

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: RICO TEL CO

Douglas Pace

Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@ftitel.net,O=rico tel co,I=Pleasant View CO 81331-0369, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Douglas Pace

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 970-562-0058

Study Area Code of Reporting Carrier

462201

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: ROGGEN TEL COOP CO

Peggy Manino

Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,l=Roggen CO 80652-0100, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Peggy Manino

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 303-849-5260

Study Area Code of Reporting Carrier

462202

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

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: RYE TELEPHONE CO

David Shipley

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, 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: 719-676-3131

Study Area Code of Reporting Carrier	462203		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: COLUMBINE ACQ CORP

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

Date: 9/28/2012

Printed name of Authorized Officer or employee: Michael Skrivan

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

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

Study Area Code of Reporting Carrier	462204		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: **STONEHAM COOP TEL CO**

Signature of Authorized Officer or employee: **Taya Northrup**
Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Taya Northrup**

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

Telephone number of Authorized Officer or employee: **970-735-2251**

Study Area Code of Reporting Carrier	462206		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: WIGGINS TEL ASSOC

April Simmons

Digitally signed by April Simmons DN:cn=April Simmons,email=april@wigginstel.com,O=wiggins tel assoc,l= , Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: April Simmons

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 970-483-7343

Study Area Code of Reporting Carrier	462209		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: WILLARD TEL CO

Cynthia Harryman

Digitally signed by Cynthia Harryman DN:cn=Cynthia Harryman,email=cynthiah@willardtell.com,O=willard tel co,l= , Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Cynthia Harryman

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 970-228-4571

Study Area Code of Reporting Carrier	462210		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: ALBION TEL CO-ATC

Signature of Authorized Officer or employee: **Rich Redman**
Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,I=Albion ID 83311, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer or employee: Rich Redman

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 208-673-5335

Study Area Code of Reporting Carrier	472213		Filing Due Date for this form (mm/dd/yyyy)	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: CAMBRIDGE TEL CO

Kristie Kanady

Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l=Cambridge ID 83610, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Kristie Kanady

Title or position of Authorized Officer or employee: Billing Manager

Telephone number of Authorized Officer or employee: 208-257-3314

Study Area Code of Reporting Carrier	472215		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)(vii).

Name of Reporting Carrier				Custer Telephone Cooperative, Inc.	
Signature of authorized officer				Date	
Printed name of authorized officer		Clayton R. Severe		September 25, 2012	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(208) 879-2281	
Study Area Code of Reporting Carrier		472218		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: **FILER MUTUAL TEL -ID**

Signature of Authorized Officer or employee: **Steve Cowger**
Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,i=Filer ID 83328, Date:9/25/2012

Date: **9/25/2012**

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

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

Telephone number of Authorized Officer or employee: **208-326-4339**

Study Area Code of Reporting Carrier	472220		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Farmers Mutual Telephone Company			
Signature of authorized officer		Date	9-27-12
Printed name of authorized officer: Gary F. Brown			
Title or position of authorized officer: President			
Telephone number of authorized officer: (208) 452-2000			
Study Area Code of Reporting Carrier	472221	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: MIDVALE TEL EXCH INC

Signature of Authorized Officer or employee: **Ann Braun**
Digitally signed by Ann Braun DN:cn=Ann Braun,email=ann.braun@mtecom.com,O=midvale tel exch inc,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Ann Braun

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 208-355-2211

Study Area Code of Reporting Carrier	472226		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Mud Lake Telephone Cooperative Association, Inc.

Signature of authorized officer

Date

09252012

Printed name of authorized officer: Greg Shenton

Title or position of authorized officer: Vice President

Telephone number of authorized officer: (208) 374-5404

Study Area Code of Reporting Carrier

472227

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: PROJECT MUTUAL TEL

Rick Harder

Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Rick Harder

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

Telephone number of Authorized Officer or employee: 208-434-7124

Study Area Code of Reporting Carrier

472231

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: **DIRECT COMM-ROCKLAND**

Signature of Authorized Officer or employee: **Leonard May**
Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,I=Rockland ID 83271, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Leonard May**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier	472232		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per SL 917(d)(vii).

Name of Reporting Carrier				Rural Telephone Company - ID	
Signature of authorized officer					
Printed name of authorized officer				Michael J. Martell	
Title or position of authorized officer				Vice-President	
Telephone number of authorized officer:				(208) 366-2614	
Study Area Code of Reporting Carrier		472233		Filing Due Date for this form (mm/dd/yyyy)	
				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: SILVER STAR TEL- ID

Chad Turner

Digitally signed by Chad Turner DN:cn=Chad Turner,email=cturner@silverstar.net,O=silver star tel-id,I=Freedom WY 83120, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Chad Turner

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

Telephone number of Authorized Officer or employee: 307-883-6621

Study Area Code of Reporting Carrier	472295		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: INLAND TEL-ID

James Brooks

Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,l=Roslyn WA 98941, Date:10/1/2012

Signature of Authorized Officer or employee:

Date: 10/1/2012

Printed name of Authorized Officer or employee: James Brooks

Title or position of Authorized Officer or employee: Treasurer/Controller/Reg. Manager

Telephone number of Authorized Officer or employee: 509-649-2211

Study Area Code of Reporting Carrier

472423

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Blackfoot Tel - BIC	
Signature of Authorized Officer			<i>Ted Otis</i>	Date	10/1/12
Printed name of Authorized Officer				Ted Otis	
Title or position of Authorized Officer				CFO	
Telephone number of Authorized Officer:		(406) 541-5228	exl		
Study Area Code of Reporting Carrier	482235	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 THE REPORTING CARRIER. IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier Blackfoot Tel BTC

Signature of Authorized Officer  Date 10/1/12

Printed name of Authorized Officer Ted Otis

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer: (406) 541-5228 ext. _____

Study Area Code of Reporting Carrier	<u>482235</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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier Blackfoot Tel BTC			
Signature of authorized officer		Date	10/1/12
Printed name of authorized officer Ted Otis			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (406) 541-5228			
Study Area Code of Reporting Carrier	482235	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				Blackfoot Tel BTC
Signature of authorized officer				
Printed name of authorized officer			Ted Otis	
Title or position of authorized officer			CFO	
Telephone number of authorized officer:			(406) 541-5228	
Study Area Code of Reporting Carrier	482235	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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Blackfoot Tel - CF
Signature of Authorized Officer				
Printed name of Authorized Officer				Ted Otis
Date				10/1/12
Title or position of Authorized Officer				CFO
Telephone number of Authorized Officer: (406) 541-5228				ext:
Study Area Code of Reporting Carrier		483308	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 THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent				National Exchange Carrier Association, Inc. (NECA)			
Name of Reporting Carrier				Blackfoot Tel - FT			
Signature of Authorized Officer						Date	
Printed name of Authorized Officer				Ted Otis			
Title or position of Authorized Officer				CFO			
Telephone number of Authorized Officer:				(406) 541-5228		ext.	
Study Area Code of Reporting Carrier		483308		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier Blackfoot Tel CFT			
Signature of authorized officer		Date	10/1/12
Printed name of authorized officer Ted Otis			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (409) 541-5228			
Study Area Code of Reporting Carrier	483308	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	Blackfoot Tel CFT		
Signature of authorized officer		Date	10/1/12
Printed name of authorized officer	Ted Otis		
Title or position of authorized officer	CFO		
Telephone number of authorized officer:	(406) 541-5228	Filing Due Date for this form	
	483308	(mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier			

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return 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				Hot Springs Telephone Company	
Signature of authorized officer				<i>Kathe A. Johnson</i>	
Printed name of authorized officer				Kathe A. Johnson	
Title or position of authorized officer				Treasurer	
Telephone number of authorized officer:				(408) 721-0846	
Study Area Code of Reporting Carrier		Filing Due Date for this form		Date	
482241		10/4/2012		9-24-2012	
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			InterBel Telephone Corp		
Signature of authorized officer					
Date			9/27/12		
Printed name of authorized officer					
Randy L. Wilson					
Title or position of authorized officer					
CEO General Manager					
Telephone number of authorized officer: 406.899.3311, ext.					
Study Area Code of Reporting Carrier		482242		Filing Due Date for this form (mm/dd/yyyy)	
				9/27/12	
				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: LINCOLN TEL CO INC

Ken Lumpkin

Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel co inc, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Ken Lumpkin

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

Telephone number of Authorized Officer or employee: 406-362-4216

Study Area Code of Reporting Carrier

482244

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

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			Mid-Rivers Telephone Cooperative, Inc.		
Signature of authorized officer			<i>Alan Sevier</i>		
Printed name of authorized officer			Alan Sevier		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(409) 485-3304		
Study Area Code of Reporting Carrier		482246		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: NEMONT TEL COOP-MT

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-mt,l=Scobey MT 59263-0600, Date:9/27/2012

Date: 9/27/2012

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	482247		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				Northern Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Michael Sheard</i>		Date	
Printed name of authorized officer		Michael Sheard		09/27/2012	
Title or position of authorized officer				General Manager	
Telephone number of authorized officer:				(406) 937-9681	
Study Area Code of Reporting Carrier		482248		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: PROJECT TEL CO

Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

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

482250

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: RANGE TEL COOP-MT

Signature of Authorized Officer or employee: **Erick Steinman**
Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop-mt,l= , Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Erick Steinman

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-347-2226

Study Area Code of Reporting Carrier	482251		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				Southern Montana Telephone Company			
Signature of authorized officer				<i>[Signature]</i>			
Printed name of authorized officer				Larry B Mason			
Title or position of authorized officer				General Manager			
Telephone number of authorized officer: (406) 688 3333 ext.							
Study Area Code of Reporting Carrier		482254		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.							



September 27, 2012

Mark Roberts
National Exchange Carriers Association
6400 S. Fiddler's Green Circle, Suite 1300
Greenwood Village, CO 80111

Dear Mark:

This letter is the caveat referenced in the Certification of Officer as to the Accuracy of the CAF ICC Data Reported and the Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier, which was filed with NECA on September 27, 2012, for Southern Montana Telephone Company (SMTC).

SMTC is compelled to submit the above referenced certifications in order to obtain CAF support. The data certified is predicated on a formula developed to implement the funding mechanism put in place by the FCC in its Transformation Order. To comply with the FCC's requirements, SMTC prepared the information in this data request using a formula that includes hypothetical data. Effective July 1, 2012 SMTC reduced intrastate rates to interstate levels and then used a transitional rate of \$0.035447, approved by the Montana Public Service Commission, to bring the intrastate revenue reduction to the mandated 50% mark. As required by the FCC Order, the transitional rate was calculated using actual demand units. The transitional rate was nonexistent in fiscal year 2011 and therefore there were no demand units associated with the transitional rate in fiscal year 2011. While SMTC complied with the spirit and intent of the Order in developing its intrastate rates, including the transitional rate, SMTC cannot calculate demand units associated with the transitional rate on actual data. In order to force the NECA data collection to calculate correctly, SMTC had to input 956,620.31 "actual" demand units for the transitional rate for fiscal year 2011; this number is hypothetical.

SMTC certifies the data included in the NECA data request as accurate, but that it includes a necessary fiction, which is the demand units associated with the transitional rate. Accordingly, SMTC informs NECA and the FCC that the results certified are based upon the hypothetical data as explained above, and discloses that the certification was done using this hypothetical information. SMTC certifies that this data was prepared based upon this formula, which includes a fictional number based upon a hypothetical.

Sincerely,

A handwritten signature in blue ink, appearing to read "Larry B. Mason".

Larry B. Mason
General Manager

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return 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: 3-RIVERS TEL COOP

Bradley Veis

Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Bradley Veis

Title or position of Authorized Officer or employee: Director of Finance/CFO

Telephone number of Authorized Officer or employee: 406-467-4405

Study Area Code of Reporting Carrier	482255		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: Triangle Telephone Cooperative Assn., Inc.			
Signature of authorized officer: <i>Douglas Lowry</i>			Date: 9/25/12
Printed name of authorized officer: Douglas Lowry			
Title or position of authorized officer: President			
Telephone number of authorized officer: (406) 394-7807			
Study Area Code of Reporting Carrier: 482257	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				Blackfoot Tel CFT	
Signature of authorized officer					
Printed name of authorized officer				Ted Otis	
Title or position of authorized officer				CFO	
Telephone number of authorized officer:				(406) 541-5228	
Study Area Code of Reporting Carrier		483308		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				Central Montana Communications, Inc.	
Signature of authorized officer		<i>Richard T Stuker</i>		Date	
Printed name of authorized officer		Richard Stuker			
Title or position of authorized officer				President	
Telephone number of authorized officer:				(406) 394-2000	
Study Area Code of Reporting Carrier		483310		Filing Due Date for this form (mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				10/4/2012	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that to the best of my knowledge, 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				Mesphero Apache Telecom, Inc.	
Signature of authorized officer					
Printed name of authorized officer				Godfrey Enjady	
Title or position of authorized officer				General Manager	
Telephone number of authorized officer:				(575) 464-4039	
Study Area Code of Reporting Carrier		491231		Filing Due Date for this form (mm/dd/yyyy)	
				09/27/2012	
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				Dell Telephone Cooperative, Inc.	
Signature of authorized officer				Date	
Printed name of authorized officer		Penny Bergstrom		09/26/2012	
Title or position of authorized officer				General Manager	
Telephone number of authorized officer				(915) 964-2352	
Study Area Code of Reporting Carrier	492066	Filing Due Date for this form (mm/dd/yyyy)	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: VALLEY TEL COOP - NM

Steven Metts

Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Steven Metts

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

Telephone number of Authorized Officer or employee: 520-384-2231

Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	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: **BACA VALLEY TEL CO**

Peggy Briesh

Digitally signed by Peggy Briesh DN:cn=Peggy Briesh,email=bvtpb@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418-0067, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Peggy Briesh**

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

Telephone number of Authorized Officer or employee: **575-278-2101**

Study Area Code of Reporting Carrier	492259		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

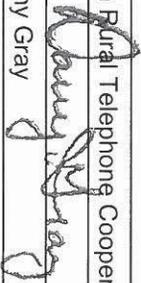
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: E.N.M.R. Telephone Cooperative			
Signature of authorized officer: <i>David J Robinson</i>	Date:		9/27/2012
Printed name of authorized officer: David J Robinson			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (575) 389-5100	Filing Due Date for this form (mm/dd/yyyy)		
Study Area Code of Reporting Carrier: 492262		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				La Jicarita Rural Telephone Cooperative	
Signature of authorized officer					
Printed name of authorized officer				Danny Gray	
Title or position of authorized officer				General Manager	
Telephone number of authorized officer:				(575) 387-2246	
Study Area Code of Reporting Carrier		492263		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: LEACO RURAL TEL COOP

Signature of Authorized Officer or employee: Dale Snider
Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel coop,l= , Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Dale Snider

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 575-433-4301

Study Area Code of Reporting Carrier	492264		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: Tularosa Basin Tel.

Lance Tade

Digitally signed by Lance Tade DN:cn=Lance Tade,email=ltade@tbt.net,O=tularosa basin tel.,l=Tularosa NM 88352-0550, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Lance Tade

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

Telephone number of Authorized Officer or employee: 575-585-9800

Study Area Code of Reporting Carrier	492265		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 51.9-17(d)(vii).

Name of Reporting Carrier: Western New Mexico Telephone Company			
Signature of authorized officer: <i>Evalyn C. Berden</i>	Date: <i>9/28/2012</i>		
Printed name of authorized officer: Evalyn C. Berden			
Title or position of authorized officer: Vice President - Regulatory			
Telephone number of authorized officer: (520) 577-9864			
Study Area Code of Reporting Carrier: 492268	Filing Due Date for this form: 10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PENASCO VALLEY TEL

Signature of Authorized Officer or employee: Kevin Bartley
Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel, , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kevin Bartley

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 575-748-1241

Study Area Code of Reporting Carrier	<u>492270</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: ROOSEVELT CNTY RURAL

Signature of Authorized Officer or employee: **Scott Arnold**
Digitally signed by Scott Arnold DN:cn=Scott Arnold,email=scott@yucca.net,O=roosevelt cnty rural,l=Portales NM 88130-0867, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Scott Arnold

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 575-226-2255

Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	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: SACRED WIND

John Badal

Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: John Badal

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

Telephone number of Authorized Officer or employee: 505-821-5080

Study Area Code of Reporting Carrier

493403

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: DIRECTCOMM-CEDAR VAL

Kip Wilson

Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kip Wilson

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 208-548-2345

Study Area Code of Reporting Carrier	500758		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: **CENTRAL UTAH TEL INC**

Signature of Authorized Officer or employee: **Mike Plows**
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,lf, Date:9/27/2012

Date: **9/27/2012**

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

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

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier	502277		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: **EMRY dba EMRY TELCOM**

Darren Woolsey

Digitally signed by Darren Woolsey DN:cn=Darren Woolsey,email=dwoolsey@emerytelcom.com,O=emry dba emry telcom,l=Orangeville UT 84537, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: **9/28/2012**

Printed name of Authorized Officer or employee: **Darren Woolsey**

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

Telephone number of Authorized Officer or employee: **435-636-0090**

Study Area Code of Reporting Carrier	502278		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: **GUNNISON TEL CO**

Signature of Authorized Officer or employee: **Kent Sanders**
Digitally signed by Kent Sanders DN:cn=Kent Sanders,email=kent@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:9/24/2012

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Kent Sanders**

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

Telephone number of Authorized Officer or employee: **435-528-7236**

Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/yyyy)	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: MANTI TEL CO

Paul Cox

Digitally signed by Paul Cox DN:cn=Paul Cox,email=paul@mail.manti.com,O=manti tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Paul Cox

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

Telephone number of Authorized Officer or employee: 435-835-3391

Study Area Code of Reporting Carrier

502282

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

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: SKYLINE TELECOM

Mike Plows

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Mike Plows

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

Telephone number of Authorized Officer or employee: 425-275-1013

Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	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: BEEHIVE TEL CO - UT

Wayne McCulley

Digitally signed by Wayne McCulley DN:cn=Wayne McCulley,email=waynem@beehive.net,O=beehive tel co - ut, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Wayne McCulley

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

Telephone number of Authorized Officer or employee: 801-250-6639

Study Area Code of Reporting Carrier	502284		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 CENTRAL UTAH

Signature of Authorized Officer or employee: Michael East
Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah,l= , Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer or employee: Michael East

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

Telephone number of Authorized Officer or employee: 435-826-4211

Study Area Code of Reporting Carrier	502286		Filing Due Date for this form (mm/dd/yyyy)	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: **UBTA-UBET/STRATA**

Karl Searle

Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/strata,I=Roosevelt UT 84066, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Karl Searle**

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

Telephone number of Authorized Officer or employee: **435-622-5472**

Study Area Code of Reporting Carrier	502287		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: All West Communications, Inc. - UT			
Signature of authorized officer		Date	09/26/2012
Printed name of authorized officer: Jenny Prescott			
Title or position of authorized officer: Vice President of Customer Service & Finance			
Telephone number of authorized officer: (435) 783-4998			
Study Area Code of Reporting Carrier	502288	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: BEAR LAKE COMM

Mike Plows

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Mike Plows

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

Telephone number of Authorized Officer or employee: 425-275-1013

Study Area Code of Reporting Carrier	503032		Filing Due Date for this form (mm/dd/yyyy)	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: RANGE TEL COOP - WY

Erick Steinman

Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy,l= , Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Erick Steinman

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-347-2226

Study Area Code of Reporting Carrier	512251		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: **CHUGWATER TEL CO**

Greg Cashner

Digitally signed by Greg Cashner DN:cn=Greg Cashner,email=greg.cashner@chugtelco.com,O=chugwater tel co,l=Chugwater WY 82210, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Greg Cashner**

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

Telephone number of Authorized Officer or employee: **307-422-3535**

Study Area Code of Reporting Carrier	512289		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: All West Communications, Inc. - WY			
Signature of authorized officer: <i>Jenny Prescott</i>	Date		09/26/2012
Printed name of authorized officer: Jenny Prescott			
Title or position of authorized officer: Vice President of Customer Service & Finance			
Telephone number of authorized officer: (435) 783-4998			
Study Area Code of Reporting Carrier: 512290	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 Dubois Telephone Exchange, Inc.		
Signature of authorized officer 	Date 9/27/12	
Printed name of authorized officer Michael J. Kenney		
Title or position of authorized officer Vice President/General Manager		
Telephone number of authorized officer: (307) 455-2341		
Study Area Code of Reporting Carrier 512291	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, 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: SILVER STAR TEL-WY

Chad Turner

Digitally signed by Chad Turner DN:cn=Chad Turner,email=cturner@silverstar.net,O=silver star tel-wy,l=Freedom WY 83120, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Chad Turner

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

Telephone number of Authorized Officer or employee: 307-883-6621

Study Area Code of Reporting Carrier	512295		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: WESTGATE dba WEA/TEL

Signature of Authorized Officer or employee: **Richard Weaver**
Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Richard Weaver

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 509-682-5556

Study Area Code of Reporting Carrier	520580		Filing Due Date for this form (mm/dd/yyyy)	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: SKYLINE TELECOM CO.

Delinda Kluser

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

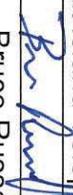
Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 Hat Island Telephone Company			
Signature of authorized officer 	Date		09-27-2012
Printed name of authorized officer Bruce Russell			
Title or position of authorized officer COO			
Telephone number of authorized officer: (360) 321-0086			
Study Area Code of Reporting Carrier	522417	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pend Oreille Telephone Company	
Signature of authorized officer					
Printed name of authorized officer				Michael J. Martell	
Title or position of authorized officer				Vice-President	
Telephone number of authorized officer:				(208) 366-2614	
Study Area Code of Reporting Carrier		522418		Filing Due Date for this form (mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		10/4/2012		Date	
				09/24/2012	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, 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				Hood Canal Telephone Co., Inc.	
Signature of authorized officer		<i>Richard Buechel</i>		Date	
Printed name of authorized officer		Richard Buechel		9/26/12	
Title or position of authorized officer				President	
Telephone number of authorized officer				(360) 898-2481	
Study Area Code of Reporting Carrier	522419	Filing Due Date for this form (mm/dd/yyyy)	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: INLAND TEL CO -WA

James Brooks

Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel co -wa,l=Roslyn WA 98941, Date:10/1/2012

Signature of Authorized Officer or employee:

Date: 10/1/2012

Printed name of Authorized Officer or employee: James Brooks

Title or position of Authorized Officer or employee: Treasurer/Controller/Reg. Manager

Telephone number of Authorized Officer or employee: 509-649-2211

Study Area Code of Reporting Carrier	522423		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: KALAMA TEL CO

Rick Vitzthum

Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Rick Vitzthum

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 360-264-3155

Study Area Code of Reporting Carrier	522426		Filing Due Date for this form (mm/dd/yyyy)	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				Mashell Telecom, Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Brian Haynes		9/27/2012
Title or position of authorized officer					
President					
Telephone number of authorized officer: (360) 832-4130					
Study Area Code of Reporting Carrier		522431	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, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return 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				Pioneer Telephone Company	
Signature of authorized officer				<i>[Signature]</i>	
Printed name of authorized officer				Dallas S Filan	
Title or position of authorized officer				General Manager	
Telephone number of authorized officer:				(509) 549-3511 ext.	
Study Area Code of Reporting Carrier	522437	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	09/24/2012
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: ST JOHN TEL CO

Gregory Morasch

Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st john tel co,l=St. John WA 99171, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Gregory Morasch

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 509-648-3322

Study Area Code of Reporting Carrier

522442

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

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: TENINO TELEPHONE CO

Rick Vitzthum

Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Rick Vitzthum

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 360-264-3155

Study Area Code of Reporting Carrier	522446		Filing Due Date for this form (mm/dd/yyyy)	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.

Certification of Officer for Rate-of-Return 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 Toledo Telephone Co., Inc.		Date	9/27/12
Signature of authorized officer	<i>Philip Cappalanga</i>		Date	9/27/12
Printed name of authorized officer	Philip Cappalanga			
Title or position of authorized officer	CFE			
Telephone number of authorized officer:	810.844.9552 ext.			
Study Area Code of Reporting Carrier	522447	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

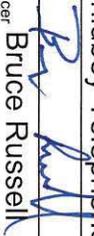
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).

Name of Reporting Carrier		Western Telekinesis Remote Telephone Co	
Signature of authorized officer	<i>Steve M. Appelo</i>	Date	<i>9/26/12</i>
Printed name of authorized officer <i>Steven M. Appelo</i>			
Title or position of authorized officer <i>Corp. Secretary</i>			
Telephone number of authorized officer: <i>848465 2211 ext.</i>			
Study Area Code of Reporting Carrier	<i>522451</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>10/4/2012</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return 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				Whidbey Telephone Company	
Signature of authorized officer				Date	
Printed name of authorized officer		Bruce Russell		09-27-2012	
Title or position of authorized officer				COO	
Telephone number of authorized officer:				(360) 321-0086	
Study Area Code of Reporting Carrier	522452	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: **BEAVER CREEK COOP**

Paul Hauer

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,l=Oregon City OR 97045, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

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

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

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier	532359		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: CANBY TEL ASSN

Keith Galitz

Digitally signed by Keith Galitz DN:cn=Keith Galitz,email=kgalitz@canbytel.com,O=canby tel assn,I=Canby OR 97013-0880, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Keith Galitz

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

Telephone number of Authorized Officer or employee: 503-266-8200

Study Area Code of Reporting Carrier	532362		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: CLEAR CREEK MUTUAL

Mitchell Moore

Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Mitchell Moore

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 503-631-2101

Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	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: COLTON TEL CO

Stephanie Sauvageau

Digitally signed by Stephanie Sauvageau DN:cn=Stephanie Sauvageau,email=stephanie@coltontel.com,O=colton tel co,l=Colton OR 97017, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Stephanie Sauvageau

Title or position of Authorized Officer or employee: Accounting Assistant

Telephone number of Authorized Officer or employee: 503-824-5863

Study Area Code of Reporting Carrier	532364		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: **EAGLE TEL SYSTEMS**

Signature of Authorized Officer or employee: **Mike Lattin**
Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:9/26/2012

Date: **9/26/2012**

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

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

Telephone number of Authorized Officer or employee: **541-893-6111**

Study Area Code of Reporting Carrier	532369		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: **CASCADE UTIL INC**

Brooke Wheeler

Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

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

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

532371

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

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: **GERVAIS TELEPHONE CO**

Signature of Authorized Officer or employee: **John Hoffmann**
Digitally signed by John Hoffmann DN:cn=John Hoffmann,email=jhoffmann@gervaisstel.com,O=gervais telephone co,l=Gervais OR 97026, Date:9/26/2012

Date: **9/26/2012**

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

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

Telephone number of Authorized Officer or employee: **503-792-3611**

Study Area Code of Reporting Carrier	532373		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		ROOME TELECOMMUNICATIONS, INC	
Signature of authorized officer		Date	9-27-12
Printed name of authorized officer		RANDAL L. ROOME	
Title or position of authorized officer		PRESIDENT	
Telephone number of authorized officer:		(541) 369-2244	
Study Area Code of Reporting Carrier	532375	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: **HELIX TEL CO.**

James Smith

Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

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

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

Telephone number of Authorized Officer or employee: **541-457-2385**

Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	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: **TRANS-CASCADES TEL**

Signature of Authorized Officer or employee: **Brooke Wheeler**
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,I=Estacada OR 97023, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

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

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier	532378		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: MOLALLA TEL CO.

Steve Loutzenhiser

Digitally signed by Steve Loutzenhiser DN:cn=Steve Loutzenhiser,email=sloutzenhiser@molalla.com,O=molalla tel co.,l=Molalla OR 97038, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Steve Loutzenhiser

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 503-829-1123

Study Area Code of Reporting Carrier	532383		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: **MONITOR COOP TEL**

Geri Fraijo

Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Geri Fraijo**

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

Telephone number of Authorized Officer or employee: **503-634-2266**

Study Area Code of Reporting Carrier

532384

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 52.912(d)(vii).

Name of Reporting Carrier				Monroe Telephone Company	
Signature of authorized officer		<i>Donna M. Dillard</i>		Date	
				9-27-12	
Printed name of authorized officer				Donna M. Dillard	
Title or position of authorized officer				Secretary/Treasurer	
Telephone number of authorized officer: () - , ext.				541-847-5135	
Study Area Code of Reporting Carrier		532385		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(9)(u)j.

Name of Reporting Carrier		MT. ANGEL TELEPHONE COMPANY	
Signature of authorized officer	<i>Diana Coleman</i>	Date	09/27/2012
Printed name of authorized officer		DIANA COLEMAN	
Title or position of authorized officer		VICE PRESIDENT - GENERAL MANAGER	
Telephone number of authorized officer:		(503) 845-2291	
Study Area Code of Reporting Carrier	532386	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			Nehalem Telecommunications Inc.		
Signature of authorized officer					
Printed name of authorized officer			Michael J. Martell		
Title or position of authorized officer			Vice-President		
Telephone number of authorized officer:			(208) 366-2914		
Study Area Code of Reporting Carrier	532387	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	09/24/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: NORTH STATE TEL CO.

Delinda Kluser

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier	532388		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: OREGON TEL CORP

Delinda Kluser

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier	532389		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: OREGON-IDAHO UTIL.

Alison Beck

Digitally signed by Alison Beck DN:cn=Alison Beck,email=abeck@or.id-com,O=oregon.idaho util-,l= , Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Alison Beck

Title or position of Authorized Officer or employee: Manager - Regulatory & External Affairs

Telephone number of Authorized Officer or employee: 510-338-4622

Study Area Code of Reporting Carrier

532390

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

10/4/2012

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PEOPLES TEL CO. - OR

Don Lawrence

Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=peoples tel co. - or,l=Stayton OR 97383-0898, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Don Lawrence

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 503-769-9057

Study Area Code of Reporting Carrier	532391		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: PINE TEL SYSTEM INC.

Ron Milford

Digitally signed by Ron Milford DN:cn=Ron Milford,email=ronl@pinetel.net,O=pine tel system inc.,l=Halfway OR 97834, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Ron Milford

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 541-742-2201

Study Area Code of Reporting Carrier	532392		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			PIONEER TELEPHONE COOPERATIVE		
Signature of authorized officer		<i>Michael Whalen</i>		Date	
		MICHAEL WHALEN		9-26-12	
Printed name of authorized officer					
ASSISTANT TREASURER					
Title or position of authorized officer					
Telephone number of authorized officer			(541) 929-8256		
Study Area Code of Reporting Carrier		532393		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: ST PAUL COOP ASSN

Nick Schneider

Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Nick Schneider

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 503-633-2111

Study Area Code of Reporting Carrier	532396		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: SCIO MUTUAL TEL ASSN

Signature of Authorized Officer or employee: **Thomas Barth**
Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Thomas Barth

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

Telephone number of Authorized Officer or employee: 503-394-3366

Study Area Code of Reporting Carrier	532397		Filing Due Date for this form (mm/dd/yyyy)	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: STAYTON COOP TEL CO

Signature of Authorized Officer or employee: Don Lawrence

Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=stayton coop tel co,l=Stayton OR 97383-0898, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Don Lawrence

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 503-769-9057

Study Area Code of Reporting Carrier	532399		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: OREGON TEL CORP-MTE

Delinda Kluser

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,I=Mt. Vernon OR 97865-0609, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier

533336

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				Calaveras Telephone Company	
Signature of authorized officer				Date	
Printed name of authorized officer		James H. Tower		9/25/12	
Title or position of authorized officer		President			
Telephone number of authorized officer: (209) 785-2241, ext. _____					
Study Area Code of Reporting Carrier	542301	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: CAL-ORE TELEPHONE CO

Signature of Authorized Officer or employee: **Waihun Yee**
Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@cot.net,O=cal-ore telephone co,l=Dorris CA 962023-084, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer or employee: Waihun Yee

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 530-397-2211

Study Area Code of Reporting Carrier	542311		Filing Due Date for this form (mm/dd/yyyy)	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>Ducor Telephone Company</u>			
Signature of authorized officer <u>William J. Meyer</u>	Date		<u>9/26/2012</u>
Printed name of authorized officer <u>William J. Meyer</u>			
Title or position of authorized officer <u>Vice President</u>			
Telephone number of authorized officer: <u>(530) 243-7094</u>			
Study Area Code of Reporting Carrier <u>542313</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		<i>Foranhill Telephone Co. (dba Sebastian)</i>	
Signature of authorized officer	<i>Al Bourgeois</i>	Date	<i>9/26/12</i>
Printed name of authorized officer <i>AL BOURGEOIS</i>			
Title or position of authorized officer <i>Treasurer</i>			
Telephone number of authorized officer: (<i>559-846-8725</i>) , ext. <i>4865</i>		Filing Due Date for this form	
<i>542318</i>		<i>10/4/2012</i>	
Study Area Code of Reporting Carrier			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>Kennan Telephone Co (dba Sebastian)</i>			
Signature of authorized officer <i>Al Baumann</i>	Date		<i>9/26/12</i>
Printed name of authorized officer <i>AL BAUMANN</i>			
Title or position of authorized officer <i>Treasurer</i>			
Telephone number of authorized officer: <i>(539) 894-4865, ext.</i>			
Study Area Code of Reporting Carrier	<i>542324</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>10/4/2012</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return 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 Ponderosa Telephone Co.	
Signature of authorized officer				Date	
Printed name of authorized officer		E. L. Silkwood		September 26, 2012	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(559) 868-6395	
Study Area Code of Reporting Carrier		542332		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: Sierra Telephone Company, Inc.			
Signature of authorized officer	<i>Cindy A. Huber</i>	Date	<i>September 26, 2012</i>
Printed name of authorized officer: Cindy A. Huber			
Title or position of authorized officer: Vice President Operations			
Telephone number of authorized officer: (559) 683-4611, ext.			
Study Area Code of Reporting Carrier	542338	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: THE SISKIYOU TEL CO

James Lowers

Digitally signed by James Lowers DN:cn=James Lowers,email=j.lowers@siskiyoutelephone.com,O=the siskiyou tel co,l=Etna CA 96027-0157, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: James Lowers

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 530-467-6171

Study Area Code of Reporting Carrier	542339		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: VOLCANO TEL CO

Earl Bishop

Digitally signed by Earl Bishop DN:cn=Earl Bishop,email=earlb@volcanotel.com,O=volcano tel co,l=Pine Grove CA 95665, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Earl Bishop

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

Telephone number of Authorized Officer or employee: 209-296-1447

Study Area Code of Reporting Carrier

542343

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

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: PINNACLES TEL CO

Steven Bryan

Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Steven Bryan

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 831-389-4500

Study Area Code of Reporting Carrier

542346

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: **FILER MUTUAL TEL -NV**

Steve Cowger

Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

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

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

Telephone number of Authorized Officer or employee: **208-326-4339**

Study Area Code of Reporting Carrier

552220

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 Rural Telephone Company - NV			
Signature of authorized officer 		Date 09/24/2012	
Printed name of authorized officer Michael J. Martell			
Title or position of authorized officer Vice-President			
Telephone number of authorized officer: (208) 366-2634			
Study Area Code of Reporting Carrier 552233	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, 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: BEEHIVE TEL CO - NV

Signature of Authorized Officer or employee: **Wayne McCulley**
Digitally signed by Wayne McCulley DN:cn=Wayne McCulley,email=waynem@beehive.net,O=beehive tel co - nv,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Wayne McCulley

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

Telephone number of Authorized Officer or employee: 801-250-6639

Study Area Code of Reporting Carrier	552284		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: CHURCHILL-CC COMM.

Robert Adams

Digitally signed by Robert Adams DN:cn=Robert Adams,email=bob.adams@corp.cccomm.net,O=churchill-cc comm.,l=Fallon NV 89407-1390, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Robert Adams

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 775-423-7654

Study Area Code of Reporting Carrier	552349		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: LINCOLN CTY TEL SYS

John Christian, III

Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,I=Plioche NV 89043, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: John Christian, III

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 775-962-5131

Study Area Code of Reporting Carrier	552351		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 **Moapa Valley Telephone Company**

Signature of authorized officer



Date

9/26/2012

Printed name of authorized officer **John W. Lyon**

Title or position of authorized officer **President**

Telephone number of authorized officer: **(702) 397-2601**

Study Area Code of Reporting Carrier

552353

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: RIO VIRGIN TEL CO

Brooke Wheeler

Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Brooke Wheeler

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 503-630-8952

Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	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: HUMBOLDT TEL CO

Alison Beck

Digitally signed by Alison Beck DN:cn=Alison Beck,email=abeck@or.id-com,O=humboldt tel co,l= , Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Alison Beck

Title or position of Authorized Officer or employee: Manager - Regulatory & External Affairs

Telephone number of Authorized Officer or employee: 510-338-4622

Study Area Code of Reporting Carrier	553304		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: **ADAK TEL UTILITY**

Andilea Weaver

Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adaku tel utility,l= , Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Andilea Weaver**

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

Telephone number of Authorized Officer or employee: **907-222-0844**

Study Area Code of Reporting Carrier	610989		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: ARCTIC SLOPE TEL

Clover McNeil

Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,l= , Date:9/29/2012

Signature of Authorized Officer or employee:

Date: 9/29/2012

Printed name of Authorized Officer or employee: Clover McNeil

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 907-564-2680

Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	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: **BETTLES TEL CO INC**

Michael Garrett

Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

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

Title or position of Authorized Officer or employee: **COO - Executive VP**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier

613002

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

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: BRISTOL BAY TEL COOP

Signature of Authorized Officer or employee: **Todd Hoppe**
Digitally signed by Todd Hoppe DN:cn=Todd Hoppe,email=manager@bristolbay.com,O=bristol bay tel coop,l=King Salmon AK 99613, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer or employee: Todd Hoppe

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 907-246-3403

Study Area Code of Reporting Carrier	613003		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: BUSH-TEL INC.

W. DeVore

Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mcon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: W. DeVore

Title or position of Authorized Officer or employee: VP/Assist. Gen. Mgr.

Telephone number of Authorized Officer or employee: 907-675-4311

Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	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: CIRCLE TEL & ELEC

David Masephol

Digitally signed by David Masephol DN:cn=David Masephol,email=dmasephol@sbcglobal.net,O=circle tel & elec,l=Circle AK 99733, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: David Masephol

Title or position of Authorized Officer or employee: Member Owner

Telephone number of Authorized Officer or employee: 907-773-5500

Study Area Code of Reporting Carrier	613005		Filing Due Date for this form (mm/dd/yyyy)	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				Copper Valley Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Pamela R Murphy</i>		Date	
Printed name of authorized officer		Pamla R Murphy		9/27/2012	
Title or position of authorized officer CFO					
Telephone number of authorized officer: (907) 835-2231, ext.					
Study Area Code of Reporting Carrier		613006		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Cordova Telephone Cooperative, Inc.	
Signature of authorized officer					
Printed name of authorized officer				Paul Kelly	
Title or position of authorized officer				General Manager/ CEO	
Telephone number of authorized officer:				(907) 424-2345	
Study Area Code of Reporting Carrier		613007		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				Interior Telephone Company	
Signature of authorized officer					
Printed name of authorized officer				Brett Carter	
Title or position of authorized officer				Vice President Finance	
Telephone number of authorized officer				(907) 563-2003	
Study Area Code of Reporting Carrier		613011		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: **KETCHIKAN PUBLIC UT**

Dan Lindgren

Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Dan Lindgren**

Title or position of Authorized Officer or employee: **Assistant KPU Telecommunications Manager**

Telephone number of Authorized Officer or employee: **907-228-5439**

Study Area Code of Reporting Carrier	613013		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: Matanuska Telephone Association, Inc.			
Signature of authorized officer	<i>Wanda Tankersley</i>	Date	<i>9/25/12</i>
Printed name of authorized officer: Wanda Tankersley			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (907) 761-2654			
Study Area Code of Reporting Carrier	613015	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				Mukluk Telephone Company, Inc.			
Signature of authorized officer						Date	
						9/27/2012	
Printed name of authorized officer				Brett Carter			
Title or position of authorized officer				Vice President Finance			
Telephone number of authorized officer:				(907) 563-2003			
Study Area Code of Reporting Carrier		613016		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: ALASKA TEL CO

Michael Garrett

Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Michael Garrett

Title or position of Authorized Officer or employee: COO - Executive VP

Telephone number of Authorized Officer or employee: 360-385-1733

Study Area Code of Reporting Carrier

613017

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: NUSHAGAK ELEC & TEL

Michael Megli

Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec & tel,l=Dillingham AK 99576, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Michael Megli

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 907-842-5251

Study Area Code of Reporting Carrier	613018		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: OTZ TEL COOPERATIVE

Signature of Authorized Officer or employee: **Doug Neal**
Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kolzebue AK 99752, Date:9/28/2012

Date: 9/28/2012

Printed name of Authorized Officer or employee: Doug Neal

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 907-442-1000

Study Area Code of Reporting Carrier	613019		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 Utilities, Inc.			
Signature of authorized officer	<i>Steve Hamlen</i>	Date	9/27/2012
Printed name of authorized officer Steve Hamlen			
Title or position of authorized officer President			
Telephone number of authorized officer: (907) 273-5240			
Study Area Code of Reporting Carrier	613023	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: YUKON TEL CO INC

Paula Eller

Digitally signed by Paula Eller DN:cn=Paula Eller,email=paula@yukontel.com,O=yukon tel co inc, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Paula Eller

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

Telephone number of Authorized Officer or employee: 907-745-5363

Study Area Code of Reporting Carrier	613025		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: NORTH COUNTRY TEL CO

Michael Garrett

Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Michael Garrett

Title or position of Authorized Officer or employee: COO - Executive VP

Telephone number of Authorized Officer or employee: 360-385-1733

Study Area Code of Reporting Carrier	613026		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: **SUMMIT TEL & TEL -AK**

Jan Cannon

Digitally signed by Jan Cannon DN:cn=Jan Cannon,email=jcannon@summittelephonecompany.net,O=summit tel & tel -ak,l=Fairbanks AK 99710, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Jan Cannon**

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

Telephone number of Authorized Officer or employee: **907-389-1012**

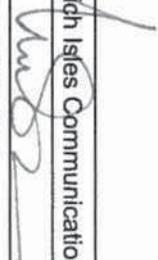
Study Area Code of Reporting Carrier	613028		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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			Sandwich Isles Communications, Inc.		
Signature of authorized officer				Date	
Printed name of authorized officer		Albert S.N. Hee		9/26/12	
Title or position of authorized officer			President		
Telephone number of authorized officer:			(808) 524-8400		
Study Area Code of Reporting Carrier		623021	Filing Due Date for this form (mm/dd/yyyy)	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: **TELEGUAM HOLDINGS**

Signature of Authorized Officer or employee: **John Brady**
Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,l= , Date:9/30/2012

Date: **9/30/2012**

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

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

Telephone number of Authorized Officer or employee: **671-644-0013**

Study Area Code of Reporting Carrier	663800		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			American Samoa Telecomm. Authority		
Signature of authorized officer					
Printed name of authorized officer			Aleki Sene		
Title or position of authorized officer			Executive Director		
Telephone number of authorized officer:			(684) 633-1124		
Study Area Code of Reporting Carrier			673900		
Filing Due Date for this form (mm/dd/yyyy)			10/4/2012		
Date			09/27/2012		
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				See Attached List	
Signature of authorized officer		<i>Michael T. Skrivan</i>		Date	
				09/27/2012	
Printed name of authorized officer Michael T. Skrivan					
Title or position of authorized officer Vice President - Regulatory					
Telephone number of authorized officer: (207) 535-4150					
Study Area Code of Reporting Carrier		Attached		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.

ATTACHMENT

Study Area ID	Study Area Name
100015	Community Service Telephone Company
150073	Berkshire Telephone Corp.
150078	Chautauqua & Erie Telephone Corp.
150084	Taconic Telephone Corp.
170145	Bentleyville Telephone Company
170185	Marianna--Scenery
190244	Peoples Mutual Telephone Company
210291	GTC, Inc.
210329	GTC, Inc.
210339	GTC, Inc.
300604	Columbus Grove Telephone Company
300618	Germantown
300649	Orwell Telephone Company
341004	El Paso Telephone Company
341009	C-R Telephone Company
341065	Odin Telephone Exchange Inc.
411835	Sunflower Telephone Company
421472	Fairpoint Missouri
431981	Chouteau Telephone Company
461835	Sunflower Telephone Company
462192	Big Sandy Telephone Company
462204	Columbine ACQ Corp.
472222	Fremont Telephone Company
522412	Ellensburg Telephone Company
522453	YCOM Networks Inc.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				Study Area Name	Study Area Code	Title of Certifying Officer or Employee	
<p align="center">Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge; the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>				Cobboscontee	100005	Company Officer	
				The Island (ME)	100007	Company Officer	
				Hampden	100010	Company Officer	
				Hartland	100011	Company Officer	
				Somerset	100024	Company Officer	
				Warren	100031	Company Officer	
				West Penobscot	100034	Company Officer	
				Kearsarge	120045	Company Officer	
				Merrimack County	120047	Company Officer	
				Union	120049	Company Officer	
Name of Reporting Carrier See attached list.				Wilton	120050	Company Officer	
Signature of authorized officer <i>Kevin G. Hess</i>			Date	10/1/2012	MCTA, Inc.	123321	Company Officer
Printed name of authorized officer Kevin G. Hess				Ludlow	140058	Company Officer	
Title or position of authorized officer Sr. Vice President				Northfield	140061	Company Officer	
Telephone number of authorized officer: (608) 664 - 4160, ext. _____				Perkinsville	140062	Company Officer	
Study Area Code of Reporting Carrier	See attached list.	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Deposit	150089	Company Officer	
<p align="center">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				Edwards	150092	Company Officer	
				Oriskany Falls	150114	Company Officer	
				Port Byron	150118	Company Officer	
				Township	150129	Company Officer	
				Vernon	150133	Company Officer	
				M & M	170183	Company Officer	
				Sugar Valley	170206	Company Officer	
				Amelia	190217	Company Officer	
				Virginia	190253	Company Officer	
				New Castle	193029	Company Officer	
				Quincy (FL)	210338	Company Officer	
				Quincy (GA)	220338	Company Officer	
				Blue Ridge	220346	Company Officer	
				Nelson-Ball Ground	220375	Company Officer	
				Barnardsville	230469	Company Officer	
				Saluda Mountain	230498	Company Officer	
				Service	230500	Company Officer	
				McClellanville	240533	Company Officer	
				Norway	240535	Company Officer	
				St. Stephen	240544	Company Officer	
				Williston	240551	Company Officer	
				Butler	250284	Company Officer	
				Oakman	250311	Company Officer	
				Peoples (AL)	250314	Company Officer	
				Leslie County	260411	Company Officer	
				Lewisport	260412	Company Officer	
				Salem	260417	Company Officer	
				Calhoun City	280448	Company Officer	
				Southeast Mississippi	283301	Company Officer	
				Myrtle	287449	Company Officer	
Concord	290559	Company Officer					
Humphrey's	290566	Company Officer					
Tellico	290578	Company Officer					
Arcadia	300585	Company Officer					
Continental	300607	Company Officer					
Little Miami	300613	Company Officer					

REDACTED-FOR PUBLIC INSPECTION

Oakwood	300645	Company Officer
Vanlue	300662	Company Officer
Comm. Corp. of Michigan	310672	Company Officer
Island (MI)	310677	Company Officer
Chatham	310685	Company Officer
Shiawassee	310726	Company Officer
Wolverine	310738	Company Officer
Camden, IN	320744	Company Officer
Comm. Corp. of Indiana	320776	Company Officer
Home-Pittsboro	320777	Company Officer
Home-Waldron	320778	Company Officer
Merchants & Farmers	320788	Company Officer
Comm. Corp of S. Indiana	320809	Company Officer
S & W	320816	Company Officer
Tipton	320829	Company Officer
Tri-County	320830	Company Officer
West Point	320837	Company Officer
Badger Telecom	330844	Company Officer
Black Earth	330849	Company Officer
Bonduel	330851	Company Officer
B.B. & W.	330856	Company Officer
Central State	330859	Company Officer
Dickeyville	330875	Company Officer
Farmers	330880	Company Officer
Mid-Plains	330881	Company Officer
Midway	330909	Company Officer
EastCoast Telecom	330914	Company Officer
Mosinee	330915	Company Officer
Grantland	330930	Company Officer
Riverside Telecom	330943	Company Officer
Scandinavia	330945	Company Officer
Southeast Telephone Com	330952	Company Officer
Stockbridge & Sherwood	330954	Company Officer
State Long Distance	330955	Company Officer
Tenney	330958	Company Officer
Utelco	330963	Company Officer
Waunakee	330968	Company Officer
Arvig	361350	Company Officer
Bridgewater	361362	Company Officer
KMP	361413	Company Officer
Mid-State	361433	Company Officer
Winsted	361507	Company Officer
Cleveland County	401698	Company Officer
Decatur	401699	Company Officer
New London	421928	Company Officer
Orchard Farm	421934	Company Officer
Stoutland	421951	Company Officer
Mid-America	432010	Company Officer
Wyandotte	432034	Company Officer
Arizona	452171	Company Officer
Southwestern	452174	Company Officer
Delta County	462184	Company Officer
Strasburg	462207	Company Officer
Pottlatch	472230	Company Officer
Asotin (WA)	522404	Company Officer
Lewis River	522427	Company Officer
McDaniel	522430	Company Officer
Home (OR)	532377	Company Officer
Asotin (OR)	532404	Company Officer
Happy Valley	542321	Company Officer
Hornitos	542322	Company Officer
Winterhaven	542323	Company Officer