

# 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: MILES COOP TEL ASSN

Signature of Authorized Officer or employee: **Debra Chrest**  
Digitally signed by Debra Chrest DN:cn=Debra Chrest,email=milestele@netins.net,O=miles coop tel assn,I=Miles IA 52064-0280, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer or employee: Debra Chrest

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

Telephone number of Authorized Officer or employee: 563-682-7111

Study Area Code of Reporting Carrier	351242		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: MINBURN TEL CO

Debra Lucht

Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,I=Minburn IA 50167, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Debra Lucht

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

Telephone number of Authorized Officer or employee: 515-677-2264

Study Area Code of Reporting Carrier	<u>351245</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>	
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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 51.9217(d)(vi).

Name of Reporting Carrier **Minerva Valley Telephone Co., Inc.**

Signature of authorized officer

*Levi Bappe*

Date

09/25/2012

Printed name of authorized officer

Levi Bappe

Title or position of authorized officer

General Manager

Telephone number of authorized officer:

(641) 487-7399

351246

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

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Name of Reporting Carrier: MODERN COOP TEL CO

Jeffrey Brower

Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Jeffrey Brower

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

Telephone number of Authorized Officer or employee: 319-667-2375

Study Area Code of Reporting Carrier	351247		Filing Due Date for this form (mm/dd/yyyy)	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: **MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Randy Foor**  
Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Randy Foor**

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

Telephone number of Authorized Officer or employee: **319-868-7636**

Study Area Code of Reporting Carrier	<b>351250</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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		MEDIAPOLIS TELEPHONE COMPANY	
Signature of authorized officer:	<i>W.R. Malcom</i>	Date	9/25/2012
Printed name of authorized officer:		WILLIAM R MALCOM	
Title or position of authorized officer:		GENERAL MANAGER & CEO	
Telephone number of authorized officer:		(319) 394-3456	
Study Area Code of Reporting Carrier:	351251	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: **MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Doug Boone**  
Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mual tel co,l=Sioux Center IA 51250, Date:9/27/2012

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Doug Boone**

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

Telephone number of Authorized Officer or employee: **712-722-3451**

Study Area Code of Reporting Carrier	<b>351252</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 ENGLISH COOP**

Signature of Authorized Officer or employee: **Reed Ostenberg**  
Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop,l=North English IA 52316, Date:9/25/2012

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Reed Ostenberg**

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

Telephone number of Authorized Officer or employee: **319-664-3821**

Study Area Code of Reporting Carrier	<b>351257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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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: **NORTHERN IOWA TEL CO**

Signature of Authorized Officer or employee: **Doug Boone**  
Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=northern iowa tel co,l=Sioux Center IA 51250, Date:9/27/2012

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Doug Boone**

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

Telephone number of Authorized Officer or employee: **712-722-3451**

Study Area Code of Reporting Carrier	<b>351259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 Northwest Iowa Telephone			
Signature of authorized officer <i>Paul Bergmann</i>		Date 9/26/12	
Printed name of authorized officer Paul Bergmann			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (712) 271-4000			
Study Area Code of Reporting Carrier	351260	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: **NORTHWEST TEL COOP**

**Donald Miller**

Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Donald Miller**

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

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

**351261**

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

**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: **COMM 1 NETWORK**

**Randy Yeakel**

Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Randy Yeakel**

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

Telephone number of Authorized Officer or employee: **641-762-3772**

Study Area Code of Reporting Carrier

**351262**

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

**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: **OGDEN TEL CO - IA**

**John Ellis**

Digitally signed by John Ellis DN:cn=John Ellis,email=ogdentel@netins.net,O=ogden tel co - ia,I=Ogden IA 50212, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

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

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

Telephone number of Authorized Officer or employee: **515-275-2050**

Study Area Code of Reporting Carrier

**351263**

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

**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: OLIN TEL CO, INC

**Rodney Cozart**

Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,I=Olin IA 52320-0130, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Rodney Cozart

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 319-484-2200

Study Area Code of Reporting Carrier	351264		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: **ONSLow COOP TEL ASSN**

Signature of Authorized Officer or employee: **Russ Benke**  
Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop tel assn,I=Onslow IA 52321, Date:9/24/2012

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Russ Benke**

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

Telephone number of Authorized Officer or employee: **563-485-2833**

Study Area Code of Reporting Carrier	<b>351265</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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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: **ORAN MUTUAL TEL CO**

**Barb Gruetzmacher**

Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co,l=Oran IA 50664-0007, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Barb Gruetzmacher**

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

Telephone number of Authorized Officer or employee: **319-638-6006**

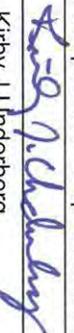
Study Area Code of Reporting Carrier	<b>351266</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				Palo Cooperative Telephone Association	
Signature of authorized officer					Date
Printed name of authorized officer			Kirby J Underberg		09/27/2012
Title or position of authorized officer					
General Manager					
Telephone number of authorized officer:				34, 851-3431	
Study Area Code of Reporting Carrier				351269	
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

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Name of Reporting Carrier: PALMER MUTUAL TEL CO

Signature of Authorized Officer or employee: **Andy Peterson**  
Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,l=Palmer IA 50571, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer or employee: Andy Peterson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 712-359-2411

Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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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)(4)(i).

Name of Reporting Carrier <b>Panora Communications Cooperative</b>			
Signature of authorized officer	<i>Ron Reynolds</i>	Date	<b>9-25-12</b>
Printed name of authorized officer <b>Ron Reynolds</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(641) 755-2424</b>		Filing Due Date for this form	
Study Area Code of Reporting Carrier	<b>351271</b>	<small>(mm/dd/yyyy)</small>	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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Name of Reporting Carrier: PEOPLES TEL CO - IA

**Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Curt Kawlewski

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

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier

351273

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

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 <b>CenturyTel, Inc. dba CenturyLink</b>				
Signature of authorized officer <i>Jeff Glover</i>			Date	<b>09/27/2012</b>
Printed name of authorized officer <b>Jeff Glover</b>				
Title or position of authorized officer <b>Vice President - Regulatory Operations</b>				
Telephone number of authorized officer: <b>(318)-388-9648</b> <small>ext.</small>				
Study Area Code of Reporting Carrier	<b>351274</b>		Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>10/4/2012</b>
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>				

**POSTVILLE**

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 52.927(d)(VI).

<p><b>Names of Reporting Carrier</b> <b>Prairieburg Telephone Company, Inc.</b></p>			
<p><b>Signature of authorized officer</b> <i>Leon Soukup</i></p>	<p><b>Date</b> <b>9/25/2012</b></p>		
<p><b>Printed name of authorized officer</b> <b>Leon Soukup</b></p>			
<p><b>Title or position of authorized officer</b> <b>President</b></p>			
<p><b>Telephone number of authorized officer:</b> <b>(319) 437-3644</b></p>			
<p><b>Study Area Code of Reporting Carrier</b></p>	<p><b>35-1275</b></p>	<p><b>Filing Due Date for this form</b> (mm/dd/yyyy)</p>	<p><b>10/4/2012</b></p>
<p><small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small></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: PRESTON TEL CO

Roger Kilburg

Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestontel.com,O=preston tel co,I=Preston IA 52069-0167, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Roger Kilburg

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

Telephone number of Authorized Officer or employee: 563-689-3811

Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	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: **RADCLIFFE TEL CO**

**Edwin Drake**

Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,I=Radcliffe IA 50230-0140, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Edwin Drake**

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

Telephone number of Authorized Officer or employee: **515-899-2341**

Study Area Code of Reporting Carrier

**351277**

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

**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			Ringsled Telephone Company		
Signature of authorized officer				Date	
		Daniel Nelson		9/26/12	
Printed name of authorized officer			Board President		
Title or position of authorized officer			Board President		
Telephone number of authorized officer:			(712) 866-8000		
Study Area Code of Reporting Carrier		351280		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, 504(b), or fine or imprisonment under Title 18 of the United States 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: **ROCKWELL COOP ASSN**

**David Severin**

Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,I=Rockwell IA 50469, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

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

Title or position of Authorized Officer or employee: **General Mgr/Assist Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **641-822-3212**

Study Area Code of Reporting Carrier

**351282**

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: ROYAL TEL CO

Dennis Galloway

Digitally signed by Dennis Galloway DN:cn=Dennis Galloway,email=denny@hsbroyal.com,O=royal tel co,l=Royal IA 51357, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Galloway

Title or position of Authorized Officer or employee: Secretary

Telephone number of Authorized Officer or employee: 712-933-2652

Study Area Code of Reporting Carrier

351283

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 51.317(d)(vii).

Name of Reporting Carrier <b>River Valley Telecommunications Coop</b>			
Signature of authorized officer <i>Pamela Sluder</i>	Date		<b>09/26/12</b>
Printed name of authorized officer <b>Pamela Sluder</b>			
Title or position of authorized officer <b>Secretary</b>			
Telephone number of authorized officer: <b>(712) 859-3300</b>			
Study Area Code of Reporting Carrier	<b>351284</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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: SAC COUNTY MUTUAL

Ronald Sorensen

Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc\_manager@netins.net,O=sac county mutual,i=Odebolt IA 51458, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Ronald Sorensen

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 712-668-2200

Study Area Code of Reporting Carrier	351285		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: SCHALLER TEL CO

Missy Kestel

Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Missy Kestel

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

Telephone number of Authorized Officer or employee: 712-275-4211

Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	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: <b>Searsboro Telephone Co</b>			
Signature of authorized officer		Date	9/26/12
Printed name of authorized officer: <b>Gary Neill</b>			
Title or position of authorized officer: <b>General Manager</b>			
Telephone number of authorized officer: <b>(402) 477-1354</b>			
Study Area Code of Reporting Carrier	351292	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: SHARON TEL CO

Michael Yoder

Digitally signed by Michael Yoder DN:cn=Michael Yoder,email=myoder@netins.net,O=sharon tel co,I=Hills IA 52235-0280, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Michael Yoder

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 319-679-2211

Study Area Code of Reporting Carrier	351293		Filing Due Date for this form (mm/dd/yyyy)	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-Retain 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				Scranton Telephone Company			
Signature of authorized officer				<i>Sam Fengel</i>		Date	
Printed name of authorized officer				Sam Fengel		9/24/12	
Title or position of authorized officer				Manager			
Telephone number of authorized officer:				(712) 652-3355			
Study Area Code of Reporting Carrier		351294		Filing Due Date for this form (mm/dd/yyyy)		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: SHELL ROCK COMM

Richard McBurney

Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,l=Plainfield IA 50666-0099, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Richard McBurney

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 319-276-4458

Study Area Code of Reporting Carrier	351295		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: HEART OF IOWA COMM.

**Bryan Amundson**

Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Bryan Amundson

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 641-486-2211

Study Area Code of Reporting Carrier	351297		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: SOUTH SLOPE COOP TEL

Signature of Authorized Officer or employee: **Justyn Miller**  
Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=south slope coop tel,l=North Liberty IA 52317, Date:9/28/2012

Date: 9/28/2012

Printed name of Authorized Officer or employee: Justyn Miller

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

Telephone number of Authorized Officer or employee: 319-626-2211

Study Area Code of Reporting Carrier	351298		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: SOUTHWEST TEL EXCH

Signature of Authorized Officer or employee: Mike Weis  
Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=southwest tel exch,l=Truro IA 50257-0229, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Mike Weis

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 641-765-4201

Study Area Code of Reporting Carrier	351301		Filing Due Date for this form (mm/dd/yyyy)	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: **SPRINGVILLE COOP TEL**

Signature of Authorized Officer or employee: **Jean Johnston**  
Digitally signed by Jean Johnston DN:cn=Jean Johnston,email=springvl@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Jean Johnston**

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

Telephone number of Authorized Officer or employee: **319-854-6107**

Study Area Code of Reporting Carrier	<b>351302</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: COOP TEL EXCHANGE

Signature of Authorized Officer or employee: **Marvin Ness**  
Digitally signed by Marvin Ness DN:cn=Marvin Ness,email=cooptelx@netins.net,O=coop tel exchange,l=Stanhope IA 50246, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Marvin Ness

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 515-826-3206

Study Area Code of Reporting Carrier	351303		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: SWISHER TEL CO

Justyn Miller

Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=swisher tel co,l=North Liberty IA 52317, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Justyn Miller

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

Telephone number of Authorized Officer or employee: 319-626-2211

Study Area Code of Reporting Carrier

351304

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 <b>Stratford Mutual Telephone Company</b>			
Signature of authorized officer	<i>Elaine K. Ubben</i>	Date	09/25/2012
Printed name of authorized officer <b>Elaine K. Ubben</b>			
Title or position of authorized officer <b>Assistant Secretary</b>			
Telephone number of authorized officer:	<b>(515) 838-2390</b>	Filing Due Date for this form (mm/dd/yyyy)	
Study Area Code of Reporting Carrier	<b>351305</b>		<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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: SULLY TEL ASSOC

Signature of Authorized Officer or employee: **Arie Scholten**  
Digitally signed by Arie Scholten DN:cn=Arie Scholten,email=sullytel@netins.net,O=sully tel assoc,l=Sully IA 50251, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer or employee: Arie Scholten

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 641-594-2905

Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	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				Superior Telephone Co-op		Date		09/25/2012	
Signature of authorized officer				<i>Robert Soat</i>					
Printed name of authorized officer				Robert Soat					
Title or position of authorized officer				President of Board					
Telephone number of authorized officer:				(712) 858-4591					
Study Area Code of Reporting Carrier				351307		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, 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 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: **TEMPLETON TEL CO**

**Patricia Snyder**

Digitally signed by Patricia Snyder DN:cn=Patricia Snyder,email=tempstel@netins.net,O=templeton tel co,l=Templeton IA 51463-0077, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Patricia Snyder**

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

Telephone number of Authorized Officer or employee: **712-669-3311**

Study Area Code of Reporting Carrier	<b>351308</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **TERRIL TEL. COOP.**

**Douglas Nelson**

Digitally signed by Douglas Nelson DN:cn=Douglas Nelson,email=dnelson@terril.com,O=terril tel. coop.,I=Terril IA 51364-0100, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: **9/28/2012**

Printed name of Authorized Officer or employee: **Douglas Nelson**

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

Telephone number of Authorized Officer or employee: **712-853-6121**

Study Area Code of Reporting Carrier	<b>351309</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: TITONKA-BURT

Vicky Nelson

Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,I=Titonka IA 50480-0321, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Vicky Nelson

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

Telephone number of Authorized Officer or employee: 515-928-2110

Study Area Code of Reporting Carrier	351310		Filing Due Date for this form (mm/dd/yyyy)	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		United Farmers Telephone Company	
Signature of authorized officer	<i>Roxanne White</i>	Date	09/24/2012
Printed name of authorized officer		Roxanne White	
Title or position of authorized officer		Executive Vice President	
Telephone number of authorized officer: (712) 834-0220			
Study Area Code of Reporting Carrier	351316	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: VAN BUREN TEL CO

Kevin Hranicka

Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,I=Keosauqua IA 52565-0430, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Kevin Hranicka

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 319-293-3187

Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	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: VAN HORNE COOP TEL

**Kerry Less**

Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,I=Van Horne IA 52346-0096, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Kerry Less

Title or position of Authorized Officer or employee: Buisness Manager

Telephone number of Authorized Officer or employee: 319-228-8791

Study Area Code of Reporting Carrier

351320

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: VENTURA TEL CO, INC

Thomas Lovell

Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Thomas Lovell

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

Telephone number of Authorized Officer or employee: 641-357-2111

Study Area Code of Reporting Carrier

351322

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: **VILLISCA FARMERS TEL**

**Kevin Cabbage**

Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Kevin Cabbage**

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

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier	<b>351324</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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			WALSH TELEPHONE COMPANY INC		
Signature of authorized officer			<i>[Signature]</i>		
Printed name of authorized officer			BRUCE ALLEN		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer:			762-708-2244		
Study Area Code of Reporting Carrier		Filing Due Date for this form		Date	
351226		10/4/2012		26502012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States 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: WEBB-DICKENS TEL

Signature of Authorized Officer or employee: **Doug Boone**  
Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,l=Sioux Center IA 51250, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Doug Boone

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

Telephone number of Authorized Officer or employee: 712-722-3451

Study Area Code of Reporting Carrier	351327		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: WEBSTER-CALHOUN COOP

Signature of Authorized Officer or employee: **Daryl Carlson**  
Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=daryl@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Daryl Carlson

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

Telephone number of Authorized Officer or employee: 515-352-3151

Study Area Code of Reporting Carrier	351328		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: WELLMAN COOP TEL

Jayne Hochstedler

Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Jayne Hochstedler

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 319-646-6075

Study Area Code of Reporting Carrier

351329

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: WEST IOWA TEL CO

**Robert Gannon**

Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Robert Gannon

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

Telephone number of Authorized Officer or employee: 712-786-5572

Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	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: WEST LIBERTY TEL CO

Signature of Authorized Officer or employee: **Craig Bieber**  
Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,lc=, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Craig Bieber

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

Telephone number of Authorized Officer or employee: 319-627-2145

Study Area Code of Reporting Carrier	351332		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			Western Iowa Telephone Association		
Signature of authorized officer		<i>Russell Walker</i>		Date	
Printed name of authorized officer		Russell Walker		9/27/12	
Title or position of authorized officer			Board President		
Telephone number of authorized officer:			(712) 944-5714		
Study Area Code of Reporting Carrier		351334		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: WESTSIDE INDEPENDENT

Signature of Authorized Officer or employee: Jane Morlok  
Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=westside independent,l=Breda IA 51436-0190, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Jane Morlok

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 712-673-8101

Study Area Code of Reporting Carrier	351335		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: WILTON TEL CO

Stacie Harris

Digitally signed by Stacie Harris DN:cn=Stacie Harris, email=stacie@wtccommunications.com, O=wilton tel co, I=Wilton IA 52778, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Stacie Harris

Title or position of Authorized Officer or employee: Assistant General Manager/CFO

Telephone number of Authorized Officer or employee: 563-732-3000

Study Area Code of Reporting Carrier

351336

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

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: WINNEBAGO COOP-IA

Terry Wegener

Digitally signed by Terry Wegener DN:cn=Terry Wegener, email=terrywegener@wctatel.com, O=winnebago coop-ia, l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Terry Wegener

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 641-592-6105

Study Area Code of Reporting Carrier	351337		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.

FORM 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	Woolstock Mutual Telephone	Date	9-24-12
Signature of authorized officer	<i>[Signature]</i>		
Printed name of authorized officer	THOMAS D. BLOOM		
Title or position of authorized officer	General Mgr.		
Telephone number of authorized officer:	575-839-5571	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier	351342		

Persons 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 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: WYOMING MUTUAL TEL

Debra Williams

Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Debra Williams

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 563-488-2535

Study Area Code of Reporting Carrier

351343

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

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: PRAIRIE TEL CO

Jane Morlok

Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=prairie tel co,l=Breda IA 51436-0190, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Jane Morlok

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 712-673-8101

Study Area Code of Reporting Carrier

351344

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: ACE TEL ASSN-IA

**Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-ia,l=Houston MN 55943-0360, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Todd Roesler

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

Telephone number of Authorized Officer or employee: 507-896-6292

Study Area Code of Reporting Carrier

351346

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: ALLIANCE-HILLS IA

**Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 605-594-8228

Study Area Code of Reporting Carrier	351405		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)(vi).

Name of Reporting Carrier				Killduff Telephone Co	
Signature of authorized officer				Date	
Printed name of authorized officer		Gary Neill		9-26-12	
Title or position of authorized officer					
General Manager					
Telephone number of authorized officer: (402) 477-1354					
Study Area Code of Reporting Carrier					
351407		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: MABEL COOP TEL-IA

Lorren Tingesdal

Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=mabel coop tel-ia,l=Mabel MN 55954-0368, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Lorren Tingesdal

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-493-5411

Study Area Code of Reporting Carrier

351424

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

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				Grand River Mutual Telephone Corporation - IA	
Signature of authorized officer		<i>Gregg Davis</i>		Date	
Printed name of authorized officer		Gregg Davis		9-27-12	
Title or position of authorized officer		President			
Telephone number of authorized officer:		(660) 748-3231			
Study Area Code of Reporting Carrier	351888	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(p), or fine or imprisonment under Title 18 of the United States 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: WINNEBAGO COOP-TN

**Terry Wegener**

Digitally signed by Terry Wegener DN:cn=Terry Wegener, email=terrywegener@wctatel.com, O=winnebago coop-mn, l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Terry Wegener

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 541-692-5106

Study Area Code of Reporting Carrier

351337

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: ACE TEL ASSN-MN

**Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-mn,l=Houston MN 55943-0360, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Todd Roesler

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

Telephone number of Authorized Officer or employee: 507-896-6292

Study Area Code of Reporting Carrier	361346		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		Albany Mutual Telephone Association	
Signature of authorized officer			
Printed name of authorized officer		Steven W. Katka	
Title or position of authorized officer		CEO/General Manager	
Telephone number of authorized officer:		(320) 845-2101	
Study Area Code of Reporting Carrier	361347	Filing Due Date for this form (mm/dd/yyyy)	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: WILDERNESS VALLEY

Signature of Authorized Officer or employee: Robert Riddell  
Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=wilderness valley, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Robert Riddell

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 218-488-6565

Study Area Code of Reporting Carrier	361348		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: CITY OF BARNESVILLE

Signature of Authorized Officer or employee: **Guy Swenson**  
Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville,l=Barnesville MN 56514, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Guy Swenson

Title or position of Authorized Officer or employee: TEC Manager

Telephone number of Authorized Officer or employee: 218-354-2292

Study Area Code of Reporting Carrier	361353		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: BENTON COOP TEL CO

**Cheryl Scapanski**

Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Cheryl Scapanski

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 320-393-2115

Study Area Code of Reporting Carrier	361356		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 <b>Blue Earth Valley Telephone Company</b>			
Signature of authorized officer 	Date		<b>09/26/2012</b>
Printed name of authorized officer <b>William Eckles</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer <b>(507) 526-3252</b>			
Study Area Code of Reporting Carrier <b>361 358</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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: **CALLAWAY TEL CO**

**Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	<b>361365</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: CLARA CITY TEL EXCH

Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch, Date:9/25/2012

Signature of Authorized Officer or employee:

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

361370

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: CLEMENTS TEL CO

Staci Malikowski

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361372

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

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		Consolidated Telephone Company - MN	
Signature of authorized officer		Date	09/25/2012
Printed name of authorized officer		Kevin T. Larson	
Title or position of authorized officer		CEO/General Manager	
Telephone number of authorized officer:		(218) 454-1101	
Study Area Code of Reporting Carrier	361373	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: **ARROWHEAD COMM CORP**

Signature of Authorized Officer or employee: **Bob Weiss**  
Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=arrowhead comm corp,l=New Ulm MN 56073, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

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

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier	<b>361374</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: DUNNELL TEL CO

Kathy Nelson

Digitally signed by Kathy Nelson DN:cn=Kathy Nelson,email=dcndtc@bevcomm.net,O=dunnell tel co,l=Dunnell MN 56127, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Kathy Nelson

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 507-695-2730

Study Area Code of Reporting Carrier

361381

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: **EAGLE VALLEY TEL CO**

Signature of Authorized Officer or employee: **Bob Weiss**  
Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=eagle valley tel co,l=New Ulm MN 56073, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

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

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier	<b>361383</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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			Easton Telephone Company		
Signature of authorized officer		Date	09/26/2012		
Printed name of authorized officer			William Eckles		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(507) 526-3252		
Study Area Code of Reporting Carrier	361384	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: EAST OTTER TAIL TEL

**Staci Malinkowski**

Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=east otter tail tel,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malinkowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier	361385		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 <u>Eckles Telephone Company</u>			
Signature of authorized officer <u></u>	Date		<u>09/26/2012</u>
Printed name of authorized officer <u>William Eckles</u>			
Title or position of authorized officer <u>President</u>			
Telephone number of authorized officer: <u>(507) 526-3252</u>			
Study Area Code of Reporting Carrier	<u>361386</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 <b>Emily Cooperative Telephone Company</b>			
Signature of authorized officer	<i>Samuel S Baker</i>	Date	<b>9/26/2012</b>
Printed name of authorized officer <b>Lovell Baker</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(218) 763-3000</b>			
Study Area Code of Reporting Carrier	<b>361387</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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 Mutual Telephone Company	
Signature of authorized officer					
Printed name of authorized officer			Kevin Beyer		
Title or position of authorized officer			CEO		
Telephone number of authorized officer:			(320) 568-2105		
Study Area Code of Reporting Carrier		361389		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				Federated Telephone Cooperative	
Signature of authorized officer				Date	
Printed name of authorized officer		Kevin Beyer		09/26/2012	
Title or position of authorized officer				CEO	
Telephone number of authorized officer:				(320) 324-7114	
Study Area Code of Reporting Carrier		361390		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(p), or fine or imprisonment under Title 18 of the United States 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: **FELTON TEL CO. INC.**

**Bob Weiss**

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=felton tel co. inc.,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

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

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier

**361391**

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				Garden Valley Telephone Company	
Signature of authorized officer		<i>Joe Sandberg</i>		Date	
Printed name of authorized officer		Joe Sandberg		9/25/2012	
Title or position of authorized officer				Treasurer	
Telephone number of authorized officer:				(218) 687-2400	
Study Area Code of Reporting Carrier	361395	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: **GARDONVILLE COOP TEL**

Signature of Authorized Officer or employee: **David Wolf**  
Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gctel.net,O=gardonville coop tel,l= , Date:9/25/2012

Date: **9/25/2012**

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

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

Telephone number of Authorized Officer or employee: **320-524-2211**

Study Area Code of Reporting Carrier	<b>361396</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: GRANADA TEL CO

**Bob Weiss**

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=granada tel co,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Bob Weiss

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-354-2500

Study Area Code of Reporting Carrier

361399

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: HALSTAD TEL CO

**Tom Maroney**

Digitally signed by Tom Maroney DN:cn=Tom Maroney,email=tmaroney@rrv.net,O=halstad tel co,l=Halstad MN 56548, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Tom Maroney

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 218-456-2125

Study Area Code of Reporting Carrier	361401		Filing Due Date for this form (mm/dd/yyyy)	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				Federated Telephone Cooperative	
Signature of authorized officer					
Printed name of authorized officer			Kevin Beyer		
Title or position of authorized officer			CEO		
Telephone number of authorized officer:			(320) 324-7111 ext. 1		
Study Area Code of Reporting Carrier	361403	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-Retiree 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 51.91(d)(vii).

Name of Reporting Carrier <b>Harmony Telephone Company</b>			
Signature of authorized officer <i>Lorren Tingesdal</i>			Date <b>09/26/2012</b>
Printed name of authorized officer <b>Lorren Tingesdal</b>			
Title or position of authorized officer <b>CEO</b>			
Telephone number of authorized officer <b>(507) 886-2525</b>			
Study Area Code of Reporting Carrier <b>361404</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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: ALLIANCE-HILLS MN

**Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,l=Garretson SD 57030, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 605-594-8228

Study Area Code of Reporting Carrier

361405

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: HOME TEL CO - MN

**Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	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: HUTCHINSON TEL CO

**Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Curt Kawlewski

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

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier

361409

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

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: JOHNSON TEL CO

Donna Gunderson

Digitally signed by Donna Gunderson DN:cn=Donna Gunderson,email=jtcbusiness@means.net,O=johnson tel co,I=Remer MN 56672, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Donna Gunderson

Title or position of Authorized Officer or employee: Corporate Secretary

Telephone number of Authorized Officer or employee: 218-566-2302

Study Area Code of Reporting Carrier	361410		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: **KASSON & MANTORVILLE**

Signature of Authorized Officer or employee: **Beth Tollefson**  
Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=tollef@kmtel.com,O=kasson & mantorville,l= , Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Beth Tollefson**

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

Telephone number of Authorized Officer or employee: **507-634-2511**

Study Area Code of Reporting Carrier	<b>361412</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: LISMORE COOP TEL CO

Signature of Authorized Officer or employee: **Tarri Joens**  
Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=info@lismoretele.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Tarri Joens

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 507-472-8748

Study Area Code of Reporting Carrier	361419		Filing Due Date for this form (mm/dd/yyyy)	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: LONSDALE TEL CO

Bonnie Simon

Digitally signed by Bonnie Simon DN:cn=Bonnie Simon,email=lonbonnie@means.net,O=lonsdale tel co,l=Lonsdale MN 55046, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Bonnie Simon

Title or position of Authorized Officer or employee: Secretary

Telephone number of Authorized Officer or employee: 507-744-2311

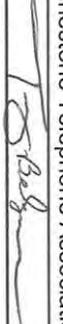
Study Area Code of Reporting Carrier	361422		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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				Runestone Telephone Association	
Signature of authorized officer					
Date				09/26/2012	
Printed name of authorized officer					
Toby Belgum					
Title or position of authorized officer					
Vice President					
Telephone number of authorized officer: (320) 986-2013					
Study Area Code of Reporting Carrier				361423	
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: MABEL COOP TEL - MN

Lorren Tingesdal

Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954-0368, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Lorren Tingesdal

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-493-5411

Study Area Code of Reporting Carrier

361424

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

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: CHRISTENSEN COMM CO

Signature of Authorized Officer or employee: **Andy Hennis**  
Digitally signed by Andy Hennis DN:cn=Andy Hennis,email=andyh@chriscomco.net,O=christensen comm co,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Andy Hennis

Title or position of Authorized Officer or employee: Business Manager

Telephone number of Authorized Officer or employee: 507-642-5555

Study Area Code of Reporting Carrier	361425		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				Manchester-Hartland Telephone Company	
Signature of authorized officer				<i>Milo Madson</i>	
Printed name of authorized officer				Milo Madson	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(507) 826-3212	
Study Area Code of Reporting Carrier		361426		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: MELROSE TEL CO

**Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier	361430		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: **MIDWEST TEL CO**

**Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361431**

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: MINNESOTA VALLEY TEL

Signature of Authorized Officer or employee: **Danny Busche**  
Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=minnesota valley tel,l=Franklin MN 55333, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Danny Busche

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 507-557-2275

Study Area Code of Reporting Carrier	361439		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 <b>Cannon Valley Telecom</b>			
Signature of authorized officer <i>W Eckles</i>			Date <b>09/26/2012</b>
Printed name of authorized officer <b>William Eckles</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(507) 526-3252</b>			
Study Area Code of Reporting Carrier <b>361440</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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 ULM TELECOM, INC**

**Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

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

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

**361442**

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

**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: **LORETEL SYSTEMS, INC**

Signature of Authorized Officer or employee: **Bob Weiss**  
Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=loretel systems, inc,l=New Ulm MN 56073, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

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

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier	<b>361443</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **OSAKIS TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=osakis tel co,l= , Date:9/28/2012

Date: **9/28/2012**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	<b>361448</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **PARK REGION MUTUAL**

Signature of Authorized Officer or employee: **Dave Bickett**  
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual,l=Underwood MN 56586-0277, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Dave Bickett**

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

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier	<b>361450</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: PAUL BUNYAN RURAL

Signature of Authorized Officer or employee: Dave Schultz

Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural,l= , Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer or employee: Dave Schultz

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

Telephone number of Authorized Officer or employee: 218-444-1141

Study Area Code of Reporting Carrier	361451		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: PEOPLES TEL CO - MN

**Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=peoples tel co - mn, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361453

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: PINE ISLAND TEL CO

Bob Weiss

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=pine island tel co,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Bob Weiss

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-354-2500

Study Area Code of Reporting Carrier	361454		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: REDWOOD COUNTY TEL

Staci Malikowski

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier	361472		Filing Due Date for this form (mm/dd/yyyy)	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

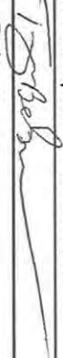
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: <b>Rothsay Telephone Co. Inc.</b>			
Signature of authorized officer: <i>Wayne Stowman</i>		Date: <b>9/27/2012</b>	
Printed name of authorized officer: <b>Wayne Stowman</b>			
Title or position of authorized officer: <b>Secy./Treas.</b>			
Telephone number of authorized officer: <b>(218) 867-2114</b>		Filing Due Date for this form (mm/dd/yyyy):	
Study Area Code of Reporting Carrier: <b>361474</b>		<b>10/4/2012</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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				Runestone Telephone Association	
Signature of authorized officer					Date
Printed name of authorized officer			Tony Belgium		09/26/2012
Title or position of authorized officer					
Telephone number of authorized officer:			(320) 986-2013		
Study Area Code of Reporting Carrier		361475	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: SACRED HEART TEL CO

Signature of Authorized Officer or employee: Bruce Hanson  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,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	361476		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: SCOTT RICE -INTEGRA

**Matthew Fahey**

Digitally signed by Matthew Fahey DN:cn=Matthew Fahey,email=Matthew.Fahey@integratelecom.com,O=scott rice -integra, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Matthew Fahey

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

Telephone number of Authorized Officer or employee: 503-453-8074

Study Area Code of Reporting Carrier

361479

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: SLEEPY EYE TEL CO

Signature of Authorized Officer or employee: **Bob Weiss**  
Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=sleepy eye tel co,l=New Ulm MN 56073, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Bob Weiss

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-354-2500

Study Area Code of Reporting Carrier	361483		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: **SPRING GROVE COMM.**

Signature of Authorized Officer or employee: **Craig Otterness**  
Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Craig Otterness**

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

Telephone number of Authorized Officer or employee: **507-498-3456**

Study Area Code of Reporting Carrier	<b>361485</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: STARBUCK TEL CO

Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:9/25/2012

Signature of Authorized Officer or employee:

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	361487		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: TWIN VALLEY-ULEN TEL

Staci Malikowski

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=twin valley-ulen tel,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier	361491		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: UPSALA COOP TEL ASSN

**Tony Gebhard**

Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,I=Upsala MN 56384, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Tony Gebhard

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

Telephone number of Authorized Officer or employee: 320-573-1390

Study Area Code of Reporting Carrier	361494		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: VALLEY TEL CO - MN

Signature of Authorized Officer or employee: **Dave Bickett**  
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:9/28/2012

Date: 9/28/2012

Printed name of Authorized Officer or employee: Dave Bickett

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

Telephone number of Authorized Officer or employee: 218-826-6161

Study Area Code of Reporting Carrier	361495		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: **CROSSLAKE TEL CO**

Signature of Authorized Officer or employee: **Paul Hoge**  
Digitally signed by Paul Hoge DN:cn=Paul Hoge,email=phoge@crosslake.net,O=crosslake tel co,l=Crosslake MN 56442, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Paul Hoge**

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

Telephone number of Authorized Officer or employee: **218-692-2777**

Study Area Code of Reporting Carrier	<b>361499</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **NORTHERN TEL CO - MN**

Signature of Authorized Officer or employee: **Robert Riddell**  
Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=northern tel co - mn,l= , Date:9/27/2012

Date: **9/27/2012**

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

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

Telephone number of Authorized Officer or employee: **218-488-6565**

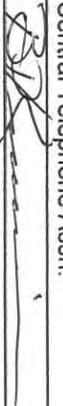
Study Area Code of Reporting Carrier	<b>361500</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY 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 <b>West Central Telephone Assn.</b>			
Signature of authorized officer 			Date <b>9/24/12</b>
Printed name of authorized officer <b>Bruce Kinunnen</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(218) 837-5154</b>			
Study Area Code of Reporting Carrier <b>361501</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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: WESTERN TEL CO

Curt Kawlewski

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=wester n tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Curt Kawlewski

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

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	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				Wikstrom Telephone Co. Inc.	
Signature of authorized officer		<i>Leslie B. Wikstrom</i>		Date	
Printed name of authorized officer		Leslie B. Wikstrom		9/27/12	
Title or position of authorized officer				Vice President	
Telephone number of authorized officer:				(218) 436-2124 ext.	
Study Area Code of Reporting Carrier		361505		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: WINTHROP TEL CO

Danny Busche

Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Danny Busche

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 507-557-2275

Study Area Code of Reporting Carrier	361508		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: WOODSTOCK TEL CO

Ronald Nelson

Digitally signed by Ronald Nelson DN:cn=Ronald Nelson,email=ron.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthton MN 56170, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Ronald Nelson

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-658-3830

Study Area Code of Reporting Carrier	361510		Filing Due Date for this form (mm/dd/yyyy)	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				Wolverton Telephone Co.	
Signature of authorized officer					
Printed name of authorized officer				David L. Dunning	
Title or position of authorized officer				Executive Vice President	
Telephone number of authorized officer:				(701) 284-7221 ext	
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		Date	
361512		10/4/2012		9-26-12	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States 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: ZUMBROTA TEL CO

Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co,l= , Date:9/25/2012

Signature of Authorized Officer or employee:

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	361515		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				Interstate Telecommunications Cooperative, Inc.	
Signature of authorized officer		<i>Warren Brandlee</i>		Date	
				9/26/12	
Printed name of authorized officer				Warren Brandlee	
Title or position of authorized officer				President	
Telephone number of authorized officer: (605) 874-2181					
Study Area Code of Reporting Carrier		361654		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: ARAPAHOE TEL CO

John Koller

Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: John Koller

Title or position of Authorized Officer or employee: VP Operations

Telephone number of Authorized Officer or employee: 308-962-7298

Study Area Code of Reporting Carrier	371516		Filing Due Date for this form (mm/dd/yyyy)	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 §1.917(d)(vii).

Name of Reporting Carrier				Arlington Telephone Company	
Signature of authorized officer					
Printed name of authorized officer				George Mack	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(402) 426-6200	
Study Area Code of Reporting Carrier	371517	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	September 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: **ELSIE COMM., INC.**

**David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm., inc.,l=Colorado City CO 81019, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

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

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

Telephone number of Authorized Officer or employee: **866-542-6780**

Study Area Code of Reporting Carrier

**371518**

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

**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				The Blair Telephone Company	
Signature of authorized officer					
Printed name of authorized officer			George Mark		
Title or position of authorized officer			President		
Telephone number of authorized officer		(402) 426-6200			
Study Area Code of Reporting Carrier	371524	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(b), or fine or imprisonment under Title 18 of the United States 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: **THREE RIVER TELCO**

**David Kalkowski**

Digitally signed by David Kalkowski DN:cn=David Kalkowski,email=KalkowskiD@threeriver.net,O=three river telco,l=Lynch NE 68746, Date:10/1/2012

Signature of Authorized Officer or employee:

Date: **10/1/2012**

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

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

Telephone number of Authorized Officer or employee: **402-569-3251**

Study Area Code of Reporting Carrier

**371525**

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: CAMBRIDGE TEL CO -NE

**J. Shoemaker**

Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge tel co -ne,l=Cambridge NE 69022. Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: J. Shoemaker

Title or position of Authorized Officer or employee: V P Regulatory Affairs

Telephone number of Authorized Officer or employee: 308-697-3333

Study Area Code of Reporting Carrier	371526		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: CONSOLIDATED TELCO

Wendy Thompson Fast

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Wendy Thompson Fast

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 402-489-2728

Study Area Code of Reporting Carrier	371530		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 <b>Clarks Telecommunications Company</b>			
Signature of authorized officer			Date
Printed name of authorized officer	<b>David Armstrong</b>		<b>9/27/12</b>
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(402) 632-4324</b>			
Study Area Code of Reporting Carrier	<b>371531</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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: CONSOLIDATED TEL CO

Wendy Thompson Fast

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/10

Printed name of Authorized Officer or employee: Wendy Thompson Fast

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 2/0-289-0708

Study Area Code of Reporting Carrier	371530		Filing Due Date for this form (mm/dd/yyyy)	1/24/10	
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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: **COZAD TEL CO**

**Marcus Young**

Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung@c. cozadtel@et,O=cozad tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Marcus Young**

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

Telephone number of Authorized Officer or employee: **308-784-4044**

Study Area Code of Reporting Carrier

**371534**

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: CURTIS TEL CO

Wendy Thompson Fast

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,l=Lincoln NE 68506-0147, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Wendy Thompson Fast

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 402-489-2728

Study Area Code of Reporting Carrier	371536		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: DALTON TEL CO, INC

David Shipley

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: David Shipley

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 866-542-6779

Study Area Code of Reporting Carrier	371537		Filing Due Date for this form (mm/dd/yyyy)	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				Diller Telephone Company	
Signature of authorized officer		<i>William P Sandman</i>		Date	
Printed name of authorized officer		William P Sandman		09/25/2012	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(402) 793-5330	
Study Area Code of Reporting Carrier		371540		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				Eastern Nebraska Telephone Company	
Signature of authorized officer		<i>[Handwritten Signature]</i>		Date	
Printed name of authorized officer		George Mack		September 26, 2012	
Title or position of authorized officer					
Telephone number of authorized officer:		(402) 426-6200			
Study Area Code of Reporting Carrier		371542		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: **GLENWOOD TEL MEMBER**

Signature of Authorized Officer or employee: **Stan Rouse**  
Digitally signed by Stan Rouse DN:cn=Stan Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,l=Blue Hill NE 68930-0008, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Stan Rouse**

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

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier	<b>371553</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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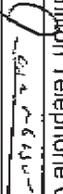
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Hamilton Telephone Company	
Signature of authorized officer					
Printed name of authorized officer				John Nelson	
Title or position of authorized officer				Vice President	
Telephone number of authorized officer:				(402) 694-5101	
Study Area Code of Reporting Carrier		371555		Filing Due Date for this form (mm/dd/yyyy)	
				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, 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 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: HARTINGTON TELECOM

**William Dendinger**

Digitally signed by William Dendinger DN:cn=William Dendinger,email=billd@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: William Dendinger

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

Telephone number of Authorized Officer or employee: 402-254-3901

Study Area Code of Reporting Carrier	371556		Filing Due Date for this form (mm/dd/yyyy)	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: Hartman Telephone Exchanges, Inc.			
Signature of authorized officer: <i>Kacey L. Harper VP</i>	Date:	09.25.2012	
Printed name of authorized officer: Kacey L. Harper			
Title or position of authorized officer: Vice President			
Telephone number of authorized officer: (308) 423-2000			
Study Area Code of Reporting Carrier: 371557	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: HEMINGFORD COOP TEL

Tonya Mayer

Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Tonya Mayer

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 308-487-3311

Study Area Code of Reporting Carrier

371558

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

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: HENDERSON CO-OP TEL

**Matt Friesen**

Digitally signed by Matt Friesen DN:cn=Matt Friesen,email=mrriesen@mainstaycomm.net,O=henderson co-op tel,l=Henderson NE 68371, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Matt Friesen

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 402-723-4448

Study Area Code of Reporting Carrier	371559		Filing Due Date for this form (mm/dd/yyyy)	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: **HERSHEY COOP TEL CO**

Signature of Authorized Officer or employee: **Rex Woolley**  
Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:9/27/2012

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Rex Woolley**

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

Telephone number of Authorized Officer or employee: **308-368-5561**

Study Area Code of Reporting Carrier	<b>371561</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: CONSOLIDATED TELECOM

Wendy Thompson Fast

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom,l=Lincoln NE 68506-0147, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Wendy Thompson Fast

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 402-489-2728

Study Area Code of Reporting Carrier	371562		Filing Due Date for this form (mm/dd/yyyy)	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: HOOPER TEL CO

Robert Gannon

Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Robert Gannon

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

Telephone number of Authorized Officer or employee: 712-786-5572

Study Area Code of Reporting Carrier	371563		Filing Due Date for this form (mm/dd/yyyy)	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				K & M Telephone Company, Inc.	
Signature of authorized officer				<i>Dennis D. Werner</i>	
Printed name of authorized officer				Dennis D. Werner	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(402) 482-5220	
Study Area Code of Reporting Carrier		371565		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: KEYSTONE-ARTHUR TEL

Signature of Authorized Officer or employee: Kelly Gies  
Digitally signed by Kelly Gies DN:cn=Kelly Gies,email=katcokrg@lakemac.net,O=keystone-arthur tel,l=Keystone NE 69144-0240, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer or employee: Kelly Gies

Title or position of Authorized Officer or employee: Plant Manager/President

Telephone number of Authorized Officer or employee: 308-726-2281

Study Area Code of Reporting Carrier	<u>371567</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: NEBRASKA CENTRAL TEL

**Nancy McGregor-Jader**

Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,|=Gibbon NE 68840-0700, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Nancy McGregor-Jader

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 308-468-6341

Study Area Code of Reporting Carrier	371574		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			Northeast Nebraska Telephone Company		
Signature of authorized officer				Date	
Printed name of authorized officer		David Armstrong		9/27/12	
Title or position of authorized officer					
		President			
Telephone number of authorized officer:			(402) 632-4321		
Study Area Code of Reporting Carrier		371576		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: GREAT PLAINS COMMUN

**Wyman Nelson**

Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Wyman Nelson

Title or position of Authorized Officer or employee: Vice President & Chief Legal Counsel

Telephone number of Authorized Officer or employee: 402-456-6594

Study Area Code of Reporting Carrier

371577

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: PIERCE TEL CO

Mary Bichlmeier

Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetel.com,O=pierce tel co,l=Pierce NE 68767-0113, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Mary Bichlmeier

Title or position of Authorized Officer or employee: Company Accountant

Telephone number of Authorized Officer or employee: 402-329-6225

Study Area Code of Reporting Carrier

371581

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: PLAINVIEW TEL CO

Signature of Authorized Officer or employee: Eric Nye  
Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwo.edu,O=plainview tel co,l=Plainview NE 68769, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer or employee: Eric Nye

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 402-582-4242

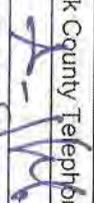
Study Area Code of Reporting Carrier	371582		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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				Rock County Telephone Company	
Signature of authorized officer					
Printed name of authorized officer				George Mack	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(402) 426-6200	
Study Area Code of Reporting Carrier	371586	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(b), or fine or imprisonment under Title 18 of the United States 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: SODTOWN TEL CO

Signature of Authorized Officer or employee: **Mike Plautz**  
Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=mplautz@hamilton.net,O=sodtown tel co,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Mike Plautz

Title or position of Authorized Officer or employee: Secretary

Telephone number of Authorized Officer or employee: 308-467-2310

Study Area Code of Reporting Carrier	371590		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: SE NEBRASKA COMM INC

Signature of Authorized Officer or employee: **Ray Joy**  
Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc, , Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer or employee: Ray Joy

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 402-245-4451

Study Area Code of Reporting Carrier	371591		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	Stanton Telecom, Inc.		
Signature of authorized officer	<i>Robert J. Paden</i>	Date	9/26/12
Printed name of authorized officer	Robert J. Paden		
Title or position of authorized officer	VP/GM		
Telephone number of authorized officer:	402439 2264	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier	371592		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States 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				Mauneta Telephone Company	
Signature of authorized officer		<i>Kacey L. Harper VP</i>		Date	
				09.25.2012	
Printed name of authorized officer				Kacey L. Harper	
Title or position of authorized officer				Vice President	
Telephone number of authorized officer:				(308) 423-2000	
Study Area Code of Reporting Carrier		371597		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 <b>Benkelman Telephone Co., Inc.</b>			
Signature of authorized officer <i>Kacey L Harper</i>	Date		<b>09.25.2012</b>
Printed name of authorized officer <b>Kacey L. Harper</b>			
Title or position of authorized officer <b>Vice President</b>			
Telephone number of authorized officer: <b>(308) 423-2000</b>			
Study Area Code of Reporting Carrier	<b>372455</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY 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 DAKOTA TEL CO

Shawna Senger

Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Shawna Senger

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

Telephone number of Authorized Officer or employee: 701-662-6428

Study Area Code of Reporting Carrier	381447		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				Wolverton Telephone Co.	
Signature of authorized officer					Date
Printed name of authorized officer			David L. Dunning		9-26-12
Title or position of authorized officer					
Executive Vice President					
Telephone number of authorized officer.				(701) 284-7221 ext.	
Study Area Code of Reporting Carrier		381509	Filing Due Date for this form (mm/dd/yyyy)	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: ABSARAKA COOP TEL CO

Signature of Authorized Officer or employee: Ann Faught  
Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Ann Faught

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-896-3404

Study Area Code of Reporting Carrier	<u>381601</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, 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 <b>BEK Communications Cooperative</b>			
Signature of authorized officer	<i>Brett Stroh</i>	Date	09/26/2012
Printed name of authorized officer <b>Brett Stroh</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(704) 475-2361</b>			
Study Area Code of Reporting Carrier	381604	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				Consolidated Telecom	
Signature of authorized officer					
Printed name of authorized officer				Brenda Volesky	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(701) 483-4000	
Study Area Code of Reporting Carrier	381607	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	9/25/2012

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**

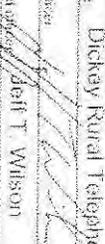
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		Dakota Central Telecommunications Cooperative/Dakota Central Telecom I, Inc.	
Signature of authorized officer		Date	09/27/2012
Printed name of authorized officer		Doug Wede	
Title or position of authorized officer		President	
Telephone number of authorized officer:		(701) 285-3516	
Study Area Code of Reporting Carrier	381610	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(f), or fine or imprisonment under Title 18 of the United States 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

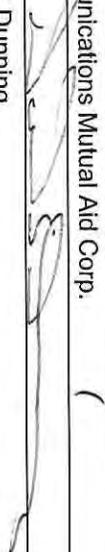
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Highline Recovery subject to the recovery mechanism as per 51.927(d)(vii).

Name of Reporting Carrier	Dickey Rural Telephonic Cooperative		
Signature of authorized officer		State	Sept 27, 2012
Printed name of authorized officer	Jeff T. Wilson		
Title or position of authorized officer	CEO/General Manager		
Telephone number of authorized officer	(701) 344-6010		
State Area Code of Reporting Carrier	581611	Filing Date (month/year)	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(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				Polar Communications Mutual Aid Corp.		Date		9-26-12	
Signature of authorized officer						Date		9-26-12	
Printed name of authorized officer				David L. Dunning					
Title or position of authorized officer				General Manager/CEO					
Telephone number of authorized officer:				(704) 284-7221 ext		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
Study Area Code of Reporting Carrier				381614		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)(vii).

Name of Reporting Carrier		Griggs County Telephone Company	
Signature of authorized officer	<i>Joyce Brown</i>	Date	09/26/2012
Printed name of authorized officer		Joyce Brown	
Title or position of authorized officer		Secretary/Treasurer	
Telephone number of authorized officer:	(701) 437-3300	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier	381615		

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

Signature of Authorized Officer or employee: Keith Andersen  
Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,l=Nome ND 58062-0008, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer or employee: Keith Andersen

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

Telephone number of Authorized Officer or employee: 701-924-8815

Study Area Code of Reporting Carrier	<u>381616</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: MIDSTATE TEL CO

Mark Wilhelmi

Digitally signed by Mark Wilhelmi DN:cn=Mark Wilhelmi,email=markw@midstatetel.com,O=midstate tel co,l=Stanley ND 58784-0400, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Mark Wilhelmi

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-628-2522

Study Area Code of Reporting Carrier	381617		Filing Due Date for this form (mm/dd/yyyy)	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		Moore & Liberty Telephone Company	
Signature of authorized officer		Date	09/26/2012
Printed name of authorized officer		Joyce Brown	
Title or position of authorized officer		Secretary/Treasurer	
Telephone number of authorized officer		(701) 437-3300	
Study Area Code of Reporting Carrier	381622	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: **NORTHWEST COMM COOP**

Signature of Authorized Officer or employee: **Mike Steffan**  
Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,l=Ray ND 58849-0038, Date:9/28/2012

Date: **9/28/2012**

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

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

Telephone number of Authorized Officer or employee: **701-568-3331**

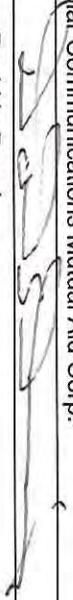
Study Area Code of Reporting Carrier	<b>381625</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY 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				Polar Communications Mutual Aid Corp.	
Signature of authorized officer					
Printed name of authorized officer				David L. Dunning	
Title or position of authorized officer				General Manager/CEO	
Telephone number of authorized officer:				(701) 284-7221 ext.	
Study Area Code of Reporting Carrier		Filing Due Date for this form		Date	
381630		(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: RED RIVER RURAL TEL

Jeffrey Olson

Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@rrt.net,O=red river rural tel,l=Abercrombie ND 58001, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Jeffrey Olson

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-553-8309

Study Area Code of Reporting Carrier	381631		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 §1.917(d)(vi).

Name of Reporting Carrier: RESERVATION TELEPHONE COOPERATIVE			
Signature of authorized officer: <i>Royce S Aslaksen</i>	Date: 9-25-12		
Printed name of authorized officer: ROYCE S ASLAKSON			
Title or position of authorized officer: CEO/GM			
Telephone number of authorized officer: (701) 862-3115			
Study Area Code of Reporting Carrier: 381632	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: UNITED TEL MUTUAL

Perry Oster

Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,i=Langdon ND 58249-0729, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Perry Oster

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

Telephone number of Authorized Officer or employee: 701-256-5156

Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	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: W. RIVER TELECOM.

**Bonnie Krause**

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=w. river telecom.,l=Hazen ND 58545-0467, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Bonnie Krause

Title or position of Authorized Officer or employee: CEO/GM

Telephone number of Authorized Officer or employee: 701-748-4221

Study Area Code of Reporting Carrier

381637

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: MIDSTATE COMM.

Mark Wilhelmi

Digitally signed by Mark Wilhelmi DN:cn=Mark Wilhelmi,email=markw@midstatetel.com,O=midstate comm.,l=Stanley ND 58784-0400, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Mark Wilhelmi

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-628-2522

Study Area Code of Reporting Carrier	381638		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: NEMONT TEL COOP - ND

Signature of Authorized Officer or employee: Remi Sun  
Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,i=Scobey MT 59263-0600, Date:9/28/2012

Date: 9/28/2012

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier	382247		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: **SRT COMMUNICATIONS**

Signature of Authorized Officer or employee: **Steve Lysne**  
Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications,l=Minot ND 58702-2027, Date:9/28/2012

Date: **9/28/2012**

Printed name of Authorized Officer or employee: **Steve Lysne**

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

Telephone number of Authorized Officer or employee: **701-858-5246**

Study Area Code of Reporting Carrier	<b>383303</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: ALLIANCE-HILLS SD

**Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,I=Garretson SD 57030, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 605-594-8228

Study Area Code of Reporting Carrier	391405		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: GOLDEN WEST-ARMOUR

Signature of Authorized Officer or employee: **Dennis Law**  
Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armor,I=Wall SD 57790-0411, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Law

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

Telephone number of Authorized Officer or employee: 605-279-2161

Study Area Code of Reporting Carrier	391640		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: ALLIANCE-BALTIC

**Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,I=Garretson SD 57030, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 605-594-8228

Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	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 this state jurisdiction for any eligible Recovery subject to the recovery mechanism as per 51.917(9)(vi).

Name of Reporting Carrier <b>Cheyenne River Sioux Tribe Telephone Authority</b>			
Signature of authorized officer <i>Ivan Brugulier</i>	Date	<b>9-26-12</b>	
Printed name of authorized officer <b>Ivan Brugulier</b>			
Title or position of authorized officer <b>Board Chairman</b>			
Telephone number of authorized officer: <b>(605) 964-2600</b>			
State/ Area Code of Reporting Carrier	<b>391647</b>	Filing Due Date for this term (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			