

CERTIFICATION 2

CARRIER CERTIFICATIONS

Carrier Eligibility for CAF ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BERESFORD MUNICIPAL**

Signature of Authorized Officer or employee: Todd Hansen	Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: **Todd Hansen**

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

Telephone number of Authorized Officer or employee: **605-763-2500**

Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier				Knology Community Telephone, Inc.			
Signature of authorized officer				<i>M. Todd Holt</i>		Date	
Printed name of authorized officer				Todd Holt		9/25/12	
Title or position of authorized officer				Chief Financial Officer			
Telephone number of authorized officer:				(706) 645-8752			
Study Area Code of Reporting Carrier		391652		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

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

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Name of Reporting Carrier: CITY OF FAITH MUNIC

Debbie Brown

Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Debbie Brown

Title or position of Authorized Officer or employee: Finance Officer

Telephone number of Authorized Officer or employee: 605-967-2261

Study Area Code of Reporting Carrier	391653		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier		Interstate Telecommunications Cooperative, Inc.	
Signature of authorized officer	<i>Warren Brandlee</i>	Date	<i>9-29-12</i>
Printed name of authorized officer		Warren Brandlee	
Title or position of authorized officer		President	
Telephone number of authorized officer:		(605) 874-2181	
Study Area Code of Reporting Carrier	391654	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

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Name of Reporting Carrier: ALLIANCE-SPLITROCK

Kari Flanagan

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

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

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

Study Area Code of Reporting Carrier	391657		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **GOLDEN WEST TELECOM**

Signature of Authorized Officer or employee: Dennis Law	Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom,l=Wall SD 57790-0411, Date:10/1/2012	Date: 10/1/2012
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Printed name of Authorized Officer or employee: **Dennis Law**

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

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

Study Area Code of Reporting Carrier	391659		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: FT RANDALL-MT RUSHMR

Signature of Authorized Officer or employee: Bruce Hanson	Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,l=, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier	391660		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier		JAMES VALLEY COOPERATIVE TELEPHONE COMPANY	
Signature of authorized officer			Date
Printed name of authorized officer		JAMES GROFT	9/28/12
Title or position of authorized officer		CEO	
Telephone number of authorized officer		(805) 397-2323	
Study Area Code of Reporting Carrier	391664	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

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Name of Reporting Carrier Jefferson Telephone			
Signature of authorized officer		Date	9-25-12
Printed name of authorized officer Paul Bergmann			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (713) 271-4099			
Study Area Code of Reporting Carrier	391666	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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: GOLDEN WEST-KADOKA

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

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

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

Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	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 Eligibility for CAF/ICC Recovery

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

Signature of Authorized Officer or employee: Rod Bowar	Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: **Rod Bowar**

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

Telephone number of Authorized Officer or employee: **605-869-2220**

Study Area Code of Reporting Carrier	391668		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 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: **TRIOTEL COMM-MCCOOK**

Signature of Authorized Officer or employee: Bryan Roth <small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.net,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:9/26/2012</small>	Date: 9/26/2012
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Printed name of Authorized Officer or employee: **Bryan Roth**

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

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: MIDSTATE COMM., INC.

Mark Benton

Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate comm., inc.,l=Kimball SD 57355, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Mark Benton

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 605-778-6221

Study Area Code of Reporting Carrier

391670

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

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Name of Reporting Carrier: WEST RIVER(MOBRIDGE)

Bonnie Krause

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

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Bonnie Krause

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

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

Study Area Code of Reporting Carrier	391671		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **ROBERTS COUNTY COOP**

Signature of Authorized Officer or employee: Scott Bostrom	Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=roberts county coop,l=New Effington SD 57255-0197, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: **Scott Bostrom**

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

Telephone number of Authorized Officer or employee: **605-637-5211**

Study Area Code of Reporting Carrier	391674		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **SANTEL COMM. COOP.**

Signature of Authorized Officer or employee: Ryan Thompson	Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.net,O=santel comm. coop.,l=Woonsocket SD 57385-0067, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer or employee: **Ryan Thompson**

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

Telephone number of Authorized Officer or employee: **605-796-8143**

Study Area Code of Reporting Carrier	391676		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **GOLDEN WEST-SIOUX VY**

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

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

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

Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier				Stockholm-Strandburg Telephone Co. d/b/a ITC	
Signature of authorized officer			<i>Warren Brandlee</i>		Date
Printed name of authorized officer			Warren Brandlee		9/26/12
Title or position of authorized officer			President		
Telephone number of authorized officer:			(605) 874-2181		
Study Area Code of Reporting Carrier	391679	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

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Name of Reporting Carrier: VENTURE COMM. COOP

Randy Houdek

Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:10/1/2012

Signature of Authorized Officer or employee:

Date: 10/1/2012

Printed name of Authorized Officer or employee: Randy Houdek

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 605-852-2224

Study Area Code of Reporting Carrier	<u>391680</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **TRIOTEL COMM(TRI-C)**

Bryan Roth

Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.net,O=triotel comm(tri-c),I=Salem SD 57058-0630, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bryan Roth**

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

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier

391682

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

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Name of Reporting Carrier: **GOLDEN WEST-UNION**

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

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

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

Study Area Code of Reporting Carrier	391684		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: VALLEY TELECOMM.

Darin LaCoursiere

Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darin@valleytel.net,O=valley telecomm.,l=Herreid SD 57632-0007, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Darin LaCoursiere

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

Telephone number of Authorized Officer or employee: 605-437-2615

Study Area Code of Reporting Carrier	391685		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 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: **GOLDEN WEST-VIVIAN**

Dennis Law

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian,serial=57790-0411, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

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

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

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

Study Area Code of Reporting Carrier	391686		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: WESTERN TEL CO.

Randy Houdek

Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=western tel co.,l=Highmore SD 57345-0157, Date:10/1/2012

Signature of Authorized Officer or employee:

Date: 10/1/2012

Printed name of Authorized Officer or employee: Randy Houdek

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 605-852-2224

Study Area Code of Reporting Carrier	391688		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				West River Cooperative Telephone Company	
Signature of authorized officer			<i>Greg Field</i>		Date
Printed name of authorized officer			Greg Field		9-28-12
Title or position of authorized officer					
Vice President					
Telephone number of authorized officer: (605-244, ext. 5213					
Study Area Code of Reporting Carrier		391689	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.					

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				Arkansas Telephone Company, Inc.	
Signature of authorized officer		<i>Randy McCaslin</i>		Date	09/27/2012
Printed name of authorized officer					
Randy McCaslin					
Title or position of authorized officer					
PRESIDENT					
Telephone number of authorized officer: (501) 745-2114					
Study Area Code of Reporting Carrier		401692	Filing Due Date for this form (mm/dd/yyyy)	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: **CENTRAL ARKANSAS TEL**

Shirley Kinnaid

Digitally signed by Shirley Kinnaid DN:cn=Shirley Kinnaid,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Shirley Kinnaid**

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

Telephone number of Authorized Officer or employee: **501-865-3212**

Study Area Code of Reporting Carrier

401697

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: SOUTH ARKANSAS TEL

Greg Ashcraft

Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Greg Ashcraft

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

Telephone number of Authorized Officer or employee: 870-942-4344

Study Area Code of Reporting Carrier	401702		Filing Due Date for this form (mm/dd/yyyy)	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 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: LAVACA TEL CO-AR

Keith Gibson

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Keith Gibson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 479-674-2211

Study Area Code of Reporting Carrier

401704

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: MADISON COUNTY TEL

Signature of Authorized Officer or employee:	Tom Shrum Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Tom Shrum

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 479-738-2121

Study Area Code of Reporting Carrier	401709		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 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	Magazine Telephone Company		Date	9/26/2012
Signature of authorized officer				
Printed name of authorized officer	Kathy Stone			
Title or position of authorized officer	President			
Telephone number of authorized officer	(479) 969-2211	Filing Due Date for this form (mm/dd/yyyy)		
Study Area Code of Reporting Carrier	401710	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: MOUNTAIN VIEW TEL CO

Signature of Authorized Officer or employee: Anne Schuhknecht	Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view tel co,l=Mountain Home AR 72654-1970, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer or employee: Anne Schuhknecht

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

Telephone number of Authorized Officer or employee: 870-425-3100

Study Area Code of Reporting Carrier	401712		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **NORTH ARKANSAS TEL**

Steven Sanders, Jr.

Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,l=Flippin AR 72634-0209, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Steven Sanders, Jr.**

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

Telephone number of Authorized Officer or employee: **870-453-9273**

Study Area Code of Reporting Carrier	401713		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 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: PRAIRIE GROVE TEL CO

Signature of Authorized Officer or employee: Rick Reed	Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Rick Reed

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 479-846-7200

Study Area Code of Reporting Carrier	401718		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Rice Belt Telephone Company Inc.	
Signature of authorized officer				Date	
Printed name of authorized officer		Darby A. McCarty		9/26/2012	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(812) 876-2211	
Study Area Code of Reporting Carrier		401721		Filing Due Date for this form (mm/dd/yyyy)	
				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: E RITTER TEL CO

Signature of Authorized Officer or employee: John Strode	Digitally signed by John Strode DN:cn=John Strode,email=jstrode@rittermail.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: John Strode

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 870-336-2345

Study Area Code of Reporting Carrier	401722		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 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: SW ARKANSAS TEL COOP

Signature of Authorized Officer or employee:	Tina Moore <small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop,l= , Date:9/26/2012</small>	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Tina Moore

Title or position of Authorized Officer or employee: Accountant

Telephone number of Authorized Officer or employee: 870-653-8222

Study Area Code of Reporting Carrier	401724		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 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: TRI-COUNTY TEL CO-AR

Signature of Authorized Officer or employee: Bob Mouser <small>Digitally signed by Bob Mouser DN:cn=Bob Mouser,email=bmouser@rittermail.com,O=tri-county tel co-ar,l=Everton AR 72633, Date:9/25/2012</small>	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Bob Mouser

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 870-429-5211

Study Area Code of Reporting Carrier	401726		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 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: WALNUT HILL TEL CO

Deborah Nobles

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=walnut hill tel co, Inc., Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier

401729

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: YELCOT TEL CO INC

Signature of Authorized Officer or employee:	Anne Schuhknecht	Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel co inc,l=Mountain Home AR 72654-1970, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer or employee: Anne Schuhknecht

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

Telephone number of Authorized Officer or employee: 870-425-3100

Study Area Code of Reporting Carrier	401733		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 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: ARKWEST COMM., INC.

Signature of Authorized Officer or employee: P. Sanders <small>Digitally signed by P. Sanders DN:cn=P. Sanders,email=ptjr@arkwest.com,O=arkwest comm., inc.,l=Danville AR 72833, Date:9/24/2012</small>	Date: 9/24/2012
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Printed name of Authorized Officer or employee: P. Sanders

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

Telephone number of Authorized Officer or employee: 479-495-4242

Study Area Code of Reporting Carrier	401734		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 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: SCOTT COUNTY TEL CO

Signature of Authorized Officer or employee: Karen Gilliam	Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county tel co,l=Avilla MO 64833, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer or employee: Karen Gilliam

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 479-923-4200

Study Area Code of Reporting Carrier	403031		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 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: BLUE VALLEY TELE-COM

Candace Wright

Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Candace Wright

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 785-799-3657

Study Area Code of Reporting Carrier	411746		Filing Due Date for this form (mm/dd/yyyy)	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 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: COUNCIL GROVE TEL CO

Signature of Authorized Officer or employee: Dale Jones	Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Dale Jones

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 620-767-5153

Study Area Code of Reporting Carrier	411758		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 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: CUNNINGHAM TEL CO

Brent Cunningham

Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Brent Cunningham

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 785-545-3215

Study Area Code of Reporting Carrier	411761		Filing Due Date for this form (mm/dd/yyyy)	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 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: Elkhart Telephone Co., Inc.			
Signature of authorized officer: <i>Bob Boaldin</i>	Date:	9/25/2012	
Printed name of authorized officer: Bob Boaldin			
Title or position of authorized officer: President			
Telephone number of authorized officer: (629) 697-2111, Ext.			
Study Area Code of Reporting Carrier: 411764	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: **GOLDEN BELT TEL ASSN**

Signature of Authorized Officer or employee: Beau Rebel	Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbta.net,O=golden belt tel assn,I=Rush Center KS 67575, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: **Beau Rebel**

Title or position of Authorized Officer or employee: **Assistant General Mgr**

Telephone number of Authorized Officer or employee: **785-372-4236**

Study Area Code of Reporting Carrier	411777		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 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: **GORHAM TEL CO**

Signature of Authorized Officer or employee: Tonya Murphy	Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: **Tonya Murphy**

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

Telephone number of Authorized Officer or employee: **785-637-5300**

Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	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 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: HAVILAND TEL CO

Signature of Authorized Officer or employee: Mark Wade	Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Mark Wade

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 620-862-5211

Study Area Code of Reporting Carrier	411780		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 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: **H & B COMMUNICATIONS**

Signature of Authorized Officer or employee: Robert Koch	Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: **Robert Koch**

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

Telephone number of Authorized Officer or employee: **785-252-4000**

Study Area Code of Reporting Carrier	411781		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 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: HOME TEL CO

Signature of Authorized Officer or employee: Carla Shearer	Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@homecomminc.com,O=home tel co,l=Galva KS 67443, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Carla Shearer

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 620-654-3381

Study Area Code of Reporting Carrier	411782		Filing Due Date for this form (mm/dd/yyyy)	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 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: J. B. N. TEL CO INC

Signature of Authorized Officer or employee: Gene Morris	Digitally signed by Gene Morris DN:cn=Gene Morris,email=gm@jbtelco.com,O=j. b. n. tel co inc,l= , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Gene Morris

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 785-866-2310

Study Area Code of Reporting Carrier	411785		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 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: **KANOKLA TEL ASSN-KS**

Greg Aldridge

Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

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

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

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier	411788		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier		<i>Madison Telephone, LLC</i>	
Signature of authorized officer	<i>Quantha C. Statorman</i>	Date	<i>9/26/12</i>
Printed name of authorized officer <i>Quantha C. Statorman</i>			
Title or position of authorized officer <i>Treasurer</i>			
Telephone number of authorized officer: <i>(202) 837-2354 ext.</i>			
Study Area Code of Reporting Carrier	<i>411801</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 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: MOKAN DIAL INC-KS

Deborah Nobles

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-ks, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier	411807		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 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: **MOUNDRIDGE TEL CO**

Signature of Authorized Officer or employee: Delonna Barnett	Digitally signed by Delonna Barnett DN:cn=Delonna Barnett,email=speedo@mtelco.net,O=moundridge tel co,l=Moundridge KS 67107, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: **Delonna Barnett**

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

Telephone number of Authorized Officer or employee: **620-345-2831**

Study Area Code of Reporting Carrier	411808		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 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: **MUTUAL TEL CO**

Jimmy Todd

Digitally signed by Jimmy Todd DN:cn=Jimmy Todd,email=jtodd@MTC4me.com,O=mutual tel co,l=Little River KS 67457, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Jimmy Todd**

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

Telephone number of Authorized Officer or employee: **620-897-6200**

Study Area Code of Reporting Carrier

411809

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

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: PEOPLES TELECOM LLC

Signature of Authorized Officer or employee: Kathy Billinger <small>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc,l=LaCygne KS 66040, Date:9/24/2012</small>	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Kathy Billinger

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

Telephone number of Authorized Officer or employee: 913-757-2500

Study Area Code of Reporting Carrier	411814		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 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				Craw-Kan Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Barry Bedene</i>		Date	
				9/27/2012	
Printed name of authorized officer				BARRY BEDENE	
Title or position of authorized officer				President	
Telephone number of authorized officer:				920-724-8235, Bk.	
Study Area Code of Reporting Carrier		411818		Filing Date 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, 502(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: RAINBOW TELECOM

Beverly Armstrong

Digitally signed by Beverly Armstrong DN:cn=Beverly Armstrong,email=bev@rainbowtel.com,O=rainbow telecom,l=Everest KS 66424-0147, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Beverly Armstrong

Title or position of Authorized Officer or employee: DIRECTOR OF ADMINISTRATION

Telephone number of Authorized Officer or employee: 785-548-7511

Study Area Code of Reporting Carrier	411820		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier		Rural Telephone Service Co., Inc. dba Nex-Tech	
Signature of authorized officer	<i>Rhonda S. Goddard</i>	Date	9/25/2012
Printed name of authorized officer		Rhonda S. Goddard	
Title or position of authorized officer		Chief Operating Officer	
Telephone number of authorized officer:		(785) 567-4284	
Study Area Code of Reporting Carrier	411826	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 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: S & T TEL COOP ASSN

Carolyn Somers

Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=crsomers@st-tel.net,O=s & t tel coop assn,I=Brewster KS 67732. Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Carolyn Somers

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 785-694-2256

Study Area Code of Reporting Carrier

411827

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: S & A TEL CO INC

Janet Bathurst

Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a tel co inc,l=Allen KS 66833-0068, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Janet Bathurst

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 620-528-3223

Study Area Code of Reporting Carrier

411829

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: S. CENTRAL TEL - KS

Signature of Authorized Officer or employee: Zack Odell	Digitally signed by Zack Odell DN:cn=Zack Odell,email=zodell@sctelcom.com,O=s. central tel - ks,l= , Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Zack Odell

Title or position of Authorized Officer or employee: Director of Operations

Telephone number of Authorized Officer or employee: 620-930-1020

Study Area Code of Reporting Carrier	411831		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 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: SOUTHERN KANSAS TEL

William McVey

Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: William McVey

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

Telephone number of Authorized Officer or employee: 620-584-8337

Study Area Code of Reporting Carrier	411833		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 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: TRI-COUNTY TEL ASSN

Signature of Authorized Officer or employee: Dale Jones	Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Dale Jones

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 620-767-5153

Study Area Code of Reporting Carrier	411839		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 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: TWIN VALLEY TEL INC

Gary Abbott

Digitally signed by Gary Abbott DN:cn=Gary Abbott,email=gabbott@isgtech.com,O=twin valley tel inc, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Gary Abbott

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 785-427-9506

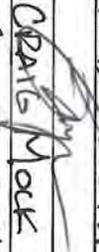
Study Area Code of Reporting Carrier	411840		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 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				UNITED TELEPHONE ASSOCIATION, INC.	
Signature of authorized officer				 Date	
Printed name of authorized officer				CRAIG MOCK	
Title or position of authorized officer				GENERAL MANAGER	
Telephone number of authorized officer: () - . ext.				(620) 227-8641	
Study Area Code of Reporting Carrier			Filing Due Date for this form		Date
41841			(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: **WAMEGO TEL CO INC**

Steven Sackrider

Digitally signed by Steven Sackrider DN:cn=Steven Sackrider,email=steve.sackrider@wamtelco.com,O=wamego tel co inc,l=Wamego KS 66547-0025, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Steven Sackrider**

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

Telephone number of Authorized Officer or employee: **785-456-1000**

Study Area Code of Reporting Carrier

411845

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: **WHEAT STATE TEL, INC**

Arturo Macias

Digitally signed by Arturo Macias DN:cn=Arturo Macias,email=agmacias@wheatstate.com,O=wheat state tel, inc,l=Udall KS 67146, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Arturo Macias**

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

Telephone number of Authorized Officer or employee: **620-782-3341**

Study Area Code of Reporting Carrier

411847

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: Wilson Telephone Company, Inc.			
Signature of authorized officer: 			Date: 9/27/2012
Printed name of authorized officer: Brian J. Boisvert			
Title or position of authorized officer: CEO/General Manager			
Telephone number of authorized officer: (785) 658-2111			
Study Area Code of Reporting Carrier: 411849	Filing Due Date for this form (m/d/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(e) and Access Recovery Change §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Zenda Telephone Company	
Signature of authorized officer				Date	
Printed name of authorized officer		David Damiani		9/26/2012	
Title or position of authorized officer				Secretary	
Telephone number of authorized officer:		7035481800			
State Area Code of Reporting Carrier		411852		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, 502(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: **TOTAH COMMUNICATIONS**

Signature of Authorized Officer or employee: Keith Watson	Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totalcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: **Keith Watson**

Title or position of Authorized Officer or employee: **Executive VP / Controller**

Telephone number of Authorized Officer or employee: **918-535-2208**

Study Area Code of Reporting Carrier	412030		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 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: BPS Tel. Co.

Lisa Winberry

Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps tel. co.,l=Bernie MO 63822-0550, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Lisa Winberry

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 573-293-2277

Study Area Code of Reporting Carrier	420463		Filing Due Date for this form (mm/dd/yyyy)	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 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: IAMO TEL CO - MO

Jack Jones

Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - mo,l=Coin IA 51636, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Jack Jones

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 712-583-3232

Study Area Code of Reporting Carrier

421206

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

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: <u>Craw-Kan Telephone Cooperative, Inc.</u>			
Signature of authorized officer: <u><i>Barry Badana</i></u>	Date		<u>9/27/2012</u>
Printed name of authorized officer: <u>Barry Badana</u>			
Title or position of authorized officer: <u>President</u>			
Telephone number of authorized officer: <u>(520)-724-8235</u>			
Study Area Code of Reporting Carrier: <u>421759</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 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: MOKAN DIAL INC-MO

Deborah Nobles

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-mo, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier	421807		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 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: ALMA COMM. CO.

Adolf Heins

Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Adolf Heins

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 660-674-2297

Study Area Code of Reporting Carrier	421860		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 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: CHARITON VALLEY TEL

James Simon

Digitally signed by James Simon DN:cn=James Simon,email=jsimon@charitonvalley.com,O=chariton valley tel,l=Macon MO 63552-0067, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: James Simon

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 660-395-9634

Study Area Code of Reporting Carrier	421864		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 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: CITIZENS TEL CO - MO

Signature of Authorized Officer or employee: Brian Cornelius	Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Brian Cornelius

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

Telephone number of Authorized Officer or employee: 660-584-6520

Study Area Code of Reporting Carrier	421865		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: ELLINGTON TEL CO

Dee McCormack

Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington tel co,I=Ellington MO 63638, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Dee McCormack

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 573-663-2000

Study Area Code of Reporting Carrier	421874		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 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				Farber Telephone Company	
Signature of authorized officer			[Signature]		Date
Printed name of authorized officer			Charles W. Crook		09-25-2012
Title or position of authorized officer					
Telephone number of authorized officer			1573 249 9800		
Sundry Area Code of Reporting Carrier		421 576		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: FIDELITY TEL CO

Signature of Authorized Officer or employee: Dave Beier	Digitally signed by Dave Beier DN:cn=Dave Beier,email=dave.beier@fidelitycommunications.com,O=fidelity tel co,l= , Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Dave Beier

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

Telephone number of Authorized Officer or employee: 573-468-1218

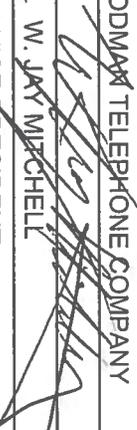
Study Area Code of Reporting Carrier	421882		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 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 551.917(d) and Access Recovery Charge 551.917(e) and is eligible to receive the CAF/ICC support requested pursuant to 551.917(f).

Name of Reporting Carrier		GOODMAN TELEPHONE COMPANY	
Signature of authorized officer		Date	9/26/2012
Printed name of authorized officer		W. JAY MITCHELL	
Title or position of authorized officer		VICE-PRESIDENT	
Telephone number of authorized officer: (417) 776-2247 ext.			
Study Area Code of Reporting Carrier	421886	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: GRANBY TEL CO - MO

Cheri Johnson

Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Cheri Johnson

Title or position of Authorized Officer or employee: Corporate Secretary

Telephone number of Authorized Officer or employee: 417-472-5513

Study Area Code of Reporting Carrier	421887		Filing Due Date for this form (mm/dd/yyyy)	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 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: Grand River Mutual Telephone Corporation - MO			
Signature of authorized officer: <i>Gregg Davis</i>	Date: 9-27-12		
Printed name of authorized officer: Gregg Davis			
Title or position of authorized officer: President			
Telephone number of authorized officer: (669) 748-3231			
Study Area Code of Reporting Carrier: 421888	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(p), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: GREEN HILLS TEL CORP

Signature of Authorized Officer or employee: Renee Reeter	Digitally signed by Renee Reeter DN:cn=Renee Reeter,email=rreeter@ghrc.com,O=green hills tel corp,l= , Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Renee Reeter

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 660-644-5411

Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	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 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: CHOCTAW TELEPHONE CO

Signature of Authorized Officer or employee:	Deborah Nobles	Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=choctaw telephone co,l= , Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier	421893		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 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	KLM Telephone Company		
Signature of authorized officer		Date	September 27, 2012
Printed name of authorized officer	George Wack		
Title or position of authorized officer	President		
Telephone number of authorized officer	(402) 426-6200		
Study Area Code of Reporting Carrier	421900	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: **KINGDOM TELEPHONE CO**

Marla McCowan

Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mkmccowan@ktis.net,O=kingdom telephone co,l=Auxvasse MO 65231, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Marla McCowan**

Title or position of Authorized Officer or employee: **Assistant Board Secretary**

Telephone number of Authorized Officer or employee: **573-386-2241**

Study Area Code of Reporting Carrier

421901

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: LE-RU TELEPHONE CO

Signature of Authorized Officer or employee: Robert Hart	Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone co,l=Stella MO 64867-0147, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Robert Hart

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 417-628-3844

Study Area Code of Reporting Carrier	421908		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 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: MCDONALD COUNTY TEL

Signature of Authorized Officer or employee: Ross Babbitt	Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Ross Babbitt

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 417-223-4313

Study Area Code of Reporting Carrier	421912		Filing Due Date for this form (mm/dd/yyyy)	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 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: MARK TWAIN RURAL TEL

Signature of Authorized Officer or employee: William Rohde	Digitally signed by William Rohde DN:cn=William Rohde,email=gm@marktwain.coop,O=mark twain rural tel,l=Hurdland MO 63547, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: William Rohde

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 660-423-5211

Study Area Code of Reporting Carrier	421914		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 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: **OTELCO MID-MISSOURI**

Dennis Andrews

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

Signature of Authorized Officer or employee:

Date: **9/26/2012**

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

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

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

Study Area Code of Reporting Carrier

421917

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				Miller Telephone Company	
Signature of authorized officer					
Printed name of authorized officer			David Damiani		
Title or position of authorized officer			Secretary		
Telephone number of authorized officer		7035481800			
Study Area Code of Reporting Carrier		421920		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, §201(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: **NEW FLORENCE TEL CO**

Leonard May

Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=new florence tel co,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: **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

421927

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

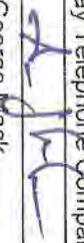
10/4/2012

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		Holway Telephone Company	
Signature of authorized officer		Date	September 26, 2012
Printed name of authorized officer		George Mack	
Title or position of authorized officer		President	
Telephone number of authorized officer		(402) 426-6200	
Study Area Code of Reporting Carrier	421929	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

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Name of Reporting Carrier: **NE MISSOURI RURAL**

James Sherburne

Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=ne missouri rural,l=Green City MO 63545-0098, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

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

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

Telephone number of Authorized Officer or employee: **660-874-4111**

Study Area Code of Reporting Carrier

421931

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

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: Lathrop Telephone Company			
Signature of authorized officer * <i>Gregg Davis</i>	Date		<i>9-27-12</i>
Printed name of authorized officer: Gregg Davis			
Title or position of authorized officer: President			
Telephone number of authorized officer: (669) 748-3231			
Study Area Code of Reporting Carrier	421932	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: OREGON FARMERS MUT

Signature of Authorized Officer or employee: Wendy Ottman	Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Wendy Ottman

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

Telephone number of Authorized Officer or employee: 660-446-3391

Study Area Code of Reporting Carrier	421935		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 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: PEACE VALLEY TEL CO

Signature of Authorized Officer or employee: Kelly Bosserman	Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Kelly Bosserman

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

Telephone number of Authorized Officer or employee: 417-277-5550

Study Area Code of Reporting Carrier	421936		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 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 Rock Port Telephone Company			
Signature of authorized officer 			Date 9-25-12
Printed name of authorized officer R. Keith Ottmann			
Title or position of authorized officer Vice President			
Telephone number of authorized officer: (669) 744-5311 ext.			
Study Area Code of Reporting Carrier 421942		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: STEELVILLE TEL EXCH

Donald Santhuff

Digitally signed by Donald Santhuff DN:cn=Donald Santhuff,email=santhuff@misn.com,O=steelville tel exch,l=Steelville MO 65565, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Donald Santhuff

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 573-775-2111

Study Area Code of Reporting Carrier	421949		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 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: LAVACA TEL CO-OK

Keith Gibson

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Keith Gibson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 479-674-2211

Study Area Code of Reporting Carrier	431704		Filing Due Date for this form (mm/dd/yyyy)	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 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: **KANOKLA TEL ASSN-OK**

Greg Aldridge

Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ok,l=Caldwell KS 67022-0111, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

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

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

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier	431788		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 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: S. CENTRAL TEL - KZ

Signature of Authorized Officer or employee: Zack Odell <small>Digitally signed by Zack Odell DN:cn=Zack Odell,email=zodell@sctelcom.com,O=s. central tel - ok,l= , Date:9/24/2012</small>	Date: 9/24/2082
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Printed name of Authorized Officer or employee: ackOKdell

Title or position of Authorized Officer or employee: Direktor of Kperctions

Telephone number of Authorized Officer or employee: 620-910-8020

Study Area Code of Reporting Carrier	418318		Filing Due Date for this form (mm/dd/yyyy)	80/4/2082	
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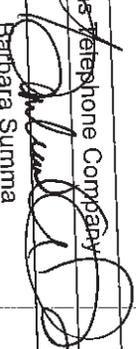
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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		Atlas Telephone Company		Date	9/27/2012
Signature of authorized officer					
Printed name of authorized officer		Barbara Summa			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(918) 783-5114			
Study Area Code of Reporting Carrier		431966		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: **BEGGS TEL CO**

Kay Mount

Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,I=Beggs OK 74421-0749, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Kay Mount**

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

Telephone number of Authorized Officer or employee: **918-267-3636**

Study Area Code of Reporting Carrier

431968

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: BIXBY TEL CO

Robert Rozell

Digitally signed by Robert Rozell DN:cn=Robert Rozell,email=brozell@olp.net,O=bixby tel co,l= , Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Robert Rozell

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

Telephone number of Authorized Officer or employee: 918-366-8000

Study Area Code of Reporting Carrier	431969		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: CANADIAN VALLEY TEL

Signature of Authorized Officer or employee:	Betty Smith Digitally signed by Betty Smith DN:cn=Betty Smith,email=bettys@cvok.net,O=canadian valley tel,l=Crowder OK 74430, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer or employee: Betty Smith

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

Telephone number of Authorized Officer or employee: 918-334-3700

Study Area Code of Reporting Carrier	431974		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 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: **CARNEGIE TEL CO INC**

Gary Woodruff

Digitally signed by Gary Woodruff DN:cn=Gary Woodruff,email=gwoodrff@carnegienet.net,O=carnegie tel co inc,l=Carnegie OK 73015, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Gary Woodruff**

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

Telephone number of Authorized Officer or employee: **580-654-1002**

Study Area Code of Reporting Carrier	431976		Filing Due Date for this form (mm/dd/yyyy)	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 Eligibility for CAF/ICC Recovery

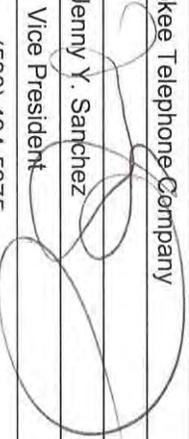
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

Name of Reporting Carrier				Central Oklahoma Telephone Company	
Signature of authorized officer				<i>Steven Guest</i>	
Printed name of authorized officer				Steven Guest	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(918) 377-2241	
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		Date	
431977		10/4/2012		9/27/2012	
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 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		Cherokee Telephone Company	
Signature of authorized officer			Date
Printed name of authorized officer		Jenny Y. Sanchez	
Title or position of authorized officer		Vice President	
Telephone number of authorized officer: (580) 434-5375			
Study Area Code of Reporting Carrier	431979	Filing Due Date for this form (mm/dd/yyyy)	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: CHICKASAW TEL CO

Signature of Authorized Officer or employee: Larry Jones	Digitally signed by Larry Jones DN:cn=Larry Jones,email=ljones@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Larry Jones

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 580-622-5223

Study Area Code of Reporting Carrier	431980		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 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: **CHOUTEAU TEL CO**

Michael Skrivan

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

Signature of Authorized Officer or employee:

Date: **9/28/2012**

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

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

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

Study Area Code of Reporting Carrier	431981		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 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: **CIMARRON TEL CO**

H. Baldwin

Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel co,I=Mannford OK 74044, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **H. Baldwin**

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

Telephone number of Authorized Officer or employee: **918-865-3311**

Study Area Code of Reporting Carrier

431982

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

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: **CROSS TEL CO**

Signature of Authorized Officer or employee: Kim Collins	Digitally signed by Kim Collins DN:cn=Kim Collins,email=kwcollins@crosstel.net,O=cross tel co,l=Warner OK 74469-0009, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: **Kim Collins**

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

Telephone number of Authorized Officer or employee: **918-463-2921**

Study Area Code of Reporting Carrier	431985		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 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		Dobson Telephone Company	
Signature of authorized officer		Date	9/25/2012
Printed name of authorized officer			
Kristalyn Stewart			
Title or position of authorized officer			
Secretary / Treasurer			
Telephone number of authorized officer.		(405) 242-1015	
Study Area Code of Reporting Carrier	431988	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: GRAND TEL CO INC

Rex Brixey

Digitally signed by Rex Brixey DN:cn=Rex Brixey,email=brixey@brightok.net,O=grand tel co inc,l=Jay OK 74346-0308, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Rex Brixey

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 918-253-4231

Study Area Code of Reporting Carrier	431994		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 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: HINTON TEL CO

Signature of Authorized Officer or employee: Kenneth Doughty	Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Kenneth Doughty

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 405-542-3262

Study Area Code of Reporting Carrier	431995		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 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		McCloud Telephone Company	
Signature of authorized officer	<i>Kristalyn Stewart</i>	Date	9/25/2012
Printed name of authorized officer		Kristalyn Stewart	
Title or position of authorized officer		Secretary / Treasurer	
Telephone number of authorized officer:	(405) 242-1015	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier	432006	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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	Medicine Park Telephone Company		
Signature of authorized officer		Date	09/27/2012
Printed name of authorized officer	Dean Pennello		
Title or position of authorized officer	Chief Financial Officer		
Telephone number of authorized officer:	(589) 529-2700		
Study Area Code of Reporting Carrier	432008	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: **OKLATEL COMM.**

Signature of Authorized Officer or employee: Toney Prather	Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totalcom.net,O=oklatel comm.,l=De Leon TX 76444, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: **Toney Prather**

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

Telephone number of Authorized Officer or employee: **254-893-1000**

Study Area Code of Reporting Carrier	432013		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 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: OKLAHOMA WESTERN TEL

Pauline Van Horn

Digitally signed by Pauline Van Horn DN:cn=Pauline Van Horn,email=pvanhorn@pisp.net,O=oklahoma western tel,l=Clayton OK 74536, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Pauline Van Horn

Title or position of Authorized Officer or employee: Chairman

Telephone number of Authorized Officer or employee: 918-569-4111

Study Area Code of Reporting Carrier

432014

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).

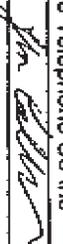
Name of Reporting Carrier	Panhandle Telephone Cooperative, Inc.		
Signature of authorized officer		Date	9-26-12
Printed name of authorized officer	Ron Strecker		
Title or position of authorized officer	Chief Executive Officer		
Telephone number of authorized officer:	(589) 338-2556	Filing Due Date for this form	10/4/2012
Study Area Code of Reporting Carrier	432016	(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.			

REDACTED-FOR PUBLIC INSPECTION

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 §51.517(e) and Access Recovery Charge §51.517(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.937(f).

Name of Reporting Carrier		Pine Telephone Co Inc	
Signature of authorized officer		Date	Sept 27, 2012
Printed name of authorized officer: John Callahan			
Title or position of authorized officer: Vice President			
Telephone number of authorized officer: (589) 584-3355			
State Area Code of Reporting Carrier	432017	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. §§ 807, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: PIONEER TEL COOP INC

Richard Ruhl

Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Richard Ruhl

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 405-375-0191

Study Area Code of Reporting Carrier	432018		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 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: **POTTAWATOMIE TEL CO**

Danny Overland

Digitally signed by Danny Overland DN:cn=Danny Overland,email=dan@goptc.net,O=pottawatomie tel co,l=Earlsboro OK 74840-0066, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Danny Overland**

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

Telephone number of Authorized Officer or employee: **405-997-5201**

Study Area Code of Reporting Carrier

432020

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: SALINA-SPAVINAW TEL

Signature of Authorized Officer or employee:	Scott Boone	Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel,l= , Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Scott Boone

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 918-496-8166

Study Area Code of Reporting Carrier	432022		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 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		Shidler Telephone Company	
Signature of authorized officer	<i>Lisa Patton</i>	Date	9-27-2012
Printed name of authorized officer		Lisa Patton	
Title or position of authorized officer		Vice President	
Telephone number of authorized officer:		(918) 793-2211 Ext.	
Study Area Code of Reporting Carrier	432023	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: SW OKLAHOMA TEL CO

George Wycoff

Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@brightok.net,O=sw oklahoma tel co,i=Duke OK 73532, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: George Wycoff

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

Telephone number of Authorized Officer or employee: 580-679-3345

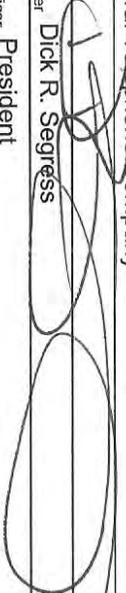
Study Area Code of Reporting Carrier	432025		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 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 Terral Telephone Company			
Signature of authorized officer		Date	9/27/2012
Printed name of authorized officer	Dick R. Segress		
Title or position of authorized officer	President		
Telephone number of authorized officer	(405) 842-1764		
Study Area Code of Reporting Carrier	432029	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: **TOTAH COMMUNICATIONS**

Signature of Authorized Officer or employee: Keith Watson	Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totalcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:9/26/2012	Date: 9/26/2032
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Printed name of Authorized Officer or employee: **Keith Watson**

Title or position of Authorized Officer or employee: **Executive VP / Controller**

Telephone number of Authorized Officer or employee: **938-515-2208**

Study Area Code of Reporting Carrier	412010		Filing Due Date for this form (mm/dd/yyyy)	30/4/2032	
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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		Valliant Telephone Company		Date	9-27-12
Signature of authorized officer		Ruth Prince			
Printed name of authorized officer		ROBERT PRINCE			
Title or position of authorized officer		PRESIDENT			
Telephone number of authorized officer:		584 933 4402 ext.			
Study Area Code of Reporting Carrier	432032	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: SANTA ROSA TEL COOP

Jason Tole

Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Jason Tole

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 940-886-2014

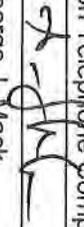
Study Area Code of Reporting Carrier	432141		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 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				Cameron Telephone Company, LLC - Texas				
Signature of authorized officer					Date		9/25/2012	
Printed name of authorized officer								George J. Mack
Title or position of authorized officer								President and General Manager
Telephone number of authorized officer								(337) 583-2111
Study Area Code of Reporting Carrier		440425		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.								

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: Blossom Telephone Co., Inc.			
Signature of authorized officer:	<i>Joyce Dorries</i>	Date:	09/24/2012
Printed name of authorized officer: Joyce Dorries			
Title or position of authorized officer: Secretary			
Telephone number of authorized officer: (903) 982-5200			
Study Area Code of Reporting Carrier:	442038	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: **BIG BEND TEL CO INC**

Joan Johnson

Digitally signed by Joan Johnson DN:cn=Joan Johnson,email=joan.johnson@bbtco.com,O=big bend tel co inc,l= , Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Joan Johnson**

Title or position of Authorized Officer or employee: **VP-Commercial Operations**

Telephone number of Authorized Officer or employee: **432-364-0004**

Study Area Code of Reporting Carrier

442039

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: BRAZORIA TEL CO

Signature of Authorized Officer or employee: Gil Rasco <small>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel co,l=Brazoria TX 77422, Date:9/26/2012</small>	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Gil Rasco

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

Telephone number of Authorized Officer or employee: 979-798-2121

Study Area Code of Reporting Carrier	442040		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 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: BRAZOS TEL COOP INC

Richard Adams

Digitally signed by Richard Adams DN:cn=Richard Adams,email=rdadams@brazosnet.com,O=brazos tel coop inc,l= , Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Richard Adams

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

Telephone number of Authorized Officer or employee: 940-873-4303

Study Area Code of Reporting Carrier	442041		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: NORTH TEXAS TEL. CO.

Signature of Authorized Officer or employee: Toney Prather	Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=north texas tel. co.,l=De Leon TX 76444, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Toney Prather

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 254-893-1000

Study Area Code of Reporting Carrier	442043		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 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				Cap Rock Telephone Cooperative, Inc.			
Signature of authorized officer				Date		9/25/2012	
Printed name of authorized officer Jim Whitefield							
Title or position of authorized officer Executive Vice-President & General Manager							
Telephone number of authorized officer:				(806) 271-3336			
Study Area Code of Reporting Carrier		442046		Filing Due Date for this form (mm/dd/yyyy)		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: **CENTRAL TEXAS CO-OP**

Jamey Wigley

Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Jamey Wigley**

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

Telephone number of Authorized Officer or employee: **325-648-2237**

Study Area Code of Reporting Carrier	442052		Filing Due Date for this form (mm/dd/yyyy)	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 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: COLEMAN COUNTY CO-OP

Signature of Authorized Officer or employee: Tim Humpert	Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,I=Santa Anna TX 76878, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Tim Humpert

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

Telephone number of Authorized Officer or employee: 325-348-3124

Study Area Code of Reporting Carrier	442057		Filing Due Date for this form (mm/dd/yyyy)	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 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 55A.927(d) and Access Recovery Charge 55A.927(e) and is eligible to receive the CAR ICC support requested pursuant to 55A.927(f).

Name of Reporting Carrier				Colorado Valley Telephone Cooperative, Inc.			
Signature of authorized officer					Date		9/26/12
Printed name of authorized officer			Scott Martin				
Title or position of authorized officer				General Manager, Authorized Agent			
Telephone number of authorized officer				(979) 242-5914			
Study Area Code of Reporting Carrier		442059		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: **TOTELCOM COMM.**

Signature of Authorized Officer or employee: Toney Prather	Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=totelcom comm.,l=De Leon TX 76444, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: **Toney Prather**

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

Telephone number of Authorized Officer or employee: **254-893-1000**

Study Area Code of Reporting Carrier	442060		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 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: **COMMUNITY TEL CO**

Signature of Authorized Officer or employee: Clifford Humpert	Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: **Clifford Humpert**

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

Telephone number of Authorized Officer or employee: **940-423-6201**

Study Area Code of Reporting Carrier	442061		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 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: CUMBY TEL COOP INC

Signature of Authorized Officer or employee:	Karen Zimmerman Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,l=Cumby TX 75433, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Karen Zimmerman

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 903-994-2211

Study Area Code of Reporting Carrier	442065		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 Eligibility for CAF/ICC Recovery

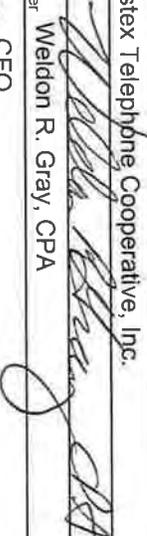
I certify that I am an officer of the reporting carrier and that to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

Name of Reporting Carrier				Dell Telephone Cooperative, Inc.			
Signature of authorized officer					Date		09/26/2012
Printed name of authorized officer			Denny Bergstrom				
Title or position of authorized officer			General Manager				
Telephone number of authorized officer:			(915) 964-2352				
Study Area Code of Reporting Carrier		442066	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	Eastex Telephone Cooperative, Inc.		
Signature of authorized officer		Date	09/25/12
Printed name of authorized officer	Weldon R. Gray, CPA		
Title or position of authorized officer	CFO		
Telephone number of authorized officer:	(903) 854-1000	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier	442068		

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

Signature of Authorized Officer or employee:	Deborah Nobles <small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=electra telephone co,l= , Date:9/25/2012</small>	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier	442069		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 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: **FIVE AREA TEL CO-OP**

Sandy Vandevender

Digitally signed by Sandy Vandevender DN:cn=Sandy Vandevender,email=sandyv@fivearea.com,O=five area tel co-op,I=Muleshoe TX 79347-0448, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Sandy Vandevender**

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

Telephone number of Authorized Officer or employee: **806-272-5533**

Study Area Code of Reporting Carrier	442071		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 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: **BORDER TO BORDER**

Signature of Authorized Officer or employee: Herman Roark Jr.	Digitally signed by Herman Roark Jr. DN:cn=Herman Roark Jr.,email=herman.roark@border2border.com,O=border to border,l= , Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer or employee: **Herman Roark Jr.**

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

Telephone number of Authorized Officer or employee: **956-936-2000**

Study Area Code of Reporting Carrier	442073		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 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				Ganado Telephone Company			
Signature of authorized officer				<i>Stephanie Dukes</i>			
Printed name of authorized officer				Stephanie Dukes			
Title or position of authorized officer				Treasurer			
Telephone number of authorized officer:				(839) 896-5200			
Study Area Code of Reporting Carrier		442076		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, 605(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: **GUADALUPE VALLEY TEL**

Signature of Authorized Officer or employee: Robert Hunt	Digitally signed by Robert Hunt DN:cn=Robert Hunt,email=robert.hunt@gvtc.net,O=guadalupe valley tel, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer or employee: **Robert Hunt**

Title or position of Authorized Officer or employee: **VP-Regulatory Affairs & Corp. Dev.**

Telephone number of Authorized Officer or employee: **830-885-8239**

Study Area Code of Reporting Carrier	442083		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 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	Hill Country Telephone Co-op		
Signature of authorized officer		Date	9/25/12
Printed name of authorized officer	Willard R. Bass		
Title or position of authorized officer	Board President		
Telephone number of authorized officer:	(839) 367-5333		
Study Area Code of Reporting Carrier	442086	Filing Date for this form (mm/dd/yyyy)	10/4/2012
Parsons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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		Alenco Communications, Inc.	
Signature of authorized officer		Date	09/26/2012
Printed name of authorized officer		Richard L. Allen	
Title or position of authorized officer		President	
Telephone number of authorized officer:		(817) 447-0127	
Study Area Code of Reporting Carrier	442090	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	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				ETS Telephone Company, Inc.			
Signature of authorized officer		<i>Von Kauffman</i>		Date		10/1/2012	
Printed name of authorized officer				Von Kauffman			
Title or position of authorized officer				Chief Financial Officer			
Telephone number of authorized officer:				(281) 225-0525			
Study Area Code of Reporting Carrier		442091		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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		Industry Telephone Company	
Signature of authorized officer	<i>Robin Marek</i>	Date	09/25/2012
Printed name of authorized officer		Robin Marek	
Title or position of authorized officer		Vice President/General Manager	
Telephone number of authorized officer:		(979) 357-4414	
Study Area Code of Reporting Carrier	442093	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: LA WARD TEL EXCHANGE

Signature of Authorized Officer or employee: **Terri Parker** Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,I=La Ward TX 77970-0246, Date:9/27/2012 Date: 9/27/2012

Printed name of Authorized Officer or employee: Terri Parker

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

Telephone number of Authorized Officer or employee: 361-872-2211

Study Area Code of Reporting Carrier	442103		Filing Due Date for this form (mm/dd/yyyy)	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 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: LIPAN TEL CO

Beth Howard

Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l= , Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Beth Howard

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

Telephone number of Authorized Officer or employee: 254-646-2211

Study Area Code of Reporting Carrier	442105		Filing Due Date for this form (mm/dd/yyyy)	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 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: MID-PLAINS RURAL TEL

Signature of Authorized Officer or employee: Rick Hurt	Digitally signed by Rick Hurt DN:cn=Rick Hurt,email=rhurt@midplains.org,O=mid-plains rural tel,l=Tulia TX 79088-0300, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer or employee: Rick Hurt

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

Telephone number of Authorized Officer or employee: 806-668-4420

Study Area Code of Reporting Carrier	442112		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 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		Muenster Telephone Corp. of Texas dba Nortex Communication	
Signature of authorized officer		Date	9/26/2012
Printed name of authorized officer		Alan Rohmer	
Title or position of authorized officer		Chief Financial Officer	
Telephone number of authorized officer		(949) 759-2251	
Study Area Code of Reporting Carrier	442116	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: PEOPLES TEL COOP -TX

Sharon Hurley

Digitally signed by Sharon Hurley DN:cn=Sharon Hurley,email=skh@peoplescom.net,O=peoples tel coop -tx,I=Quitman TX 75783, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Sharon Hurley

Title or position of Authorized Officer or employee: Manager, Regulatory Affairs

Telephone number of Authorized Officer or employee: 903-878-0104

Study Area Code of Reporting Carrier

442130

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: **POKA-LAMBRO TEL COOP**

David McEndree

Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

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

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

Telephone number of Authorized Officer or employee: **806-924-7234**

Study Area Code of Reporting Carrier	442131		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: Riviera Telephone Company, Inc.			
Signature of authorized officer: 	Date: 9/24/2012		
Printed name of authorized officer: Bill Colston, Jr.			
Title or position of authorized officer: President/General Manager			
Telephone number of authorized officer: (361) 296-3232			
Study Area Code of Reporting Carrier: 442134	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: **SOUTHWEST TEXAS TEL**

Signature of Authorized Officer or employee: Gary Gilmer <small>Digitally signed by Gary Gilmer DN:cn=Gary Gilmer,email=gary@swtexas.com,O=southwest texas tel,l=Rocksprings TX 78880, Date:9/26/2012</small>	Date: 9/26/2012
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Printed name of Authorized Officer or employee: **Gary Gilmer**

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

Telephone number of Authorized Officer or employee: **830-683-2111**

Study Area Code of Reporting Carrier	442135		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 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: SANTA ROSA TEL COOP

Jason Tole

Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Jason Tole

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 940-886-2014

Study Area Code of Reporting Carrier	442141		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 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				South Plains Telephone Cooperative, Inc	
Signature of authorized officer				<i>Scotty Hafl</i> Date <i>9-26-2012</i>	
Printed name of authorized officer				Scotty Hafl	
Title or position of authorized officer				CEO / General Manager	
Telephone number of authorized officer:				(806) 763-2301	
Study Area Code of Reporting Carrier	442143	Filing Due Date for this form (mm/dd/yyyy)	10/04/2012		
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: TATUM TEL CO

Deborah Nobles

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

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier	442150		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 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: TAYLOR TEL CO-OP INC

Steve Singletary

Digitally signed by Steve Singletary DN:cn=Steve Singletary,email=steves@taylortel.net,O=taylor tel co-op inc,l=Merkel TX 79536, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Steve Singletary

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

Telephone number of Authorized Officer or employee: 325-846-4111

Study Area Code of Reporting Carrier

442151

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				Valley Telephone Cooperative Inc.	
Signature of authorized officer				Date	
Printed name of authorized officer		Leonard Beurer		09/26/12	
Title or position of authorized officer				Chief Financial Officer	
Telephone number of authorized officer:				(956) 642-1108	
Study Area Code of Reporting Carrier		442159		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: WEST TEXAS RURAL TEL

Signature of Authorized Officer or employee:	Amy Linzey	Digitally signed by Amy Linzey DN:cn=Amy Linzey,email=amylinzey@wtrt.net,O=west texas rural tel,l=Hereford TX 79045, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: Amy Linzey

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 806-364-3331

Study Area Code of Reporting Carrier	442166		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 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: WES-TEX TEL CO-OP

Signature of Authorized Officer or employee: James Wilson	Digitally signed by James Wilson DN:cn=James Wilson,email=jamesbobwilson@aol.com,O=wes-tex tel co-op,I=Stanton TX 79782, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer or employee: James Wilson

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

Telephone number of Authorized Officer or employee: 432-756-3393

Study Area Code of Reporting Carrier	442168		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 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: XIT RURAL TEL CO-OP

Darrell Dennis

Digitally signed by Darrell Dennis DN:cn=Darrell Dennis,email=ddennis@xitcomm.net,O=XIT rural tel co-op,l=Dalhart TX 79022, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Darrell Dennis

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 806-384-3311

Study Area Code of Reporting Carrier	<u>442170</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		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 (m/d/yyyy)	10/4/2012
Study Area Code of Reporting Carrier	442262	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAFACC Recovery

I hereby state I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.817(d) and Asset Recovery Charges §51.817(e) and is eligible to receive the CAF ICC support requested pursuant to §51.817(f).

Name of Reporting Carrier Howe Title Development, Inc.

Signature of authorized officer [Signature] Date 9-27-12

Printed name of authorized officer Carroll O'Neil

Title or position of authorized officer Portland General Manager

Telephone number of authorized officer 987-228-4229

Submit Along Code of Reporting Carrier 452815 Filing Due Date for this form 10/4/2012

Personne willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, (b)(3) or the employment under Title 18 of the United States Code, 18 U.S.C. § 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 San Carlos Apache Telecommunications Utility, Inc.			
Signature of authorized officer	<i>Shirley Ortiz</i>	Date	<i>9/27/2012</i>
Printed name of authorized officer Shirley Ortiz			
Title or position of authorized officer General Manager			
Telephone number of authorized officer:	(928) 475-7058		
Study Area Code of Reporting Carrier	452169	Filing Due Date for this form (mm/dd/yyyy)	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		Tohono O'odham Utility Authority	
Signature of authorized officer	<i>Harriet Toro</i>	Date	09-26-12
Printed name of authorized officer		Harriet Toro	
Title or position of authorized officer		Chairwoman	
Telephone number of authorized officer:		(520) 383-2238	
Study Area Code of Reporting Carrier	452173	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. §§ 902, 903(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: VALLEY TEL COOP-AZ

Steven Metts

Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,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	452176		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 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: GILA RIVER TELECOM.

Bruce Holdridge

Digitally signed by Bruce Holdridge DN:cnvBruce Holdridge=emailvholdridge, gilari.ertel@m-Ovgila ri. er telecom@y =Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Bruce Holdridge

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 520-796-8885

Study Area Code of Reporting Carrier	<u>452179</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: ACCIPITER DBA ZONA

Jennifer Vellucci

Digitally signed by Jennifer Vellucci DN:cn=Jennifer Vellucci,email=jvellucci@teamzona.com,O=accipiter dba zona,l= , Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Jennifer Vellucci

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

Telephone number of Authorized Officer or employee: 623-455-4500

Study Area Code of Reporting Carrier	452191		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 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: FORT MOJAVE TEL, INC

Linda Gutierrez

Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@ftmojave.com,O=fort mojave tel, inc,l= , Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Linda Gutierrez

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 928-346-2521

Study Area Code of Reporting Carrier	452200		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 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: MIDVALE-AZ

Ann Braun

Digitally signed by Ann Braun DN:cn=Ann Braun,email=ann.braun@mtecom.com,O=midvale-az,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

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

452226

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 Table Top Telephone Company, Inc.		
Signature of authorized officer 	Date 09/26/2012	
Printed name of authorized officer Matthew J. Boos		
Title or position of authorized officer Secretary/Treasurer		
Telephone number of authorized officer: (559) 868-6322		
Study Area Code of Reporting Carrier 453334	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 Charges §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Saddleback Communications		
Signature of authorized officer		Date	9-28-12
Printed name of authorized officer	Bill Bryant		
Title or position of authorized officer	President/General Manager		
Telephone number of authorized officer:	(489) 362-7001	ext. 1	
Study Area Code of Reporting Carrier	457991	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Agate Mutual Telephone Cooperative Association	
Signature of authorized officer				Date	
Printed name of authorized officer		Daniel J. Hollenbeak		09/25/12	
Title or position of authorized officer: General Manager / CEO					
Telephone number of authorized officer: (719) 764-2578					
Study Area Code of Reporting Carrier		462178		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: **BIJOU TEL COOP ASSOC**

Signature of Authorized Officer or employee: Reed Metzger	Digitally signed by Reed Metzger DN:cn=Reed Metzger,email=rdm@netecin.net,O=bijou tel coop assoc,l=Byers CO 80103, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer or employee: **Reed Metzger**

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

Telephone number of Authorized Officer or employee: **303-822-5400**

Study Area Code of Reporting Carrier	462181		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 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: **BLANCA TEL CO**

Alan Wehe

Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Alan Wehe**

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

Telephone number of Authorized Officer or employee: **719-379-3839**

Study Area Code of Reporting Carrier

462182

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: EASTERN SLOPE RURAL

Patricia White

Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,l=Hugo CO 80821-0397, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Patricia White

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 719-743-2441

Study Area Code of Reporting Carrier	462186		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **FARMERS TEL CO - CO**

Douglas Pace

Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@ftitel.net,O=farmers tel co - co,l=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	462188		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 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: HAXTUN TEL CO

Deborah Nobles

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

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier	462190		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 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: **BIG SANDY TELECOM**

Michael Skrivan

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

Signature of Authorized Officer or employee:

Date: **9/28/2012**

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

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

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

Study Area Code of Reporting Carrier	462192		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 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: **NUCLA-NATURITA TEL**

Kelly Tomlinson

Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=nntckelly@fone.net,O=nucla-naturita tel,l=Nucla CO 81424, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Kelly Tomlinson**

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

Telephone number of Authorized Officer or employee: **970-864-7335**

Study Area Code of Reporting Carrier

462193

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: NUNN TEL CO

Greg Grablander

Digitally signed by Greg Grablander DN:cn=Greg Grablander,email=greg@ezlink.com,O=nunn tel co,I=Nunn CO 80648, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Greg Grablander

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 970-897-2200

Study Area Code of Reporting Carrier	462194		Filing Due Date for this form (mm/dd/yyyy)	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 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: SOUTH PARK TEL. CO.

David Shipley

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=south park tel. 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	462195		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier	<i>The Dotz Cooperative Telephone Company</i>		Date	<i>9-24-2012</i>
Signature of authorized officer	<i>Levy Henderson</i>			
Printed name of authorized officer	<i>Levy Henderson</i>			
Title or position of authorized officer	<i>MANAGER</i>			
Telephone number of authorized officer:	<i>910-334-2222</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>10/4/2012</i>	
Study Area Code of Reporting Carrier	<i>462196</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 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: PHILLIPS COUNTY TEL

Signature of Authorized Officer or employee: Vincent Kropp	Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vkropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer or employee: Vincent Kropp

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 970-854-2201

Study Area Code of Reporting Carrier	462197		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 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: PINE DRIVE TEL CO

Richard Sellers

Digitally signed by Richard Sellers DN:cn=Richard Sellers,email=rsellers@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023-0188, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Richard Sellers

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 719-485-3400

Study Area Code of Reporting Carrier	462198		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 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				Plains Cooperative Telephone Assn., Inc.	
Signature of authorized officer					
Printed name of authorized officer				D. Kevin Felty	
Title or position of authorized officer				General Manager	
Telephone number of authorized officer:				(979) 358-4211	
Study Area Code of Reporting Carrier		462199		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
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