Date: 5/28/2024</p>	
<p>Printed name of Authorized Officer: J Martinez</p>					
<p>Title or position of Authorized Officer: Accounting Manager</p>					
<p>Telephone number of Authorized Officer: 915-964-2352</p>					
Study Area Code of Reporting Carrier	442066		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ELECTRA TELEPHONE CO					
Signature of Authorized Officer: Jamie Pennello				Digitally signed by Jamie Pennello DN:cn=Jamie Pennello,email=jamie.pennello@hilliary.com,O=electra telephone company, inc.,l=Lawton OK 73502, Date:5/31/2024	
Date: 5/31/2024					
Printed name of Authorized Officer: Jamie Pennello					
Title or position of Authorized Officer: Vice President of Accounting					
Telephone number of Authorized Officer: 580-529-5000					
Study Area Code of Reporting Carrier	442069		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BORDER TO BORDER					
Signature of Authorized Officer: Jamie Pennello				Digitally signed by Jamie Pennello DN:cn=Jamie Pennello,email=jamie.pennello@hilliary.com,O=border to border communications,l=Lawton OK 73502, Date:5/31/2024	Date: 5/31/2024
Printed name of Authorized Officer: Jamie Pennello					
Title or position of Authorized Officer: vice President of Accounting					
Telephone number of Authorized Officer: 580-529-5000					
Study Area Code of Reporting Carrier	442073		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HILL COUNTRY TELEPHONE COOPERATIVE, INC.					
Signature of Authorized Officer: Samantha Munoz				Digitally signed by Samantha Munoz DN:cn=Samantha Munoz,email=smunoz@htcc.coop,O=hill country telephone cooperative, inc.,l=Ingram TX 78025, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Samantha Munoz					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 830-367-5333					
Study Area Code of Reporting Carrier	442086		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALENCO COMMUNICATIONS, INC.					
Signature of Authorized Officer: Ray Bussell				Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Ray Bussell					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 817-447-0127					
Study Area Code of Reporting Carrier	442090		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ETS TEL. CO., INC.					
Signature of Authorized Officer: Sam Luxton				Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc., Date:5/29/2024	
Date: 5/29/2024					
Printed name of Authorized Officer: Sam Luxton					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 281-225-0501					
Study Area Code of Reporting Carrier	442091		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LA WARD TELEPHONE EXCHANGE INC.</p>					
<p>Signature of Authorized Officer: Terri Parker</p>				<p><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:5/20/2024</small></p> <p>Date: 5/20/2024</p>	
<p>Printed name of Authorized Officer: Terri Parker</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 361-872-2211</p>					
Study Area Code of Reporting Carrier	442103		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAKE LIVINGSTON TEL. CO.					
Signature of Authorized Officer: William Whitten				Digitally signed by William Whitten DN:cn=William Whitten,email=hubw@livingston.net,O=lake livingston tel. co.,l= , Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: William Whitten					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 936-566-4000					
Study Area Code of Reporting Carrier	442104		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LIPAN TELEPHONE COMPANY					
Signature of Authorized Officer: Beth Howard				Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Beth Howard					
Title or position of Authorized Officer: Sec / Treasurer					
Telephone number of Authorized Officer: 254-646-2211					
Study Area Code of Reporting Carrier	442105		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MUNSTER TEL. CORP. OF TX DBA NORTEX COMM.					
Signature of Authorized Officer: Alan Rohmer				<div style="font-size: 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:5/22/2024 </div>	
Printed name of Authorized Officer: Alan Rohmer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 940-759-2251					
Study Area Code of Reporting Carrier	442116		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: POKA-LAMBRO TELEPHONE COOPERATIVE, INC.					
Signature of Authorized Officer: Matt Snowden				Digitally signed by Matt Snowden DN:cn=Matt Snowden,email=msnowden@teampoka.com,O=poka-lambro telephone cooperative, inc.,l=Tahoka TX 79373, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Matt Snowden					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 806-924-7234					
Study Area Code of Reporting Carrier	442131		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RIVIERA TELEPHONE COMPANY INC.					
Signature of Authorized Officer: Leslie Colston				Digitally signed by Leslie Colston DN:cn=Leslie Colston,email=rtc@rivnet.com,O=riviera telephone company inc.,l=Riviera TX 78379, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Leslie Colston					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 361-296-3232					
Study Area Code of Reporting Carrier	442134		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOUTH PLAINS TEL. COOP.,INC.					
Signature of Authorized Officer: Wade Maner				Digitally signed by Wade Maner DN:cn=Wade Maner,email=wade.maner@sptc.coop,O=south plains tel. coop.,inc.,l=Lubbock TX 79408-1379, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Wade Maner					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 806-863-8006					
Study Area Code of Reporting Carrier	442143		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TATUM TEL CO					
Signature of Authorized Officer: Jamie Pennello				<small>Digitally signed by Jamie Pennello DN:cn=Jamie Pennello,email=jamie.pennello@hilliary.com,O=electra telephone company, inc.,l=Lawton OK 73502, Date:5/31/2024</small> Date: 5/31/2024	
Printed name of Authorized Officer: Jamie Pennello					
Title or position of Authorized Officer: Vice President of Accounting					
Telephone number of Authorized Officer: 580-529-5000					
Study Area Code of Reporting Carrier	442150		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier West Texas Rural Telephone Cooperative, Inc.				
Signature of Authorized Officer <i>Scott Hickok</i>			Date 05/20/2024	
Printed name of Authorized Officer Scott Hickok				
Title or position of Authorized Officer Chief Executive Officer				
Telephone number of Authorized Officer: (806) 364-3331 ext.				
Study Area Code of Reporting Carrier		442166	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

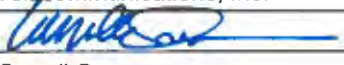
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: XIT RURAL TELEPHONE CO-OP. INC.</p>					
<p>Signature of Authorized Officer: 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:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Thomas Hyer</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 806-384-7502</p>					
Study Area Code of Reporting Carrier	442170		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ENMR TEL COOP-TX					
Signature of Authorized Officer: Launa Waller				Digitally signed by Launa Waller DN:cn=Launa Waller,email=lwaller@plateautel.com,O=e.n.m.r. tel. coop.,inc.-tx,lc=Clovis NM 88102, Date:5/23/2024	
Date: 5/23/2024					
Printed name of Authorized Officer: Launa Waller					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 575-389-4211					
Study Area Code of Reporting Carrier	442262		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Hopi Telecommunications, Inc.			
Signature of Authorized Officer 		Date 05/20/2024	
Printed name of Authorized Officer Carroll Onsae			
Title or position of Authorized Officer General Manager/President			
Telephone number of Authorized Officer: (928) 522-8428 ext.			
Study Area Code of Reporting Carrier	450815	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SAN CARLOS APACHE TELECOMM. UTILITY, INC.					
Signature of Authorized Officer: Shirley Ortiz				Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,l=Peridot AZ 85542, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Shirley Ortiz					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 928-475-7058					
Study Area Code of Reporting Carrier	452169		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Tohono O'Odham Utility Authority

Signature of Authorized Officer *Harriet Toro* Date 05/29/24

Printed name of Authorized Officer Harriet Toro

Title or position of Authorized Officer Chairwoman of the Board

Telephone number of Authorized Officer: (520) 240-7400 ext.

Study Area Code of Reporting Carrier 452173 Filing Due Date for this form (mm/dd/yyyy) June 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TEL COOP-AZ					
Signature of Authorized Officer: Kristi Lee				<small>Digitally signed by Kristi Lee DN:cn=Kristi Lee,email=kristi.lee@teamvtg.net,O=valley telephone cooperative inc-az,l=Willcox AZ 85644, Date:5/29/2024</small> Date: 5/29/2024	
Printed name of Authorized Officer: Kristi Lee					
Title or position of Authorized Officer: Chief Information Officer					
Telephone number of Authorized Officer: 520-384-8902					
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GILA RIVER TELECOMMUNICATIONS, INC.					
Signature of Authorized Officer: Craig Baumgartner				Digitally signed by Craig Baumgartner DN:cn=Craig Baumgartner,email=cbaumgartner@gilarivertel.com,O=gila river telecommunications, inc.,l=Chandler AZ 85226, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Craig Baumgartner					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 520-610-1862					
Study Area Code of Reporting Carrier	452179		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDVALE-AZ</p>					
<p>Signature of Authorized Officer: Dennis Farrington</p>				<p>Digitally signed by Dennis Farrington DN:cn=Dennis Farrington,email=dennis.farrington@mtcom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/29/2024</p>	
<p>Date: 5/29/2024</p>					
<p>Printed name of Authorized Officer: Dennis Farrington</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 208-355-2211</p>					
Study Area Code of Reporting Carrier	452226		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TABLE TOP TEL CO					
Signature of Authorized Officer: Greg Andreas				Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=table top telephone company, inc.,l= , Date:5/29/2024	
Date: 5/29/2024					
Printed name of Authorized Officer: Greg Andreas					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 559-868-6392					
Study Area Code of Reporting Carrier	453334		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.					
Signature of Authorized Officer: Judy Hollembeak				Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual telephone cooperative assoc.,l=Agate CO 80101, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Judy Hollembeak					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 719-764-2578					
Study Area Code of Reporting Carrier	462178		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BIJOU TEL COOPERATIVE ASSOC. INC					
Signature of Authorized Officer: Brian Creveling				Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc, Date:5/30/2024	
Printed name of Authorized Officer: Brian Creveling				Date: 5/30/2024	
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 303-822-5400					
Study Area Code of Reporting Carrier	462181		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS					
Signature of Authorized Officer: Alan Wehe				Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca telephone company dba blanca networks,l=Alamosa CO 81101, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Alan Wehe					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 719-379-3839					
Study Area Code of Reporting Carrier	462182		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: EASTERN SLOPE RURAL TEL ASSN INC					
Signature of Authorized Officer: Bradley Welp				Digitally signed by Bradley Welp DN:cn=Bradley Welp,email=bradw@myestech.com,O=eastern slope rural tel assn inc, Hugo CO 80821, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Bradley Welp					
Title or position of Authorized Officer: General Manager/Chief Executive Officer					
Telephone number of Authorized Officer: 719-743-2441					
Study Area Code of Reporting Carrier	462186		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS TEL CO, INC. - COLORADO					
Signature of Authorized Officer: Bill Blackford				Digitally signed by Bill Blackford DN:cn=Bill Blackford,email=bblackford@farmerstelcom.com,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Bill Blackford					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 970-562-4211					
Study Area Code of Reporting Carrier	462188		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HAXTUN TEL CO					
Signature of Authorized Officer: Charles Custer				Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=northeast florida tel. co., inc.,l=Lewisville AR 71845, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Charles Custer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 870-921-5758					
Study Area Code of Reporting Carrier	462190		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

NECA

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier South Park LLC			
Signature of Authorized Officer Christopher Reno		Date 5/29/2024	
Printed name of Authorized Officer Christopher Reno		267B2C2DC4C0454...	
Title or position of Authorized Officer Vice President-Controller			
Telephone number of Authorized Officer: (307-600-0000 ext.)			
Study Area Code of Reporting Carrier 462195		Filing Due Date for this form (mm/dd/yyyy)	05/31/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEETZ COOP. TEL. CO.					
Signature of Authorized Officer: Kathy Glassburn				Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=kathy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Kathy Glassburn					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 970-334-2220					
Study Area Code of Reporting Carrier	462196		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

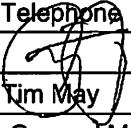
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PINE DRIVE TEL. CO.					
Signature of Authorized Officer: Matthew Sellers				Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel. co.,l=Beulah CO 81023, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Matthew Sellers					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 719-485-3400					
Study Area Code of Reporting Carrier	462198		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PLAINS COOPERATIVE TEL. ASSOC. INC.					
Signature of Authorized Officer: Ronny Puckett				Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Ronny Puckett					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 970-358-4211					
Study Area Code of Reporting Carrier	462199		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Rico Telephone			
Signature of Authorized Officer 			Date 5-30-24
Printed name of Authorized Officer Tim May			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: 208-548-2345, ext.			
Study Area Code of Reporting Carrier	462201	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROGGEN TELEPHONE COOPERATIVE CO.					
Signature of Authorized Officer: John Young				Digitally signed by John Young DN:cn=John Young,email=wyoung@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: John Young					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 303-849-5260					
Study Area Code of Reporting Carrier	462202		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				The Rye Telephone Company	
Signature of Authorized Officer		Christopher Reno		Date	
Printed name of Authorized Officer		Christopher Reno		5/29/2024	
Title or position of Authorized Officer		Vice President-Controller			
Telephone number of Authorized Officer: (307-600-0000					
Study Area Code of Reporting Carrier		462203		Filing Due Date for this form (mm/dd/yyyy)	
				June 05/31/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STONEHAM COOPERATIVE TEL. CO.					
Signature of Authorized Officer: Aimee Dollerschell				Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=aimeed@stonehamtel.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: Aimee Dollerschell					
Title or position of Authorized Officer: CEO/Manager					
Telephone number of Authorized Officer: 970-735-2251					
Study Area Code of Reporting Carrier	462206		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WIGGINS TEL. ASSOC.					
Signature of Authorized Officer: Terry Hendrickson				Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/29/2024	
Date: 5/29/2024					
Printed name of Authorized Officer: Terry Hendrickson					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 970-483-7343					
Study Area Code of Reporting Carrier	462209		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WILLARD TEL. CO.					
Signature of Authorized Officer: Aimee Dollerschell				Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Aimee Dollerschell					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 970-228-4571					
Study Area Code of Reporting Carrier	462210		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALBION TEL. CO. D/B/A ATC COMMUNICATIONS					
Signature of Authorized Officer: Rich Redman				Digitally signed by Rich Redman DN:cn=Rich Redman,email=rredman@atccomm.com,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: Rich Redman					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-673-5335					
Study Area Code of Reporting Carrier	472213		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CUSTER TEL. COOPERATIVE INC.					
Signature of Authorized Officer: James Bennetts				Digitally signed by James Bennetts DN:cn=James Bennetts,email=jd.bennetts@custertel.com,O=custer tel. cooperative inc.,j=Challis ID 83226, Date:5/29/2024	
Date: 5/29/2024					
Printed name of Authorized Officer: James Bennetts					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 208-879-2281					
Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FILER MUT-ID/TRULEAP					
Signature of Authorized Officer: Bob Kraut				Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,l=Filer ID 83328-0089, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Bob Kraut					
Title or position of Authorized Officer: General Manager/COO					
Telephone number of Authorized Officer: 208-326-4330					
Study Area Code of Reporting Carrier	472220		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL CO LTD. - ID					
Signature of Authorized Officer: Ronald Rembelski				Digitally signed by Ronald Rembelski DN:cn=Ronald Rembelski,email=ron.r@fmtc.com,O=farmers mutual tel co ltd. - id,1=Fruitland ID 83619, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Ronald Rembelski					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-452-2000					
Study Area Code of Reporting Carrier	472221		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDVALE TEL EXCH INC					
Signature of Authorized Officer: Dennis Farrington				Digitally signed by Dennis Farrington DN:cn=Dennis Farrington,email=dennis.farrington@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Dennis Farrington					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 208-355-2211					
Study Area Code of Reporting Carrier	472226		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier MUD LAKE TELEPHONE COOPERATIVE ASSN INC.					
Signature of Authorized Officer <i>Randi Irick</i>				Date 5/29/2024	
Printed name of Authorized Officer RANDI IRICK					
Title or position of Authorized Officer ADMINISTRATIVE SERVICE COORDINATOR					
Telephone number of Authorized Officer: (208) 374-5401 ext.					
Study Area Code of Reporting Carrier		472227	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

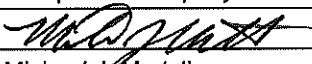
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PROJECT MUTUAL TEL. COOP. ASSN.					
Signature of Authorized Officer: Rick Harder				Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:5/23/2024 Date: 5/23/2024	
Printed name of Authorized Officer: Rick Harder					
Title or position of Authorized Officer: CFO/Treasurer					
Telephone number of Authorized Officer: 208-434-7124					
Study Area Code of Reporting Carrier	472231		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DIRECT COMM-ROCKLAND					
Signature of Authorized Officer: Timothy May				Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Timothy May					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	472232		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Rural Telephone Company - ID				
Signature of Authorized Officer 			Date 05/29/24	
Printed name of Authorized Officer Michael J. Martell				
Title or position of Authorized Officer Vice-President				
Telephone number of Authorized Officer: (208) 366-2614 ext.				
Study Area Code of Reporting Carrier	472233		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: INLAND TEL-ID					
Signature of Authorized Officer: James Brooks				Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,lc=Roslyn WA 98941, Date:5/24/2024	Date: 5/24/2024
Printed name of Authorized Officer: James Brooks					
Title or position of Authorized Officer: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer: 509-649-2211					
Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LINCOLN TEL. CO. INC.					
Signature of Authorized Officer: Bryce Daniel				Digitally signed by Bryce Daniel DN:cn=Bryce Daniel,email=bryced@lincotel.net,O=lincoln tel. co. inc.,l= , Date:5/20/2024	
Date: 5/20/2024					
Printed name of Authorized Officer: Bryce Daniel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 406-362-4216					
Study Area Code of Reporting Carrier	482244		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTHERN TEL. COOP INC.- MT</p>					
<p>Signature of Authorized Officer: Aimee Dietrich</p>				<p><small>Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northerntel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482, Date:5/27/2024</small></p> <p>Date: 5/27/2024</p>	
<p>Printed name of Authorized Officer: Aimee Dietrich</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 406-937-2114</p>					
Study Area Code of Reporting Carrier	482248		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RANGE TEL. COOP INC.-MT					
Signature of Authorized Officer: Gail Rainey				Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Gail Rainey					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-347-2859					
Study Area Code of Reporting Carrier	482251		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOUTHERN MONTANA TEL. CO.					
Signature of Authorized Officer: Doran Fluckiger				Digitally signed by Doran Fluckiger DN:cn=Doran Fluckiger,email=doran@smtel.com,O=southern montana tel. co.,l=Wisdom MT 59761, Date:5/21/2024 Date: 5/21/2024	
Printed name of Authorized Officer: Doran Fluckiger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 406-689-3333					
Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRIANGLE TEL COOP					
Signature of Authorized Officer: Craig Gates				Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Craig Gates					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 406-394-7807					
Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

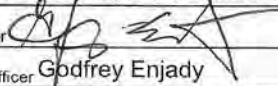
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SIYCOM					
Signature of Authorized Officer: Brian DeMarco				Digitally signed by Brian DeMarco DN:cn=Brian DeMarco,email=brian@siycom.com,O=siyeh communications,l= , Date:5/21/2024	
Date: 5/21/2024					
Printed name of Authorized Officer: Brian DeMarco					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 907-244-2160					
Study Area Code of Reporting Carrier	482485		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRIANGLE-CMC					
Signature of Authorized Officer: Craig Gates				Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Craig Gates					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 406-394-7807					
Study Area Code of Reporting Carrier	483310		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Mescalero Apache Telecom, Inc.				
Signature of Authorized Officer 			Date 5/31/24	
Printed name of Authorized Officer Godfrey Enjady				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (575) 464-4039, ext.				
Study Area Code of Reporting Carrier	491231		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DELL TEL CO-OP - NM					
Signature of Authorized Officer: J Martinez				Digitally signed by J Martinez DN:cn=J Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc. - tx,l= , Date:5/28/2024	
Date: 5/28/2024					
Printed name of Authorized Officer: J Martinez					
Title or position of Authorized Officer: Accounting Manager					
Telephone number of Authorized Officer: 915-964-2352					
Study Area Code of Reporting Carrier	492066		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VALLEY TEL COOP - NM</p>					
<p>Signature of Authorized Officer: Kristi Lee</p>				<p><small>Digitally signed by Kristi Lee DN:cn=Kristi Lee,email=kristi.lee@teamvtg.net,O=valley telephone cooperative inc-az,l=Willcox AZ 85644, Date:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Kristi Lee</p>					
<p>Title or position of Authorized Officer: Chief Information Officer</p>					
<p>Telephone number of Authorized Officer: 520-384-8902</p>					
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BACA VALLEY TEL. CO.					
Signature of Authorized Officer: Paul Briesh				Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.net,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Paul Briesh					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 575-278-2101					
Study Area Code of Reporting Carrier	492259		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ENMR TEL COOP INC-NM					
Signature of Authorized Officer: Launa Waller				Digitally signed by Launa Waller DN:cn=Launa Waller,email=lwaller@plateautel.com,O=e.n.m.r. tel. coop.,inc.-tx,l=Clovis NM 88102, Date:5/23/2024	
				Date: 5/23/2024	
Printed name of Authorized Officer: Launa Waller					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 575-389-4211					
Study Area Code of Reporting Carrier	492262		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LA JICARITA RURAL TEL. COOP. INC.</p>					
<p>Signature of Authorized Officer: Danny Gray</p>				<p><small>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural tel. coop. inc.,l=Mora NM 87732-0269, Date:5/22/2024</small></p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Danny Gray</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 575-387-2216</p>					
Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LEACO RURAL TEL. COOPERATIVE INC.</p>					
<p>Signature of Authorized Officer: David Jimenez</p>				<p><small>Digitally signed by David Jimenez DN:cn=David Jimenez,email=djimenez@leaco.org,O=leaco rural tel. cooperative inc.,l= , Date:5/22/2024</small></p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: David Jimenez</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 575-370-5010</p>					
Study Area Code of Reporting Carrier	492264		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: Tularosa Basin Telephone Company, Inc.					
Signature of Authorized Officer: Joshua Beug				Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin telephone company, inc., Date:5/29/2024	
Date:				5/29/2024	
Printed name of Authorized Officer: Joshua Beug					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 575-585-0125					
Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTERN NEW MEXICO					
Signature of Authorized Officer: Daniel Meszler				Digitally signed by Daniel Meszler DN:cn=Daniel Meszler,email=dmeszler@wnmt.com,O=western new mexico tel. co., inc.,l=Silver City NM 88061, Date:5/29/2024	
Date: 5/29/2024					
Printed name of Authorized Officer: Daniel Meszler					
Title or position of Authorized Officer: General Manager & President					
Telephone number of Authorized Officer: 575-388-2546					
Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Penasco Valley Telephone Coop. Inc.				
Signature of Authorized Officer <i>James D. Meyers</i>			Date 5/15/2024	
Printed name of Authorized Officer James D. Meyers				
Title or position of Authorized Officer CEO				
Telephone number of Authorized Officer: 5757481241 , ext.				
Study Area Code of Reporting Carrier	492270	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

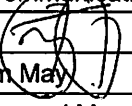
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROOSEVELT COUNTY RURAL TEL. COOP., INC.					
Signature of Authorized Officer: Cecile Archibeque				<small>Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=carchibeque@yuccatelecom.com, O=roosevelt county rural tel. coop., inc., l=Portales NM 88130-0867, Date: 5/17/2024</small>	
Date: 5/17/2024					
Printed name of Authorized Officer: Cecile Archibeque					
Title or position of Authorized Officer: General Manager/EVP					
Telephone number of Authorized Officer: 575-226-2255					
Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SACRED WIND COMMUNICATIONS, INC.</p>					
<p>Signature of Authorized Officer: 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:5/23/2024</small></p> <p>Date: 5/23/2024</p>	
<p>Printed name of Authorized Officer: Terry Clark</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 505-908-2661</p>					
Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Direct Communications Cedar Valley			
Signature of Authorized Officer 			Date 5-30-24
Printed name of Authorized Officer Tim May			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: 208-548-2345, ext.			
Study Area Code of Reporting Carrier	500758	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CENTRAL UTAH TEL INC					
Signature of Authorized Officer: Mike Plows				Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc., Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 702-396-0151					
Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GUNNISON TEL. CO.					
Signature of Authorized Officer: Natalie Gleave				Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Natalie Gleave					
Title or position of Authorized Officer: Controller/Director					
Telephone number of Authorized Officer: 435-528-7236					
Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MANTI TELEPHONE COMPANY					
Signature of Authorized Officer: Dallas Cox				Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company, Date:5/28/2024	
Signature of Authorized Officer:				Date: 5/28/2024	
Printed name of Authorized Officer: Dallas Cox					
Title or position of Authorized Officer: Vice President and General Manager					
Telephone number of Authorized Officer: 435-835-3391					
Study Area Code of Reporting Carrier	502282		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SKYLINE TELECOM					
Signature of Authorized Officer: Mike Plows				Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 702-396-0151					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEEHIVE TELEPHONE CO., INC., UT					
Signature of Authorized Officer: Larry Mason				<small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Larry Mason					
Title or position of Authorized Officer: Senior Vice President Regulatory Affairs					
Telephone number of Authorized Officer: 435-837-6000					
Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BEAR LAKE COMM					
Signature of Authorized Officer: Mike Plows				Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 702-396-0151					
Study Area Code of Reporting Carrier	503032		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RANGE TEL. COOPERATIVE INC.-WY					
Signature of Authorized Officer: Gail Rainey				Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. cooperative inc.-wy,l=Forsyth MT 59327, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Gail Rainey					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-347-2859					
Study Area Code of Reporting Carrier	512251		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DUBOIS TELEPHONE EXCHANGE INC.					
Signature of Authorized Officer: Gail Rainey				<div style="font-size: small;"> Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. cooperative inc.-wy,l=Forsyth MT 59327, Date:5/17/2024 </div>	
Date: 5/17/2024					
Printed name of Authorized Officer: Gail Rainey					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-347-2859					
Study Area Code of Reporting Carrier	512291		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTGATE COMMUNICATIONS LLC dba WEAVTEL					
Signature of Authorized Officer: Richard Weaver				Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=richard@weavnet.com,O=westgate communications llc dba weavtel, =Wenatchee WA 98807, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Richard Weaver					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 509-682-5556					
Study Area Code of Reporting Carrier	520580		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

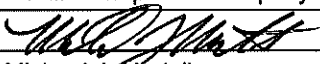
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SKYLINE TELECOM COMPANY					
Signature of Authorized Officer: Delinda Kluser				Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HAT ISLAND TEL CO</p>					
<p>Signature of Authorized Officer: Gary Ricketts</p>				<p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Gary Ricketts</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 360-321-0051</p>					
Study Area Code of Reporting Carrier	522417		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Pend Oreille Telephone Company				
Signature of Authorized Officer 			Date 05/29/24	
Printed name of Authorized Officer Michael J. Martell				
Title or position of Authorized Officer Vice-President				
Telephone number of Authorized Officer: (208) 366-2614 , ext.				
Study Area Code of Reporting Carrier	522418		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HOOD CANAL TELEPHONE COMPANY					
Signature of Authorized Officer: Richard Buechel				Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/21/2024	Date: 5/21/2024
Printed name of Authorized Officer: Richard Buechel					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 360-898-2481					
Study Area Code of Reporting Carrier	522419		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INLAND TEL CO -WA					
Signature of Authorized Officer: James Brooks				<small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,lc=Roslyn WA 98941, Date:5/24/2024</small> Date: 5/24/2024	
Printed name of Authorized Officer: James Brooks					
Title or position of Authorized Officer: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer: 509-649-2211					
Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KALAMA TELEPHONE COMPANY					
Signature of Authorized Officer: Rick Vitzthum				Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Rick Vitzthum					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 360-264-3155					
Study Area Code of Reporting Carrier	522426		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MASHELL TELECOM INC.					
Signature of Authorized Officer: Danielle Clausen				Digitally signed by Danielle Clausen DN:cn=Danielle Clausen,email=danielle.clausen@rainierconnect.net,O=m ashell telecom inc.,l=Eatonville WA 98328, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Danielle Clausen					
Title or position of Authorized Officer: Senior Vice President of Finance					
Telephone number of Authorized Officer: 360-832-4130					
Study Area Code of Reporting Carrier	522431		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PIONEER TELEPHONE COMPANY					
Signature of Authorized Officer: Dallas Filan				Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Dallas Filan					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 509-549-3511					
Study Area Code of Reporting Carrier	522437		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ST. JOHN TELEPHONE, INC.					
Signature of Authorized Officer: Joseph Dennis				<small>Digitally signed by Joseph Dennis DN:cn=Joseph Dennis,email=joe@stjohncable.com,O=st. john telephone, inc.,l=Saint John WA 99171-0268, Date:5/22/2024</small> Date: 5/22/2024	
Printed name of Authorized Officer: Joseph Dennis					
Title or position of Authorized Officer: VP of Operations-Outside Plant					
Telephone number of Authorized Officer: 509-648-3322					
Study Area Code of Reporting Carrier	522442		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TENINO TEL. CO.</p>					
<p>Signature of Authorized Officer: 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:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Rick Vitzthum</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 360-264-3155</p>					
Study Area Code of Reporting Carrier	522446		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TOLEDO TELEPHONE COMPANY INC.					
Signature of Authorized Officer: Philip Cappalonga				<small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc.,l= , Date:5/30/2024</small> Date: 5/30/2024	
Printed name of Authorized Officer: Philip Cappalonga					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 360-864-2004					
Study Area Code of Reporting Carrier	522447		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WESTERN WAHKIAKUM COUNTY TEL COMPANY</p>					
<p>Signature of Authorized Officer: Kenneth Johnson</p>				<p>Digitally signed by Kenneth Johnson DN:cn=Kenneth Johnson,email=kjohnson@wwest.net,O=western wahkiakum county tel company,l=Rosburg WA 98643, Date:5/22/2024</p> <p>Date: 5/22/2024</p>	
<p>Printed name of Authorized Officer: Kenneth Johnson</p>					
<p>Title or position of Authorized Officer: CEO/GM</p>					
<p>Telephone number of Authorized Officer: 360-465-2211</p>					
Study Area Code of Reporting Carrier	522451		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WHIDBEY TEL CO.</p>					
<p>Signature of Authorized Officer: Gary Ricketts</p>				<p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Gary Ricketts</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 360-321-0051</p>					
Study Area Code of Reporting Carrier	522452		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BEAVER CREEK COOPERATIVE TEL. CO.					
Signature of Authorized Officer: Paul Hauer				Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek cooperative tel. co.,l=Mt. Angel OR 97362, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Paul Hauer					
Title or position of Authorized Officer: CEO/President					
Telephone number of Authorized Officer: 503-845-4433					
Study Area Code of Reporting Carrier	532359		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLEAR CREEK MUTUAL TELEPHONE CO.					
Signature of Authorized Officer: Jason Henke				Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Jason Henke					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 503-631-2101					
Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COLTON TELEPHONE COMPANY					
Signature of Authorized Officer: Geri Fraijo				Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=geri@coltontel.com,O=colton telephone company,l=Colton OR 97017, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Geri Fraijo					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-824-3211					
Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: EAGLE TELEPHONE SYSTEM INC.					
Signature of Authorized Officer: Mike Lattin				Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,l=Richland OR 97870, Date:5/28/2024	
Date: 5/28/2024					
Printed name of Authorized Officer: Mike Lattin					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 541-893-6111					
Study Area Code of Reporting Carrier	532369		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CASCADE UTIL INC					
Signature of Authorized Officer: Brooke Wheeler				Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/30/2024 Date: 5/30/2024	
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GERVAIS TELEPHONE COMPANY DBA DATAVISION</p>					
<p>Signature of Authorized Officer: Todd Berning</p>				<p>Digitally signed by Todd Berning DN:cn=Todd Berning,email=tberning@datavision.coop,O=gervais telephone company dba datavision,l=Gervais OR 97026, Date:5/22/2024</p>	
<p>Date: 5/22/2024</p>					
<p>Printed name of Authorized Officer: Todd Berning</p>					
<p>Title or position of Authorized Officer: President/General Manager</p>					
<p>Telephone number of Authorized Officer: 503-792-4848</p>					
Study Area Code of Reporting Carrier	532373		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier ROOME TELECOMMUNICATIONS INC				
Signature of Authorized Officer <i>Jenifer Vellucci</i>			Date 05/22/24	
Printed name of Authorized Officer JENIFER VELLUCCI				
Title or position of Authorized Officer CFO				
Telephone number of Authorized Officer: (559) 534-2210 , ext.				
Study Area Code of Reporting Carrier		532375	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HELIX TEL CO.					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=helix telephone company,l=Oregon MO 64473, Date:5/20/2024 Date: 5/20/2024	
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HOME TELEPHONE CO					
Signature of Authorized Officer: Wendy Ottman				Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=helix telephone company,l=Oregon MO 64473, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 573-835-4051					
Study Area Code of Reporting Carrier	532377		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRANS-CASCADES TEL					
Signature of Authorized Officer: 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:5/30/2024</small> Date: 5/30/2024	
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	532378		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MONITOR COOPERATIVE TELEPHONE CO					
Signature of Authorized Officer: Geri Fraijo				Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,lc= , Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Geri Fraijo					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-634-2266					
Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MONROE TELEPHONE COMPANY					
Signature of Authorized Officer: David Mills				Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: David Mills					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 541-847-5135					
Study Area Code of Reporting Carrier	532385		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CANBY-MT ANGEL					
Signature of Authorized Officer: Paul Hauer				Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby telephone association (mt. angel),l=Mt. Angel OR 97362, Date:5/22/2024	
Date: 5/22/2024					
Printed name of Authorized Officer: Paul Hauer					
Title or position of Authorized Officer: CEO/President					
Telephone number of Authorized Officer: 503-632-6314					
Study Area Code of Reporting Carrier	532386		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Nehalem Telecommunications Inc.				
Signature of Authorized Officer 			Date 05/29/24	
Printed name of Authorized Officer Michael J. Martell				
Title or position of Authorized Officer Vice-President				
Telephone number of Authorized Officer: (208) 366-2614 ext.				
Study Area Code of Reporting Carrier	532387		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTH STATE TELEPHONE COMPANY - OR</p>					
<p>Signature of Authorized Officer: Delinda Kluser</p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Delinda Kluser</p>					
<p>Title or position of Authorized Officer: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer: 541-932-4411</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>532388</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2024</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OREGON TELEPHONE CORPORATION					
Signature of Authorized Officer: Delinda Kluser				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/17/2024</small> Date: 5/17/2024	
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	532389		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: E4-CONNECT					
Signature of Authorized Officer: Justin Perez				Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@e4connect.com,O=e4-connect,l=Meridian ID 83680, Date:5/22/2024	
Date:				5/22/2024	
Printed name of Authorized Officer: Justin Perez					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 208-992-3055					
Study Area Code of Reporting Carrier		532390		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEOPLES TEL CO. - OR					
Signature of Authorized Officer: Erik Hoefer				<small>Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/22/2024</small> Date: 5/22/2024	
Printed name of Authorized Officer: Erik Hoefer					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 503-769-4624					
Study Area Code of Reporting Carrier	532391		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PINE TELEPHONE SYSTEM INC. - OR</p>					
<p>Signature of Authorized Officer: Delinda Kluser</p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Delinda Kluser</p>					
<p>Title or position of Authorized Officer: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532392		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PIONEER TELEPHONE COOP. DBA PIONEER CONNECT					
Signature of Authorized Officer: Kurtis Kontur				Digitally signed by Kurtis Kontur DN:cn=Kurtis Kontur,email=kurtiskontur@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370, Date:5/28/2024	Date: 5/28/2024
Printed name of Authorized Officer: Kurtis Kontur					
Title or position of Authorized Officer: Assistant Treasurer					
Telephone number of Authorized Officer: 541-929-8225					
Study Area Code of Reporting Carrier	532393		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ST. PAUL COOP. TEL. ASSN.					
Signature of Authorized Officer: Joel Halter				Digitally signed by Joel Halter DN:cn=Joel Halter,email=joel@stpaultel.com,O=st. paul coop. tel. assn.,l=St. Paul OR 97137, Date:5/29/2024 Date: 5/29/2024	
Printed name of Authorized Officer: Joel Halter					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-633-2111					
Study Area Code of Reporting Carrier	532396		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STAYTON COOP TEL CO					
Signature of Authorized Officer: Erik Hoefer				Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,Stayton OR 97383, Date:5/22/2024 Date: 5/22/2024	
Printed name of Authorized Officer: Erik Hoefer					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 503-769-4624					
Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OREGON TELEPHONE CORPORATION (MTE-OREGON)					
Signature of Authorized Officer: Delinda Kluser				Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/17/2024 Date: 5/17/2024	
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	533336		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CALAVERAS TELEPHONE COMPANY					
Signature of Authorized Officer: Sara Yocum				Digitally signed by Sara Yocum DN:cn=Sara Yocum,email=sara.yocum@caltelcorp.com,O=calaveras telephone company, Inc., Date: 5/29/2024	
Date: 5/29/2024					
Printed name of Authorized Officer: Sara Yocum					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 209-785-2211					
Study Area Code of Reporting Carrier	542301		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAL-ORE TELEPHONE CO					
Signature of Authorized Officer: Kristi Olson				<small>Digitally signed by Kristi Olson DN:cn=Kristi Olson,email=kristi@calore.net,O=cal-ore telephone co.,l=Dorris CA 96023, Date:5/22/2024</small>	Date: 5/22/2024
Printed name of Authorized Officer: Kristi Olson					
Title or position of Authorized Officer: Accounting Manager/CFO					
Telephone number of Authorized Officer: 530-397-2211					
Study Area Code of Reporting Carrier	542311		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DUCOR TELEPHONE COMPANY dba VARCOMM					
Signature of Authorized Officer: Jenifer Vellucci				Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@varcomm.biz,O=ducor telephone company dba varcomm,l=Ducor CA 93218, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Jenifer Vellucci					
Title or position of Authorized Officer: President & CFO					
Telephone number of Authorized Officer: 559-534-2210					
Study Area Code of Reporting Carrier	542313		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FORESTHILL-SEBASTIAN					
Signature of Authorized Officer: Rhonda Armstrong				Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=rarmstrong@sebastiancorp.com,O=foresthill telephone company dba sebastian,lc=US, Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Rhonda Armstrong					
Title or position of Authorized Officer: Vice President - Operations					
Telephone number of Authorized Officer: 559-846-7780					
Study Area Code of Reporting Carrier	542318		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KERMAN TEL-SEBASTIAN</p>					
<p>Signature of Authorized Officer: Rhonda Armstrong</p>				<p>Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=rarmstrong@sebastiancorp.com,O=fore sthill telephone company dba sebastian, Date:5/30/2024</p>	
<p>Date: 5/30/2024</p>					
<p>Printed name of Authorized Officer: Rhonda Armstrong</p>					
<p>Title or position of Authorized Officer: Vice President - Operations</p>					
<p>Telephone number of Authorized Officer: 559-846-7780</p>					
Study Area Code of Reporting Carrier	542324		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE PONDEROSA TEL CO					
Signature of Authorized Officer: Greg Andreas				Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=table top telephone company, inc.,l= , Date:5/29/2024	
				Date: 5/29/2024	
Printed name of Authorized Officer: Greg Andreas					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 559-868-6392					
Study Area Code of Reporting Carrier	542332		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SIERRA TELEPHONE COMPANY, INC.					
Signature of Authorized Officer: Robert Griffin				Digitally signed by Robert Griffin DN:cn=Robert Griffin,email=robertg@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: Robert Griffin					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 559-642-1178					
Study Area Code of Reporting Carrier	542338		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE SISKIYOU TELEPHONE CO.					
Signature of Authorized Officer: Russell Elliott				Digitally signed by Russell Elliott DN:cn=Russell Elliott,email=r.elliott@siskiyoutelephone.com,O=the siskiyou telephone co.,l=Etna CA 96027, Date:5/30/2024 Date: 5/30/2024	
Printed name of Authorized Officer: Russell Elliott					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 530-467-6120					
Study Area Code of Reporting Carrier	542339		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VOLCANO TELEPHONE COMPANY					
Signature of Authorized Officer: Brenda Shepard				Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Inc., Date: 5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Brenda Shepard					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 209-296-1447					
Study Area Code of Reporting Carrier	542343		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	PINNACLES TELEPHONE CO.				
Signature of Authorized Officer				Date	5/31/2024
Printed name of Authorized Officer	STEVEN R. BRYAN, JR				
Title or position of Authorized Officer	PRESIDENT				
Telephone number of Authorized Officer:	(831) 389-4500 ext.				
Study Area Code of Reporting Carrier	542346		Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024	

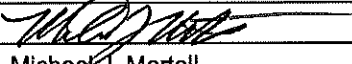
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TRANSMITTAL NO. 1721

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FILER MUT-NV/TRULEAP					
Signature of Authorized Officer: Bob Kraut				Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,l=Filer ID 83328-0089, Date:5/20/2024	Date: 5/20/2024
Printed name of Authorized Officer: Bob Kraut					
Title or position of Authorized Officer: General Manager/COO					
Telephone number of Authorized Officer: 208-326-4330					
Study Area Code of Reporting Carrier	552220		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Rural Telephone Company - NV			
Signature of Authorized Officer 			Date 05/29/24
Printed name of Authorized Officer Michael J. Martell			
Title or position of Authorized Officer Vice-President			
Telephone number of Authorized Officer: (208) 366-2614 , ext.			
Study Area Code of Reporting Carrier	552233	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BEEHIVE TELEPHONE COMPANY, INC., NV</p>					
<p>Signature of Authorized Officer: Larry Mason</p>				<p><small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut, Date:5/17/2024</small></p> <p>Date: 5/17/2024</p>	
<p>Printed name of Authorized Officer: Larry Mason</p>					
<p>Title or position of Authorized Officer: Senior Vice President Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 435-837-6000</p>					
Study Area Code of Reporting Carrier	552284		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS</p>					
<p>Signature of Authorized Officer: Mark Feest</p>				<p>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churhill county tel. dba cc communications,l=Fallon NV 89407, Date:5/23/2024</p>	
<p>Date: 5/23/2024</p>					
<p>Printed name of Authorized Officer: Mark Feest</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 775-423-7654</p>					
Study Area Code of Reporting Carrier	552349		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LINCOLN COUNTY TELEPHONE SYSTEM INC.					
Signature of Authorized Officer: John Christian, III				Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l=Plöche NV 89043, Date:5/23/2024	Date: 5/23/2024
Printed name of Authorized Officer: John Christian, III					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 775-962-5131					
Study Area Code of Reporting Carrier	552351		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RIO VIRGIN TEL CO					
Signature of Authorized Officer: 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:5/30/2024</small> Date: 5/30/2024	
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: E4-CONNECT					
Signature of Authorized Officer: Justin Perez				Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@e4connect.com,O=e4-connect,l=Meridian ID 83680, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Justin Perez					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 208-992-3055					
Study Area Code of Reporting Carrier	553304		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL					
Signature of Authorized Officer: Larry Mayes				Digitally signed by Larry Mayes DN:cn=Larry Mayes,email=lmayes@adaku.net,O=adak eagle enterprises, llc dba adak tel util,j= , Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Larry Mayes					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 907-222-0844					
Study Area Code of Reporting Carrier	610989		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.					
Signature of Authorized Officer: Sarah Sandbak				Digitally signed by Sarah Sandbak DN:cn=Sarah Sandbak,email=sarah@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Sarah Sandbak					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 907-351-7050					
Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BETTLES TEL CO INC					
Signature of Authorized Officer: Wanda Tankersley				<small>Digitally signed by Wanda Tankersley DN: cn=Wanda Tankersley, email=wanda.t@aptalaska.com, O=bettles telephone co. inc., c=US, Date: 5/30/2024</small> Date: 5/30/2024	
Printed name of Authorized Officer: Wanda Tankersley					
Title or position of Authorized Officer: Officer-V/P/CFO/Treasurer					
Telephone number of Authorized Officer: 833-685-1234					
Study Area Code of Reporting Carrier	613002		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BRISTOL BAY TELEPHONE COOP. INC.					
Signature of Authorized Officer: Earl Hubb				Digitally signed by Earl Hubb DN:cn=Earl Hubb,email=ehubb@bristolbay.com,O=bristol bay telephone coop. inc.,l= , Date:5/30/2024	Date: 5/30/2024
Printed name of Authorized Officer: Earl Hubb					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 907-205-7371					
Study Area Code of Reporting Carrier	613003		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BUSH-TELL INC.					
Signature of Authorized Officer: Roy Wrazen				Digitally signed by Roy Wrazen DN:cn=Roy Wrazen,email=roywrazen@bush-tell.com,O=bush-tell incorporated,l=Aniak AK 99557-0109, Date:5/30/2024	
Date: 5/30/2024					
Printed name of Authorized Officer: Roy Wrazen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 907-675-4311					
Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Circle Telephone and Electric LLC			
Signature of Authorized Officer 		Date 5-30-24	
Printed name of Authorized Officer Shawn DeVore			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: 9077735500 ext. 			
Study Area Code of Reporting Carrier	613005	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COPPER VALLEY TEL. COOP. INC.					
Signature of Authorized Officer: Laura Kompkoff				Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer: Laura Kompkoff					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 907-835-7712					
Study Area Code of Reporting Carrier	613006		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALASKA TEL CO</p>					
<p>Signature of Authorized Officer: Wanda Tankersley</p>				<p><small>Digitally signed by Wanda Tankersley DN: cn=Wanda Tankersley, email=wanda.t@aptalaska.com, O=bettles telephone co. inc., c=US, Date: 5/30/2024</small></p> <p>Date: 5/30/2024</p>	
<p>Printed name of Authorized Officer: Wanda Tankersley</p>					
<p>Title or position of Authorized Officer: Officer-V/P/CFO/Treasurer</p>					
<p>Telephone number of Authorized Officer: 833-685-1234</p>					
Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NUSHAGAK ELECTRIC & TELEPHONE COOP., INC.					
Signature of Authorized Officer: William Chaney				Digitally signed by William Chaney DN:cn=William Chaney,email=wchaney@nushagak.coop,O=nushagak electric & telephone coop., inc.,l=Dillingham AK 99576, Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer: William Chaney					
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)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OTZ TELEPHONE COOPERATIVE, INC.</p>					
<p>Signature of Authorized Officer: Kelly Williams</p>				<p><small>Digitally signed by Kelly Williams DN:cn=Kelly Williams,email=kwilliams@otz.org,O=otz telephone cooperative, inc.,l= , Date:5/29/2024</small></p> <p>Date: 5/29/2024</p>	
<p>Printed name of Authorized Officer: Kelly Williams</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 907-442-1000</p>					
Study Area Code of Reporting Carrier	613019		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH COUNTRY TEL CO					
Signature of Authorized Officer: Wanda Tankersley				<small>Digitally signed by Wanda Tankersley DN:cn=Wanda Tankersley,email=wanda.t@aptalaska.com,O=bettles telephone co. inc.,l= , Date:5/30/2024</small> Date: 5/30/2024	
Printed name of Authorized Officer: Wanda Tankersley					
Title or position of Authorized Officer: Officer-V/P/CFO/Treasurer					
Telephone number of Authorized Officer: 833-685-1234					
Study Area Code of Reporting Carrier	613026		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

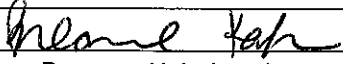
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SUMMIT TEL & TEL CO OF ALASKA					
Signature of Authorized Officer: Roger Shoffstall				Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonenumbercompany.com,O=summit tel & tel co of alaska,l=Fairbanks AK 99710, Date:5/17/2024	Date: 5/17/2024
Printed name of Authorized Officer: Roger Shoffstall					
Title or position of Authorized Officer: CEO/President/Owner/General Manager					
Telephone number of Authorized Officer: 907-389-1012					
Study Area Code of Reporting Carrier	613028		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Sandwich Isles Communications, Inc.		
Signature of Authorized Officer		Date	5/17/24
Printed name of Authorized Officer	Breanne Kahalewai		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer:	(808) 524-8400 ext.		
Study Area Code of Reporting Carrier	623021	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024

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

TO BE COMPLETED BY THE REPORTING CARRIER,**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier

Signature of Authorized Officer



Date

Printed name of Authorized Officer

Title or position of Authorized Officer

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

Study Area Code of Reporting Carrier

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

June 17, 2024

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

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

Name of Reporting Carrier **Consolidated Communications**Signature of Authorized Officer  Date **May 21, 2024**Printed name of Authorized Officer **Michael J. Shultz**Title or position of Authorized Officer **Sr Vice President, Legislative & Regulatory**

Telephone number of Authorized Officer: (603) 656 - 1535, ext. _____

Study Area Code of Reporting Carrier

See Attached List

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

June 17, 2024

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Study Area/Entity	Study Area	
	Number	FRN
Berkshire Telephone Corporation	150073	0004-4915-44
Chautauqua & Erie Telephone Co.	150078	0004-3316-82
Taconic Telephone Corp.	150084	0003-7727-53
Consolidated Communications of Pennsylvania Company, LLC		0003-1935-39
Consolidated Communications of Pennsylvania Company - Bentleyville	170145	
Consolidated Communications of Pennsylvania Company - Marianna & Scenery Hill	170185	
Consolidated Communications of Central Illinois Company		0003-7235-25
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		0002-1470-98
Consolidated Communications of Colorado - Big Sandy	462192	
Consolidated Communications of Colorado - Columbine	462204	
Consolidated Communications of Florida Company		0001-8246-06
Consolidated Communications of Florida - Florala	210291	
Consolidated Communications of Florida - Perry	210329	
Consolidated Communications of Florida - St. Joe	210339	
Consolidated Communications of Kansas Company		0003-7232-36
Consolidated Communications of Kansas - Kansas	411835	
Consolidated Communications of Kansas - Colorado	461835	
Consolidated Communications of Maine Company		0003-7082-29
Consolidated Communications of Maine - Community Services	100015	
Consolidated Communications of Oklahoma Company		0003-7235-17
Consolidated Communications of Oklahoma - Chouteau	431981	
Consolidated Communications of Missouri Company		0014-7103-88
Consolidated Communications of Missouri - Missouri	421472	
Consolidated Communications of Washington Company, LLC.		0001-5812-97
Consolidated Communications of Washington - Ellensburg	522412	
Consolidated Communications of Washington - Yelm	522453	

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

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

Name of Reporting Carrier See TDS Telecom ILEC listing below.

Signature of Authorized Officer



Date 5/28/2024

Printed name of Authorized Officer Andrew S. Petersen

Title or position of Authorized Officer Sr. Vice President - Corporate Affairs

Telephone number of Authorized Officer: (608) 664-4155 ext. _____

Study Area Code of Reporting Carrier

See listing

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

June 17, 2024

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

240535 – Norway Telephone Company, Inc.
250311 – Oakman Telephone Company, Inc.
300662 – The Vanlue Telephone Company
320816 – S and W Telephone Company
320837 - West Point Telephone Company
361413 – Mid-State Telephone Company dba KMP