

CERTIFICATION 1

CARRIER CERTIFICATIONS

Carriers Not Seeking Duplicative Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: OXFORD WEST TEL CO

Jennifer Wilson

Digitally signed by Jennifer Wilson DN:cn=Jennifer Wilson,email=jwilson@oxfordnetworks.com,O=oxford west tel co,l= , Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Jennifer Wilson

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 207-333-3406

Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: LINCOLNVILLE NETWRKS

Signature of Authorized Officer or employee: Shirley Manning
Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvillenetwrks,lc= Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer or employee: Shirley Manning

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 207-563-9941

Study Area Code of Reporting Carrier	100003		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: OXFORD COUNTY TEL

Jennifer Wilson

Digitally signed by Jennifer Wilson DN:cn=Jennifer Wilson,email=jwilson@oxfordnetworks.com,O=oxford county tel, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Jennifer Wilson

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 207-333-3406

Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Name of Reporting Carrier: PINE TREE TEL LLC

Dennis Andrews

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Andrews

Title or position of Authorized Officer or employee: Sr Vice President

Telephone number of Authorized Officer or employee: 256-586-1420

Study Area Code of Reporting Carrier

100020

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

10/4/2012

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

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier: SACO RIVER TEL LLC

Dennis Andrews

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=saco river tel llc,l=, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Andrews

Title or position of Authorized Officer or employee: Sr Vice President

Telephone number of Authorized Officer or employee: 256-586-1420

Study Area Code of Reporting Carrier

100022

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

10/4/2012

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

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Name of Reporting Carrier	Union River Telephone Company		
Signature of authorized officer	<i>William S. Sliby, Jr.</i>	Date	09/26/2012
Printed name of authorized officer	William S. Sliby, Jr.		
Title or position of authorized officer	Vice President/General Manager		
Telephone number of authorized officer	(207) 584-9944		
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **UNITEL, INC.**

Signature of Authorized Officer or employee: **Laurie Osgood**
Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:9/27/2012

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Laurie Osgood**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **207-948-9952**

Study Area Code of Reporting Carrier	100029		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier: MID-MAINE TELECOM

Dennis Andrews

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Andrews

Title or position of Authorized Officer or employee: Sr Vice President

Telephone number of Authorized Officer or employee: 256-586-1420

Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: GRANBY TEL LLC

Dennis Andrews

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Andrews

Title or position of Authorized Officer or employee: Sr Vice President

Telephone number of Authorized Officer or employee: 256-586-1420

Study Area Code of Reporting Carrier	110036		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Retum Carrier Not Seeking Duplicative Recovery

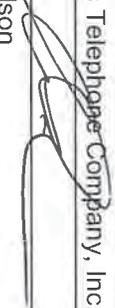
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier	Richard Telephone Company			Date	9/25/12
Signature of authorized officer	<i>[Signature]</i>				
Printed name of authorized officer	Richard W Drake, Jr				
Title or position of authorized officer	VP of Finance				
Telephone number of authorized officer.	918	328-0336	ext.		
Study Area Code of Reporting Carrier	110037		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier				Bretton Woods Telephone Company, Inc.	
Signature of authorized officer					
Printed name of authorized officer			Art Nicholson		
Title or position of authorized officer			V.P. Operations		
Telephone number of authorized officer:			(603) 278-9911		
Study Area Code of Reporting Carrier		120038		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier: GRANITE STATE TEL

Signature of Authorized Officer or employee: Susan King
Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Wearse NH 03281, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Susan King

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 603-529-9941

Study Area Code of Reporting Carrier	120039		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: DIXVILLE TEL CO

Ann Walsh

Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l=, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Ann Walsh

Title or position of Authorized Officer or employee: Assistant Secretary

Telephone number of Authorized Officer or employee: 781-402-1731

Study Area Code of Reporting Carrier

120042

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

10/4/2012

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

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier: **DUNBARTON TEL CO**

Signature of Authorized Officer or employee: **David Montgomery**
Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **David Montgomery**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-774-9911**

Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: FRANKLIN TEL CO - VT

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:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Kimberly Gates Maynard

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 802-285-9911

Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: SHOREHAM TEL.

Dennis Andrews

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Andrews

Title or position of Authorized Officer or employee: Sr Vice President

Telephone number of Authorized Officer or employee: 256-586-1420

Study Area Code of Reporting Carrier

140064

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

10/4/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any eligible Recovery subject to the recovery mechanism as per §1.917(d)(vii).

Name of Reporting Carrier	TOPSHAM TELEPHONE COMPANY, INC.		
Signature of authorized officer		Date	09/20/2012
Printed name of authorized officer	DONALD A. CROWELL, SR.		
Title or position of authorized officer	CHAIRMAN OF THE BOARD		
Telephone number of authorized officer	(303) 226-3711, ext.		
Study Area Code of Reporting Carrier	140068	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §5502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier: WAITSFIELD/FAYSTON

Roger Nishi

Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Roger Nishi

Title or position of Authorized Officer or employee: Vice President - Industry Relations

Telephone number of Authorized Officer or employee: 802-496-8336

Study Area Code of Reporting Carrier	<u>140069</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier: VERMONT TEL. CO-VT

Signature of Authorized Officer or employee: **Fran Stocker**
Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Fran Stocker

Title or position of Authorized Officer or employee: Vice President of Finance

Telephone number of Authorized Officer or employee: 802-885-7745

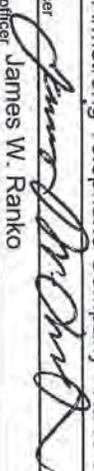
Study Area Code of Reporting Carrier	147332		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier				Armstrong Telephone Company - NEW YORK
Signature of authorized officer				
Printed name of authorized officer				James W. Ranko
Title or position of authorized officer				Controller
Telephone number of authorized officer:				(724) 283-0925
Study Area Code of Reporting Carrier		150071	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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Name of Reporting Carrier: CASSADAGA TEL CORP

Signature of Authorized Officer or employee: **Bruce Clark**
Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruceec@df.tel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Bruce Clark

Title or position of Authorized Officer or employee: Vice President of Finance

Telephone number of Authorized Officer or employee: 716-673-3083

Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Name of Reporting Carrier: CHAMPLAIN TEL CO

Mark Webster

Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,l=Champlain NY 12919, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Mark Webster

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 518-298-2480

Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier: CHAUTAUQUA & ERIE

Michael Skrivan

Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=chautauqua & erie,l= , Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Michael Skrivan

Title or position of Authorized Officer or employee: Vice-President Regulatory

Telephone number of Authorized Officer or employee: 207-535-4150

Study Area Code of Reporting Carrier	150078		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier				CHAZY AND WESTPORT TELEPHONE CORPORATION			
Signature of authorized officer					Date		9/27/2012
Printed name of authorized officer				JAMES P. FORCIER			
Title or position of authorized officer				PRESIDENT			
Telephone number of authorized officer:		(518) 962-8211		Filing Due Date for this form		10/4/2012	
Study Area Code of Reporting Carrier		150079		Filing Due Date for this form		(mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any eligible recovery subject to the recovery mechanism as per 51.917(d)(iv)(f).

Name of Reporting Carrier		CITIZENS TELEPHONE COMPANY OF HAMMOND, N.Y.	
Signature of authorized officer		<i>Donald H. Pappas</i>	
Printed name of authorized officer		DOB	DATE
DONALD A CERRESOLO, SA			09/26/2012
Title or position of authorized officer		CHAIRMAN OF THE BOARD	
Telephone number of authorized officer		(315)334-3941 ext.	
Study Area Code of Reporting Carrier	150081	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: CROWN POINT TEL CORP

Shana Knapp Macey

Digitally signed by Shana Knapp Macey DN:cn=Shana Knapp Macey,email=shana.macey@cptelco.net,O=crown point tel corp,l=Crown Point NY 12928, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Shana Knapp Macey

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 518-597-3300

Study Area Code of Reporting Carrier

150085

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: DELHI TEL CO

Douglas Edwards

Digitally signed by Douglas Edwards DN:cn=Douglas Edwards,email=doug@delhitel.com,O=delhi tel co,l=Delhi NY 13753-0271, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Douglas Edwards

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 607-746-1529

Study Area Code of Reporting Carrier	150088		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **DUNKIRK & FREDONIA**

Bruce Clark

Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruceec@dfel.com,O=dunkirk & fredonia,l=Fredonia NY 14063-0209, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bruce Clark**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **716-673-3083**

Study Area Code of Reporting Carrier	150091		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: EMPIRE TEL CORP

Tom Prestigiacomio

Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Tom Prestigiacomio

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 607-522-4237

Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(a)(vii).

Name of Reporting Carrier	Fishers Island Telephone Co	Date	9-25-12
Signature of authorized officer			
Printed name of authorized officer	Robert Wall		
Title or position of authorized officer	President		
Telephone number of authorized officer	(631) 788-7001		
Study Area Code of Reporting Carrier	150095	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: GERMANTOWN TEL CO

Bruce Bohnsack

Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Bruce Bohnsack

Title or position of Authorized Officer or employee: President and CEO

Telephone number of Authorized Officer or employee: 518-537-4835

Study Area Code of Reporting Carrier

150097

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(a)(viii).

Name of Reporting Carrier Hancock Telephone Company			
Signature of authorized officer <i>Robert C. Wright, Sr.</i>	Date	09/26/2012	
Printed name of authorized officer Robert C. Wright, Sr.			
Title or position of authorized officer President			
Telephone number of authorized officer (607) 637-9911 ext			
Study Area Code of Reporting Carrier	150099	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: MARGARETVILLE TEL CO

Signature of Authorized Officer or employee: **Glen Faulkner**
Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Glen Faulkner

Title or position of Authorized Officer or employee: Asst Secretary / Treasurer

Telephone number of Authorized Officer or employee: 845-586-3311

Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: MIDDLEBURGH TEL CO

Marjorie Becker

Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, l=Middleburgh NY 12122-0191, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Marjorie Becker

Title or position of Authorized Officer or employee: CEO & General Manager

Telephone number of Authorized Officer or employee: 518-827-5211

Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **NEWPORT TEL CO**

Joseph Tomaino

Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,I=Newport NY 13416, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Joseph Tomaino**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **315-845-8112**

Study Area Code of Reporting Carrier

150107

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: NICHOLVILLE TEL CO

Jeffrey McGrath

Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Jeffrey McGrath

Title or position of Authorized Officer or employee: Vice President/CIO

Telephone number of Authorized Officer or employee: 315-328-5333

Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: ONEIDA COUNTY RURAL

Signature of Authorized Officer or employee: **Thomas Ellis**
Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer or employee: Thomas Ellis

Title or position of Authorized Officer or employee: Executive Vice President

Telephone number of Authorized Officer or employee: 315-624-2000

Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: ONTARIO TEL CO, INC.

Michael Carr

Digitally signed by Michael Carr DN:cn=Michael Carr,email=mikec@ftg.com,O=ontario tel co, inc.,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Michael Carr

Title or position of Authorized Officer or employee: Chief Financial/Operating Officer

Telephone number of Authorized Officer or employee: 315-548-7566

Study Area Code of Reporting Carrier	<u>150112</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: PATTERSONVILLE TEL

Signature of Authorized Officer or employee: **Tammy Krisher**
Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,I=Rotterdam Junc NY 12150, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Tammy Krisher

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 518-887-2121

Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: STATE TEL CO

Mark Evans

Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Mark Evans

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 518-731-6128

Study Area Code of Reporting Carrier

150125

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: TRUMANSBURG TEL CO.

Signature of Authorized Officer or employee: **Michael Carr**
Digitally signed by Michael Carr DN:cn=Michael Carr,email=mikec@ftg.com,O=trumansburg tel co.,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Michael Carr

Title or position of Authorized Officer or employee: Chief Financial/Operating Officer

Telephone number of Authorized Officer or employee: 315-548-7566

Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Warwick Valley Telephone Company	
Signature of authorized officer				Date	
Printed name of authorized officer		Jennifer M. Brown		9/25/12	
Title or position of authorized officer					
EVP & Chief Administrative Officer and Corporate Secretary					
Telephone number of authorized officer: (267) 234-7300					
Study Area Code of Reporting Carrier		150135		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Warwick Valley Telephone Company	
Signature of authorized officer		<i>Jennifer M. Brown</i>		Date	
				9/25/12	
Printed name of authorized officer Jennifer M. Brown					
Title or position of authorized officer EVP & Chief Administrative Officer and Corporate Secretary					
Telephone number of authorized officer (267) 234-7300					
Study Area Code of Reporting Carrier		160135		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: BENTLEYVILLE TEL CO

Signature of Authorized Officer or employee: Michael Skrivan
Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=bentleyville tel co,l= , Date:9/28/2012

Date: 9/28/2012

Printed name of Authorized Officer or employee: Michael Skrivan

Title or position of Authorized Officer or employee: Vice-President Regulatory

Telephone number of Authorized Officer or employee: 207-535-4150

Study Area Code of Reporting Carrier	170145		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(viii).

Name of Reporting Carrier		Citizens Telephone Company of Kecksburg	
Signature of authorized officer		Date	September 26, 2012
Printed name of authorized officer		Dennis K. Cutrell	
Title or position of authorized officer		President	
Telephone number of authorized officer:		(724) 423-4444	
Study Area Code of Reporting Carrier	170156	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Hickory Telephone Company			
Signature of authorized officer		Date	9/27/12
Printed name of authorized officer Grier Adamson			
Title or position of authorized officer Treasurer			
Telephone number of authorized officer: (724) 356-2211			
Study Area Code of Reporting Carrier	170171	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: LACKAWAXEN TELECOM

Deborah Szmyd

Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=dszmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Deborah Szmyd

Title or position of Authorized Officer or employee: Secretary/Treasurer

Telephone number of Authorized Officer or employee: 570-685-1096

Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: LAUREL HIGHLAND TEL

James Kail

Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=laurel highland tel,l=Stahlstown PA 15687-0168, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: James Kail

Title or position of Authorized Officer or employee: CEO & President

Telephone number of Authorized Officer or employee: 724-593-2411

Study Area Code of Reporting Carrier	170179		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Armstrong Telephone Company - PENNSYLVANIA	
Signature of authorized officer					Date
Printed name of authorized officer			James W. Ranko		09/27/12
Title or position of authorized officer					
			Controller		
Telephone number of authorized officer: (724) 283-0925					
Study Area Code of Reporting Carrier		170189	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: NORTH-EASTERN PA TEL

Signature of Authorized Officer or employee: **Thomas Mendicino**
Digitally signed by Thomas Mendicino DN:cn=Thomas Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Thomas Mendicino

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 570-785-2210

Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: NORTH PENN TEL CO

Tom Prestigiacomio

Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=north penn tel co,I=Prattsburgh NY 14873, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Tom Prestigiacomio

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 607-522-4237

Study Area Code of Reporting Carrier

170192

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Armstrong Telephone Company - NORTH
Signature of authorized officer				Date
Printed name of authorized officer			James W. Ranko	09/27/12
Title or position of authorized officer				
			Controller	
Telephone number of authorized officer:				(724) 283-0925
Study Area Code of Reporting Carrier		176195	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in this state jurisdiction for any eligible Recovery subject to the recovery mechanism set per 51.917(d)(vii).

Name of Reporting Carrier			Palmerton Telephone Company		
Signature of authorized officer		<i>Thomas G. Lager</i>		Date	
		Thomas G. Lager		9/26/12	
Printed name of authorized officer					
Vice-President of Operations					
Title or position of authorized officer					
Telephone number of authorized officer:			(610) 826-9232		
Study Area Code of Reporting Carrier		170196		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 601(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier		Pennsylvania Telephone Company	
Signature of authorized officer		<i>Mary E. Davis</i> Date 9/26/12	
Printed name of authorized officer		Mary E. Davis	
Title or position of authorized officer		Vice President	
Telephone number of authorized officer:	(570) 745-7100		
Study Area Code of Reporting Carrier	170197	Filing Due Date for this form (month/year)	10/4/2012
Parsons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: PYMATUNING IND TEL

Deborah Nobles

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel, , Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Deborah Nobles

Title or position of Authorized Officer or employee: VP Regulatory Affairs

Telephone number of Authorized Officer or employee: 904-688-0029

Study Area Code of Reporting Carrier

170200

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				South Canaan Telephone Company	
Signature of authorized officer	<i>Carolynn C Copp</i>	Date	9/24/2012		
Printed name of authorized officer		Carolynn C Copp			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(570) 937-4114			
Study Area Code of Reporting Carrier	170204	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 54.927(d)(iii).

Name of Reporting Carrier				Venus Telephone Corporation	
Signature of authorized officer	<i>John W. Keister</i>			Date	9/27/2012
Printed name of authorized officer		John W. Keister			
Title or position of authorized officer		V.P. Operations			
Telephone number of authorized officer:		814 354-2492			
Study Area Code of Reporting Carrier	170210	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: YUKON - WALTZ TEL CO

James Kail

Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=yukon - waltz tel co,l=Stahlstown PA 15687-0168, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: James Kail

Title or position of Authorized Officer or employee: CEO & President

Telephone number of Authorized Officer or employee: 724-593-2411

Study Area Code of Reporting Carrier	170215		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

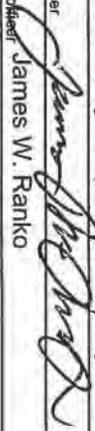
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				West Side Tel CO- PA	
Signature of authorized officer			<i>John Ludenia</i>		Date
Printed name of authorized officer			John Ludenia		September 27 2012
Title or position of authorized officer					
Telephone number of authorized officer:			V.P. Operations, General Manager		
Study Area Code of Reporting Carrier		Filing Due Date for this form			
503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		(mm/dd/yyyy)		10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Armstrong Telephone Company - Maryland
Signature of authorized officer				Date
Printed name of authorized officer		James W. Ranko		09/27/12
Title or position of authorized officer				
Telephone number of authorized officer:		(724) 283-0925		
Study Area Code of Reporting Carrier		180216	Filing Due Date for this form	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Buggs Island Telephone Cooperative	
Signature of authorized officer					Date
Printed name of authorized officer			Mickey L. Sifms		9/27/2012
Title or position of authorized officer				General Manager	
Telephone number of authorized officer:				(434) 636-1215	
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **BURKE'S GARDEN TEL**

Missy Lynch

Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Missy Lynch**

Title or position of Authorized Officer or employee: **Office Manager/Secretary**

Telephone number of Authorized Officer or employee: **276-472-2345**

Study Area Code of Reporting Carrier

190220

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				CITIZENS TEL COOP	
Signature of authorized officer				Date	
Printed name of authorized officer		Greg Sapp		9/27/12	
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)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **HIGHLAND TEL COOP**

Signature of Authorized Officer or employee: **Ruth Newman**
Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465, Date:9/27/2012

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Ruth Newman**

Title or position of Authorized Officer or employee: **Office Manager/Secretary**

Telephone number of Authorized Officer or employee: **540-468-2131**

Study Area Code of Reporting Carrier	190237		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **MGW TEL. CO. INC.**

Sheri Smith

Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l=Williamsville VA 24487, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Sheri Smith**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **540-925-2255**

Study Area Code of Reporting Carrier

190238

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: NEW HOPE TEL COOP

Laurie Hensley

Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Laurie Hensley

Title or position of Authorized Officer or employee: Secretary-Treasurer

Telephone number of Authorized Officer or employee: 540-363-6277

Study Area Code of Reporting Carrier

190239

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

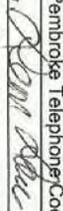
10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		Pembroke Telephone Cooperative	
Signature of authorized officer		Date	9/24/2012
Printed name of authorized officer		Leon A. Law	
Title or position of authorized officer		President	
Telephone number of authorized officer	(540) 626-7111	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier	190243	Persons Willfully Making False Statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: SCOTT COUNTY COOP

Signature of Authorized Officer or employee: Daniel Odom
Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Daniel Odom

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 276-452-7224

Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Lumos Telephone of Botetourt Inc.			
Signature of authorized officer		Date	9/26/2012
Printed name of authorized officer Mary McDermott			
Title or position of authorized officer Senior Vice President - Legal and Regulatory Affairs			
Telephone number of authorized officer: (540) 946-8677			
Study Area Code of Reporting Carrier	190249	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier	SLEMAN O&H		Telephone Company	
Signature of authorized officer	<i>[Signature]</i>		Date	9/28/12
Printed name of authorized officer	THOMAS REED			
Title or position of authorized officer	Director of Recovery			
Telephone number of authorized officer	() - . ext.			
Study Area Code of Reporting Carrier	190250	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

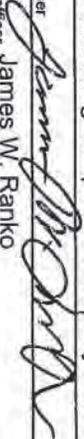
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier	Sherwood Telephone Co - NBD Nure		
Signature of authorized officer	<i>Chas Reed</i>	Date	<i>5/22/12</i>
Printed name of authorized officer	Chas Reed		
Title or position of authorized officer	Director Accounts		
Telephone number of authorized officer:	() - , ext.	Filing Due Date for this form (mm/dd/yyyy)	
Study Area Code of Reporting Carrier	192251	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(d), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Armstrong Telephone Company - WEST VIRGINIA	
Signature of authorized officer				Date	
Printed name of authorized officer		James W. Ranko		09/27/12	
Title or position of authorized officer					
		Controller			
Telephone number of authorized officer: (724) 283-0925				, ext.	
Study Area Code of Reporting Carrier		200256		Filing Due Date for this form	
				(mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier				Spruce Knob Seneca Rocks Telephone, Inc.			
Signature of authorized officer		<i>Ivan "Sonny" O'Neil</i>		Date		09-26-2012	
Printed name of authorized officer				Ivan "Sonny" O'Neil			
Title or position of authorized officer				President, Board of Directors			
Telephone number of authorized officer:				(304) 567-2121			
Study Area Code of Reporting Carrier		200257		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **WAR TEL LLC**

Dennis Andrews

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,lc= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Dennis Andrews**

Title or position of Authorized Officer or employee: **Sr Vice President**

Telephone number of Authorized Officer or employee: **256-586-1420**

Study Area Code of Reporting Carrier	200258		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **HARDY TELECOM**

Scott Sherman

Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= . Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Scott Sherman**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **304-897-9911**

Study Area Code of Reporting Carrier

200259

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

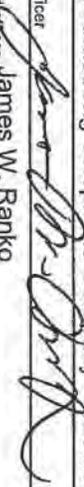
10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Armstrong Telephone Company - NORTHERN DIVISION	
Signature of authorized officer					
Printed name of authorized officer			James W. Ranko		
Title or position of authorized officer			Controller		
Telephone number of authorized officer:				(724) 283-0925	
Study Area Code of Reporting Carrier		200267		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				West Side Tel- WV	
Signature of authorized officer				<i>John Ludenia</i>	
Printed name of authorized officer				John Ludenia	
Title or position of authorized officer				V.P. Operations, General Manager	
Telephone number of authorized officer:				(304) 983-8642	
Study Area Code of Reporting Carrier				200277	
Filing Due Date for this form (mm/dd/yyyy)				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier				ITS Telecommunications Systems, Inc.	
Signature of authorized officer				Date	
Printed name of authorized officer		Don Pittman		09/25/2012	
Title or position of authorized officer				Vice President/CFO	
Telephone number of authorized officer:				(772) 597-3787	
Study Area Code of Reporting Carrier		210331		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **NORTHEAST FLORIDA**

Deborah Nobles

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,l= , Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Deborah Nobles**

Title or position of Authorized Officer or employee: **VP Regulatory Affairs**

Telephone number of Authorized Officer or employee: **904-688-0029**

Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **GTC, INC.**

Michael Skrivan

Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:9/28/2012

Signature of Authorized Officer or employee:

Date: **9/28/2012**

Printed name of Authorized Officer or employee: **Michael Skrivan**

Title or position of Authorized Officer or employee: **Vice-President Regulatory**

Telephone number of Authorized Officer or employee: **207-535-4150**

Study Area Code of Reporting Carrier	210339		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

DO NOT BE COMPLETED BY ANY OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Valley Telephone Co., LLC	
Signature of authorized officer			H. Holt		Date
Printed name of authorized officer			Todd Holt		9/25/12
Title or position of authorized officer				Chief Financial Officer	
Telephone number of authorized officer:				(706) 645-8752	
Study Area Code of Reporting Carrier		220324		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier ALMA TELEPHONE CO., INC.			
Signature of authorized officer 			Date 09-26-2012
Printed name of authorized officer KEVIN K. BROOKS			
Title or position of authorized officer PRESIDENT			
Telephone number of authorized officer: (912) 632-8603			
Study Area Code of Reporting Carrier 220344		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: BRANTLEY TEL CO

Donovan Strickland

Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Donovan Strickland

Title or position of Authorized Officer or employee: Vice President/General Manager

Telephone number of Authorized Officer or employee: 912-462-5111

Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **BULLOCH COUNTY RURAL**

Dennis Lewis

Digitally signed by Dennis Le= is DN:cn, Dennis Le= is@mail, dle= isw bulloch.net@, bulloch county rural@ @
Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Dennis Lewis**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **912-865-1100**

Study Area Code of Reporting Carrier

220348

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: CHICKAMAUGA TEL CORP

Signature of Authorized Officer or employee: Charles Fail
Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexusband.com,O=chickamauga tel corp,l=Bay Springs MS 39422, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Charles Fail

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 601-764-3463

Study Area Code of Reporting Carrier	220354		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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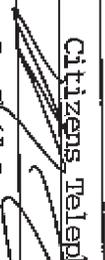
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		Citizens Telephone Company, Inc.		Date	9/27/12
Signature of authorized officer					
Printed name of authorized officer		S. Chad Ledger			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		229-874-4145			
Study Area Code of Reporting Carrier	220355	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Darien Telephone Company			
Signature of authorized officer <i>Reginald V. Jackson</i>	Date		09/25/2012
Printed name of authorized officer Reginald V. Jackson			
Title or position of authorized officer Vice President			
Telephone number of authorized officer: (912) 437-4111			
Study Area Code of Reporting Carrier 220358	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: ELLIJAY TEL CO

Darrell Harper

Digitally signed by Darrell Harper DN:cn=Darrell Harper,email=darrellh@ellijay.com,O=ellijay tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Darrell Harper

Title or position of Authorized Officer or employee: Assistant Vice President

Telephone number of Authorized Officer or employee: 706-697-5519

Study Area Code of Reporting Carrier	220360		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **GLENWOOD TEL CO**

Janice O'Brien

Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Janice O'Brien**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **912-523-5111**

Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: HART TEL CO

Randy Daniel

Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel co,l=Hartwell GA 30643, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Randy Daniel

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 706-376-4701

Study Area Code of Reporting Carrier

220368

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				ComSouth Telecommunications, Inc.	
Signature of authorized officer				Date	
Printed name of authorized officer		Scott C. Obert-Thorn		09/26/2012	
Title or position of authorized officer				Chief Financial Officer	
Telephone number of authorized officer				(478) 783-4001	
Study Area Code of Reporting Carrier		220369		Filing Due Date for this form (mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		10/4/2012			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: PEMBROKE TEL CO

Mary Anna Hite

Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Mary Anna Hite

Title or position of Authorized Officer or employee: Secretary-Treasurer/General Manager

Telephone number of Authorized Officer or employee: 912-653-4389

Study Area Code of Reporting Carrier

220376

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: PINELAND TEL COOP

Linda Wallace

Digitally signed by Linda Wallace DN:cn=Linda Wallace,email=lwallace@pinelandtelco.com,O=pineland tel coop,I=Metter GA 30439, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Linda Wallace

Title or position of Authorized Officer or employee: Director of Bus & Fin Operations

Telephone number of Authorized Officer or employee: 912-685-2121

Study Area Code of Reporting Carrier

220377

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **PLANTERS RURAL COOP**

John Lacienski

Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **John Lacienski**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **912-857-4411**

Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier			PLANT TELEPHONE COMPANY		
Signature of authorized officer		Date	9/25/2012		
Printed name of authorized officer					
DANNY E. STERLING					
Title or position of authorized officer					
PRESIDENT & GENERAL MANAGER					
Telephone number of authorized officer: (229) 528-4777 ext.					
Study Area Code of Reporting Carrier	220379	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **PROGRESSIVE RURAL**

Signature of Authorized Officer or employee: **Wayne Dixon**
Digitally signed by Wayne Dixon DN:cn=Wayne Dixon,email=swdixon@progressivetel.com,O=progressive rural,l=Rentz GA 31075, Date:9/27/2012

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Wayne Dixon**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **478-984-4201**

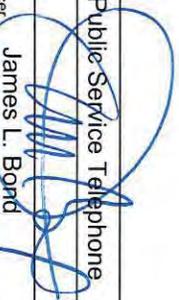
Study Area Code of Reporting Carrier	220380		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Public Service Telephone	
Signature of authorized officer					
Printed name of authorized officer				James L. Bond	
Title or position of authorized officer				President	
Telephone number of authorized officer: 478,847-4111, ext. 6520					
Study Area Code of Reporting Carrier	220381	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Ringgold Telephone Company			
Signature of authorized officer		Date	9/26/2012
Printed name of authorized officer Lisa K. Dukes			
Title or position of authorized officer C.F.O.			
Telephone number of authorized officer: 706 965-1255			
Study Area Code of Reporting Carrier	220382	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Trenton Telephone CO	
Signature of authorized officer		<i>Steven W. Tatum</i>		Date	
Printed name of authorized officer		Steven W. Tatum		09/27/2012	
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)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **WAVERLY HALL, LLC**

Robert Jones

Digitally signed by Robert Jones DN:cn=Robert Jones,email=rjones@wavetel.us,O=waverly hall, llc,l=Waverly Hall GA 31831, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Robert Jones**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **706-582-3333**

Study Area Code of Reporting Carrier

220392

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: WILKES TEL & ELC CO

George Dyson

Digitally signed by George Dyson DN:cn=George Dyson,email=gad@nu-z.net,O=wilkes tel & elc co,l=Washington GA 30673, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: George Dyson

Title or position of Authorized Officer or employee: President/Owner

Telephone number of Authorized Officer or employee: 706-678-9544

Study Area Code of Reporting Carrier

220394

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Elerbe Telephone Company		
Signature of authorized officer					Date	9/27/12
Printed name of authorized officer			Herbert Long, Jr.			
Title or position of authorized officer			Vice President			
Telephone number of authorized officer:			(910) 652-2221			
Study Area Code of Reporting Carrier	230478	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: North State Telephone Company d/b/a North State Communications			
Signature of authorized officer	<i>James D. McC Carson</i>	Date	09/26/12
Printed name of authorized officer: James D. McC Carson			
Title or position of authorized officer: Vice President - Corporate Administration			
Telephone number of authorized officer:	(336) 886-3628		
Study Area Code of Reporting Carrier:	230491	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

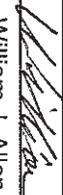
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier	Pineville Telephone Company		Date	09-25-12
Signature of authorized officer	<i>[Signature]</i>			
Printed name of authorized officer	BAY W. CRETCH			
Title or position of authorized officer	General Manager			
Telephone number of authorized officer:	715589 2001 ext.			
Study Area Code of Reporting Carrier	230494	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: Randolph Telephone Membership Corporation			
Signature of authorized officer: 	Date		09/25/2012
Printed name of authorized officer: William J. Allen			
Title or position of authorized officer: President			
Telephone number of authorized officer: (336) 622-7924			
Study Area Code of Reporting Carrier: 230496	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Curtis Taylor

Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,I=Dobson NC 27017, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Curtis Taylor**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **336-374-4535**

Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: STAR MEMBERSHIP CORP

Signature of Authorized Officer or employee: Lyman Horne
Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=lmhorne@stmc.net,O=star membership corp,I=Clinton NC 28328, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer or employee: Lyman Horne

Title or position of Authorized Officer or employee: EVP & General Manager

Telephone number of Authorized Officer or employee: 910-564-7827

Study Area Code of Reporting Carrier	230502		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: **Curtis Taylor**
Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:9/25/2012

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Curtis Taylor**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **336-374-4535**

Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.912(d)(vii).

Name of Reporting Carrier				Tricounty Membership Corp	
Signature of authorized officer			<i>Gregory S Coltrain</i>		
Printed name of authorized officer			Gregory S Coltrain		
Title or position of authorized officer				CEO/General Manager	
Telephone number of authorized officer:		(252) 964-8000		Date	
Study Area Code of Reporting Carrier		230505		10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				Filing Due Date for this form (mm/dd/yyyy)	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Wilkes Telephone Membership Corporation	
Signature of authorized officer					
Printed name of authorized officer				Eric S. Cramer	
Title or position of authorized officer				Chief Executive Officer	
Telephone number of authorized officer				(336) 973-3103	
Study Area Code of Reporting Carrier		230510		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: PALMETTO RURAL COOP

Dewaine Wilson

Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dewaine Wilson

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 843 538-9382

Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Piedmont Rural Telephone Cooperative, Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Randal J. Odom		9.24.12
Title or position of authorized officer				Chief Executive Officer	
Telephone number of authorized officer:				(864) 682-3131 ext.	
Study Area Code of Reporting Carrier		240538	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: PBT TELECOM, INC.

L. Spearman

Digitally signed by L=Spearman DN:cn, L=Spearman@mail, bspearman. pbtel=net@, pbt telecom@inc=@ @date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: L. Spearman

Title or position of Authorized Officer or employee: Director of Business Development

Telephone number of Authorized Officer or employee: 803-894-1104

Study Area Code of Reporting Carrier

240539

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier			Sandhill Telephone Cooperative, Inc.		
Signature of authorized officer		<i>L. Lee Chambers</i>		Date	
Printed name of authorized officer		Lee Chambers		9/25/12	
Title or position of authorized officer					
CEO/Manager					
Telephone number of authorized officer: (843) 658-6379					
Study Area Code of Reporting Carrier			Filing Due Date for this form		
240546			(mm/dd/yyyy)		
			10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc.		
Signature of authorized officer 	Date 09/28/2012	
Printed name of authorized officer David J Herron		
Title or position of authorized officer CEO		
Telephone number of authorized officer: (864) 446-2111		
Study Area Code of Reporting Carrier 240550	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **BLOUNTSVILLE TEL LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,l= , Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Dennis Andrews**

Title or position of Authorized Officer or employee: **Sr Vice President**

Telephone number of Authorized Officer or employee: **256-586-1420**

Study Area Code of Reporting Carrier	250282		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: BRINDLEE MOUNTAIN

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=brindlee mountain,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Andrews

Title or position of Authorized Officer or employee: Sr Vice President

Telephone number of Authorized Officer or employee: 256-586-1420

Study Area Code of Reporting Carrier	250283		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

3-5

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

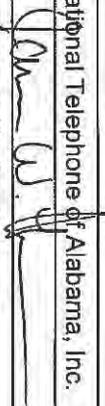
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		<i>Castberry Telephone Co, Inc.</i>	
Signature of authorized officer	<i>Glenn Pleland</i>	Date	<i>9-26-12</i>
Printed name of authorized officer <i>Glenn Pleland</i>			
Title or position of authorized officer <i>Sec/Treas</i>			
Telephone number of authorized officer		<i>(251) 966 2115 ext.</i>	
Study Area Code of Reporting Carrier	<i>250285</i>	Filing Due Date for this form <small>(month/year)</small>	<i>10/4/2012</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicate Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicate recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier			National Telephone of Alabama, Inc.		
Signature of authorized officer					
Printed name of authorized officer			James W. Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070		
Study Area Code of Reporting Carrier		250286			
		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: Farmers Telecommunications Cooperative, Inc.			
Signature of authorized officer: <i>Tyler Pair</i>	Date		09/26/2012
Printed name of authorized officer: Tyler Pair			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (256) 638-2144 ext			
Study Area Code of Reporting Carrier: 250290	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.017(d)(vii).

Name of Reporting Carrier: Knology Total Communications, Inc.			
Signature of authorized officer: <i>M. Todd Holt</i>			Date: <i>9/25/12</i>
Printed name of authorized officer: Todd Holt			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (706) 645-8752			
Study Area Code of Reporting Carrier: 250295	Filing Due Date for this form (mm/dd/yyyy): 10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: Hayneville Telephone Company, Inc.			
Signature of authorized officer	<i>Evelyn P. Causey</i>	Date	09/27/2012
Printed name of authorized officer: Evelyn P. Causey			
Title or position of authorized officer: COO			
Telephone number of authorized officer: (334) 371-3008			
Study Area Code of Reporting Carrier	250299	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **HOPPER TELECOMM. LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc,l= , Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Dennis Andrews**

Title or position of Authorized Officer or employee: **Sr Vice President**

Telephone number of Authorized Officer or employee: **256-586-1420**

Study Area Code of Reporting Carrier	250300		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: MILLRY TEL CO

Bobby Williams

Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,i=Millry AL 36558-0561, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Bobby Williams

Title or position of Authorized Officer or employee: Vice President and Assistant Secretary

Telephone number of Authorized Officer or employee: 251-846-2911

Study Area Code of Reporting Carrier	<u>250304</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: MON-CRE TEL COOP

Linda Missildine

Digitally signed by Linda Missildine DN:cn=Linda Missildine,email=lfm11@mon-cre.net,O=mon-cre tel coop,l=Ramer AL 36069, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Linda Missildine

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 334-562-3242

Study Area Code of Reporting Carrier

250305

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **MOUNDVILLE TEL CO**

Larry Taylor

Digitally signed by Larry Taylor DN:cn=Larry Taylor,email=larry@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Larry Taylor**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **205-371-9011**

Study Area Code of Reporting Carrier	250307		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier New Hope Telephone Cooperative, Inc.

Signature of authorized officer 

Date

9-28-12

Printed name of authorized officer Greg Glover

Title or position of authorized officer President

Telephone number of authorized officer: (256) 723-4244

Study Area Code of Reporting Carrier

250308

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: OTELCO TELEPHONE LLC

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco telephone llc,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Andrews

Title or position of Authorized Officer or employee: Sr Vice President

Telephone number of Authorized Officer or employee: 256-586-1420

Study Area Code of Reporting Carrier	250312		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				PINE BELT TEL CO	
Signature of authorized officer					
Printed name of authorized officer				John C. Nettles	
Title or position of authorized officer				President	
Telephone number of authorized officer				(334) 385-2106	
Study Area Code of Reporting Carrier		250315		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: RAGLAND TEL CO

Peggy Dickinson

Digitally signed by Peggy Dickinson DN:cn=Peggy Dickinson,email=peggydickinson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Peggy Dickinson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 205-472-2141

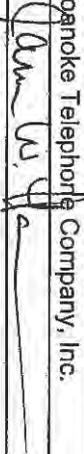
Study Area Code of Reporting Carrier	250316		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Rogahoke Telephone Company, Inc.			
Signature of authorized officer					Date	9/26/2012	
Printed name of authorized officer			James W. Garner				
Title or position of authorized officer			Vice President of Operations				
Telephone number of authorized officer:			(601) 354-9070				
Study Area Code of Reporting Carrier		250317			Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: UNION SPRINGS TEL CO

Larry Grogan

Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,I=Montgomery AL 36124-0967, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Larry Grogan

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 334-279-8201

Study Area Code of Reporting Carrier	250322		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **BALLARD RURAL COOP**

Signature of Authorized Officer or employee: **Harlon Parker**
Digitally signed by Harlon Parker DN:cn=Harlon Parker,email=manager@brtc.net,O=ballard rural coop,l=La Center KY 42056-0209, Date:9/25/2012

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Harlon Parker**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **270-665-5186**

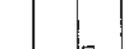
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Brandenburg Telephone Company, Inc.			
Signature of authorized officer		Date	09-24-2012
Printed name of authorized officer Allison Willoughby			
Title or position of authorized officer Assistant General Manager			
Telephone number of authorized officer: (270) 422-2121			
Study Area Code of Reporting Carrier	260398	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **DUO COUNTY TEL COOP**

Daryl Hammond

Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Daryl Hammond**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **270-343-3131**

Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **FOOTHILLS RURAL COOP**

Signature of Authorized Officer or employee: **Ruth Conley**
Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Ruth Conley**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **606-297-9131**

Study Area Code of Reporting Carrier	260406		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: LOGAN TEL. COOP. INC

Gregory Hale

Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Gregory Hale

Title or position of Authorized Officer or employee: General Manager/Executive V.P.

Telephone number of Authorized Officer or employee: 270-542-4121

Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Mountain Rural Telephone Coop. Corp., Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Jimmie Jones		09/26/2012
Title or position of authorized officer					
President					
Telephone number of authorized officer: (606) 743-3121					
Study Area Code of Reporting Carrier		260414	<input type="checkbox"/>		Filing Due Date for this form (mm/dd/yyyy)
					10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: PEOPLES RURAL COOP

Keith Gabbard

Digitally signed by Keith Gabbard DN:cn=Keith Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,l=McKee KY 40447, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Keith Gabbard

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 606-287-7101

Study Area Code of Reporting Carrier	260415		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: THACKER/GRIGSBY TEL

Signature of Authorized Officer or employee: **William Grigsby**
Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: William Grigsby

Title or position of Authorized Officer or employee: Vice-President/General Manager

Telephone number of Authorized Officer or employee: 606-785-9500

Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		West Kentucky Rural Telephone Cooperative Corporation, Inc. - KY	
Signature of authorized officer		Date	9/26/2012
Printed name of authorized officer		Trevor Bornstetter	
Title or position of authorized officer		Chief Executive Officer	
Telephone number of authorized officer		(270) 674-1000	
Study Area Code of Reporting Carrier	260421	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Cameron Telephone Company, LLC - Louisiana	
Signature of authorized officer					Date
					9/25/2012
Printed name of authorized officer George J. Mack					
Title or position of authorized officer President and General Manager					
Telephone number of authorized officer: (337) 583-2111 ext 1					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: CAMPTI-PLEASANT HILL

Tom Edens

Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill,l=Natchitoches LA 71457, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Tom Edens

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 318-352-0014

Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

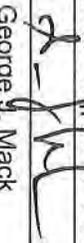
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: Delcambre Telephony Co			
Signature of authorized officer: <i>Matt LeBlanc</i>	Date:	9-27-12	
Printed name of authorized officer: Matt LeBlanc			
Title or position of authorized officer: President			
Telephone number of authorized officer: (337) 685-2311			
Study Area Code of Reporting Carrier: 270428	Filing Due Date for this form (mm/dd/yyyy):	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Elizabeth Telephone Company, LLC			
Signature of authorized officer 			Date 9/25/2012
Printed name of authorized officer George J. Mack			
Title or position of authorized officer President and General Manager			
Telephone number of authorized officer (337) 583-2111 ext.			
Study Area Code of Reporting Carrier 270430		Filing Due Date for this form (mm/dd/yyyy) 10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **KAPLAN TEL CO**

Richard Constantin

Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=richardc@kaplantel.net,O=kaplan tel co,l=Kaplan LA 70548-0369, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Richard Constantin**

Title or position of Authorized Officer or employee: **Controller/Regulatory Manager**

Telephone number of Authorized Officer or employee: **337-643-7171**

Study Area Code of Reporting Carrier	270432		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: LAFOURCHE TEL CO

Peter Louviere

Digitally signed by Peter Louviere DN:cn=Peter Louviere, email=peter.louviere@corp.viscom.net, O=lafourche tel co, l=Larose LA 70373, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Peter Louviere

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 985-693-0265

Study Area Code of Reporting Carrier

270433

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **NORTHEAST LOUISIANA**

Signature of Authorized Officer or employee: **Mike George**
Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:9/24/2012

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Mike George**

Title or position of Authorized Officer or employee: **President / General Manager**

Telephone number of Authorized Officer or employee: **318-874-7011**

Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier			Reserve Telephone Company		
Signature of authorized officer				Date	
				9/27/2012	
Printed name of authorized officer			Scott A Small		
Title or position of authorized officer			Vice President - Chief Financial Officer		
Telephone number of authorized officer:			985 536 1326x1		
Study Area Code of Reporting Carrier		270438		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: STAR TEL CO

Signature of Authorized Officer or employee: **Rebecca Knighten**
Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Rebecca Knighten

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 225-926-0191

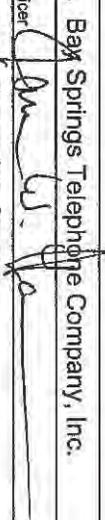
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Bay Springs Telephone Company, Inc.	
Signature of authorized officer					
Printed name of authorized officer			James W. Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer: (601) 354-9070					
Study Area Code of Reporting Carrier	280446	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	9/26/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: BRUCE TEL CO - MS

Charles Fail

Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexusband.com,O=bruce tel co - ms,l=Bay Springs MS 39422, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Charles Fail

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 601-764-3463

Study Area Code of Reporting Carrier

280447

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **DECATUR TEL CO -MS**

Signature of Authorized Officer or employee: **Esther Smith**
Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,I=Decatur MS 39327, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Esther Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **601-635-2251**

Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier				Delta Telephone Company, Inc.	
Signature of authorized officer				<i>James H. Creekmore</i>	
Printed name of authorized officer				James H. Creekmore, Sr.	
Title or position of authorized officer				President	
Telephone number of authorized officer				(601) 355-1522	
Study Area Code of Reporting Carrier		280452		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Franklin Telephone Company, Inc.	
Signature of authorized officer				<i>Wade H. Creekmore, Jr.</i>	
Printed name of authorized officer				Wade H. Creekmore, Jr.	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(601) 355-1522	
Study Area Code of Reporting Carrier		280454		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **FULTON TEL CO**

Signature of Authorized Officer or employee: **Charles Fail**
Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexband.com,O=fulton tel co,l=Bay Springs MS 39422, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Charles Fail**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **601-764-3463**

Study Area Code of Reporting Carrier	280455		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		Georgetown Telephone Co., Inc.		Date	09/27/2012
Signature of authorized officer					
Printed name of authorized officer		Joseph Miller, II			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer		(601) 858-2711			
Study Area Code of Reporting Carrier		280456	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: LAKESIDE TEL. CO.

Robert Sledge Jr.

Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Robert Sledge Jr.

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 662-569-3311

Study Area Code of Reporting Carrier	280457		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				NOXAPATER TELEPHONE COMPANY, INC.	
Signature of authorized officer			Date		
			9/27/2012		
Printed name of authorized officer				JOHN PEARCE	
Title or position of authorized officer				PRESIDENT	
Telephone number of authorized officer				601 -764-3171	
Study Area Code of Reporting Carrier		280461		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: MOUND BAYOU TEL & CO

Signature of Authorized Officer or employee: Charles Fail

Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexusband.com,O=mound bayou tel & co,l=Bay Springs MS 39422, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Charles Fail

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 601-764-3463

Study Area Code of Reporting Carrier	280462		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: SLEDGE TEL CO

Robert Sledge Jr.

Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Robert Sledge Jr.

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 662-569-3311

Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: SMITHVILLE TEL CO

Signature of Authorized Officer or employee: Terry Collums
Digitally signed by Terry Collums DN:cn=Terry Collums,email=tncstc@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Terry Collums

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 662-651-4131

Study Area Code of Reporting Carrier	280467		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

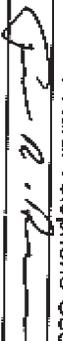
Name of Reporting Carrier				Ardmore Telephone Company, Inc.	
Signature of authorized officer				Date	
Printed name of authorized officer		Trevor Bonnstetter		9/26/2012	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(931) 668-4131	
Suey Area Code or Reporting Carrier		290280		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

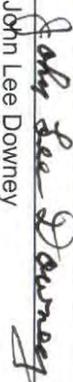
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(iv).

Name of Reporting Carrier		Ben Lomand Rural Telephone Cooperative, Inc.	
Signature of authorized officer		Date	9/26/2012
Printed name of authorized officer		Trevor Bonnstedter	
Title or position of authorized officer		Chief Executive Officer	
Telephone number of authorized officer		(931) 668-4131	
Study Area Code of Reporting Carrier	290553	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

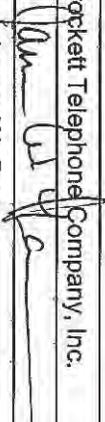
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier			Bledsoe Telephone Cooperative, Inc.		
Signature of authorized officer				Date	
Printed name of authorized officer		John Lee Downey		09/25/2012	
Title or position of authorized officer					
President					
Telephone number of authorized officer:			(423) 447-2121		
Study Area Code of Reporting Carrier		290554		Filing Due Date for this form	
				(mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Crockett Telephone Company, Inc.	
Signature of authorized officer					
Printed name of authorized officer				James W. Garner	
Title or position of authorized officer				Vice President of Operations	
Telephone number of authorized officer:				(601) 354-9070	
Study Area Code of Reporting Carrier		290561		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		DeKalb Telephone Cooperative	
Signature of authorized officer			
Printed name of authorized officer		Craig Gates	Date
Title or position of authorized officer		CEO	9/25/2012
Telephone number of authorized officer: (678) 574 2151, ext.			
Study Area Code of Reporting Carrier	290562	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Highland Telephone Cooperative, Inc.	
Signature of authorized officer				Date	
Printed name of authorized officer		G. Mark Patterson		9/25/2012	
Title or position of authorized officer				Chief Operating Office - General Manager	
Telephone number of authorized officer		(423) 628-2121		Filing Due Date for this form	
Study Area Code of Reporting Carrier		290565		(mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.517(d)(vii).

Name of Reporting Carrier <i>South Telephone Company, Inc</i>	
Signature of authorized officer <i>Dorothy R. Hutchinson</i>	Date <i>09/26/12</i>
Printed name of authorized officer <i>Dorothy R. Hutchinson</i>	
Title or position of authorized officer <i>Chief Financial Officer</i>	
Telephone number of authorized officer. <i>(936) 853-4857</i>	
Study Area Code of Reporting Carrier <i>290570</i>	Filing Due Date for this form (mm/dd/yyyy) <i>10/4/2012</i>
Penalty: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: North Central Telephone Cooperative, Inc.			
Signature of authorized officer	<i>Nancy J. White</i>	Date	09/26/2012
Printed name of authorized officer: Nancy J. White			
Title or position of authorized officer: President and CEO			
Telephone number of authorized officer: (615) 666-2154			
Study Area Code of Reporting Carrier	290573	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier			Peoples Telephone Company		
Signature of authorized officer					
Printed name of authorized officer			James W. Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070		
Study Area Code of Reporting Carrier		290576		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: TWIN LAKES TEL COOP

Jonathan West

Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Jonathan West

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 931-268-2151

Study Area Code of Reporting Carrier	290579		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: UTC OF TN

Cindy Rothstein

Digitally signed by Cindy Rothstein DN:cn=Cindy Rothstein,email=crothstein@utcoffice.net,O=utc of tn,l=Chapel Hill TN 37034, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Cindy Rothstein

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 931-364-4321

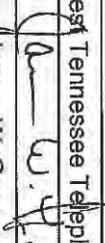
Study Area Code of Reporting Carrier	290581		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

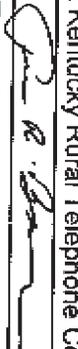
Name of Reporting Carrier				West Tennessee Telephone Company, Inc.			
Signature of authorized officer						Date	
Printed name of authorized officer				James W. Garner		9/26/2012	
Title or position of authorized officer				Vice President of Operations			
Telephone number of authorized officer:				(601) 354-9070			
Study Area Code of Reporting Carrier		290583		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		West Kentucky Rural Telephone Cooperative Corporation, Inc. - TN	
Signature of authorized officer		Date	9/26/2012
Printed name of authorized officer		Trevor Bonnstetter	
Title or position of authorized officer		Chief Executive Officer	
Telephone number of authorized officer:		(270) 674-1000	
Study Area Code of Reporting Carrier	290598	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 603(b), or the or imprisonment under title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: THE ARTHUR MUTUAL

Signature of Authorized Officer or employee: Eric Roughton
Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Eric Roughton

Title or position of Authorized Officer or employee: General Manager/Sec'y/Treasurer

Telephone number of Authorized Officer or employee: 419-393-2233

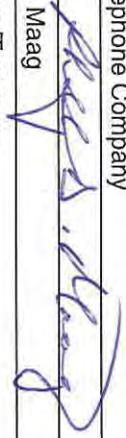
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Ayersville Telephone Company			
Signature of authorized officer		Date	9/26/12
Printed name of authorized officer Phillip D. Maag			
Title or position of authorized officer Secretary/Treasurer			
Telephone number of authorized officer: (419) 395-2222 ext.		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier	0588	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

300588

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **BASCOM MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Kathy Reinhart**
Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:9/27/2012

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Kathy Reinhart**

Title or position of Authorized Officer or employee: **Asst. Treasurer**

Telephone number of Authorized Officer or employee: **419-937-2222**

Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		Benton Ridge Tel Co	
Signature of authorized officer	<i>Ken Williams</i>	Date	9/25/2012
Printed name of authorized officer		Ken Williams	
Title or position of authorized officer		President & CEO	
Telephone number of authorized officer:	(419) 859-2144 ext		
Study Area Code of Reporting Carrier	300590	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier		Buckland Telephone Company	
Signature of authorized officer		Date	9-26-2012
Printed name of authorized officer		Douglas G. Place	
Title or position of authorized officer		General Manager	
Telephone number of authorized officer		(419) 657-2222	
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: THE CHAMPAIGN TEL CO

Signature of Authorized Officer or employee: Tiffany Kuivinen
Digitally signed by Tiffany Kuivinen DN:cn=Tiffany Kuivinen,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Tiffany Kuivinen

Title or position of Authorized Officer or employee: Director of Finance

Telephone number of Authorized Officer or employee: 937-653-2263

Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier	McClure Telephone Company	Date	9/25/12
Signature of authorized officer	<i>[Signature]</i>		
Printed name of authorized officer	Lance Miller		
Title or position of authorized officer	PRISIDENT		
Telephone number of authorized officer:	419.748.5100 ext.		
Study Area Code of Reporting Carrier	300598	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: CONNEAUT TEL CO

Karen Picard

Digitally signed by Karen Picard DN:cn=Karen Picard,email=karenp@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Karen Picard

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 440-593-7127

Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier			Doylstown Telephone Company		
Signature of authorized officer				Date	
				8/28/2012	
Printed name of authorized officer			Thomas J. Brbekman		
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)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 55 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer or employee: **Eric Damman**
Digitally signed by Eric Damman DN:cn=Eric Damman,email=edamman@fmtc.cc,O=farmers mutual tel,l=Okolona OH 43550, Date:9/25/2012

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Eric Damman**

Title or position of Authorized Officer or employee: **Secretary/General Manager**

Telephone number of Authorized Officer or employee: **419-758-3322**

Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: Fort Jennings Telephone Company			
Signature of authorized officer: <i>Michael Metzger</i>			Date: 9/27/2012
Printed name of authorized officer: Michael Metzger			
Title or position of authorized officer: Assistant VP			
Telephone number of authorized officer: (419) 286-2184			
Study Area Code of Reporting Carrier: 300614	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **GLANDORF TEL CO**

Linda Heckman

Digitally signed by Linda Heckman DN:cn=Linda Heckman,email=glantel@bright.net,O=glandorf tel co,l=Glandorf OH 45848-0031, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Linda Heckman**

Title or position of Authorized Officer or employee: **Manager/Asst.Treasurer**

Telephone number of Authorized Officer or employee: **419-538-6987**

Study Area Code of Reporting Carrier

300619

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **KALIDA TEL CO**

Chris Phillips

Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Chris Phillips**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **419-532-3218**

Study Area Code of Reporting Carrier

300625

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: MIDDLE POINT HOME

Kent Hughes

Digitally signed by Kent Hughes DN:cn=Kent Hughes,email=khughes@middlepointtel.com,O=middle point home,l=Middle Point OH 45863, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Kent Hughes

Title or position of Authorized Officer or employee: Plant Manager/Assistant Vice President

Telephone number of Authorized Officer or employee: 419-968-2000

Study Area Code of Reporting Carrier

300633

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: MINFORD TEL CO

Paula McGraw

Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,I=Minford OH 45653, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Paula McGraw

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 740-820-2151

Study Area Code of Reporting Carrier

300634

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				NEW KNOXVILLE TELEPHONE	
Signature of authorized officer					
Printed name of authorized officer			PRESTON MEYER		
Title or position of authorized officer					
GENERAL MANAGER					
Telephone number of authorized officer:				(419) 753-2457	
Study Area Code of Reporting Carrier		300639		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in this state jurisdiction for any eligible Recovery subject to the recovery mechanism of per 51.917(d)(vii).

Name of Reporting Carrier		Nova Telephony Company	
Signature of authorized officer		<i>[Signature]</i>	
Printed name of authorized officer		Charles D. Smith, Jr.	
Title or position of authorized officer		President/owner	
Telephone number of authorized officer		9032663 0089	
Carrier Access Code of Reporting Carrier	300644	Filing Due Date for this form (format: mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 602, 605(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Date 9-25-12

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier The Ottoville Mutual Telephone Company			
Signature of authorized officer <i>Donald J Hoersten</i>	Date		9/24/2012
Printed name of authorized officer Donald J Hoersten			
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)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

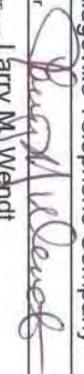
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Pattersonville Telephone Co.
Signature of authorized officer		<i>Aaron Jones</i>		Date
Printed name of authorized officer		Aaron Jones		9/26/12
Title or position of authorized officer				CEO
Telephone number of authorized officer		(330) 895-4931		
Study Area Code of Reporting Carrier	300651	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Ridgeville Telephone Company	
Signature of authorized officer				Date	
Printed name of authorized officer		Larry M. Wendt		9/26/12	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(419) 267-5185	
Study Area Code of Reporting Carrier		300654		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicate Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicate recovery in the state jurisdiction for any eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Sherwood Mutual Telephone Association Inc			
Signature of authorized officer	<i>Lynn Bergman</i>	Date	9/27/2012
Printed name of authorized officer Lynn Bergman			
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)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier	Spartan Telephone Company			Date	9-25-12
Signature of authorized officer	[Signature]				
Printed name of authorized officer	Steven D. Ekleberry				
Title or position of authorized officer	General Manager/Treasurer				
Telephone number of authorized officer:	4099276002, ext.				
Study Area Code of Reporting Carrier	300658	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1007.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: TELEPHONE SERVICE

Signature of Authorized Officer or employee: Bruce Hanson
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: VAUGHNSVILLE TEL CO

Martha Kaplan

Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Martha Kaplan

Title or position of Authorized Officer or employee: Manager/Secretary/Treasurer

Telephone number of Authorized Officer or employee: 419-646-3431

Study Area Code of Reporting Carrier

300663

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier	Wabash Mutual Telephone		Date	9-27-12
Signature of authorized officer	Julie Marchal			
Printed name of authorized officer	Julie Marchal			
Title or position of authorized officer	Secretary			
Telephone number of authorized officer:	4169421111	ext.	9405	
Study Area Code of Reporting Carrier	30-0644	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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