

CERTIFICATION 3

CARRIER CERTIFICATIONS

Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ALLBAND COMM COOP

Signature of Authorized Officer: Ron Siegel

Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop,l= , Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: Ron Siegel

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 989-369-9999

Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ALLENDALE TEL CO

Signature of Authorized Officer: **Todd Roesler**

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

Date: 9/27/2012

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

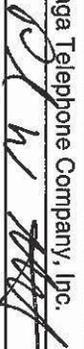
Study Area Code of Reporting Carrier	310669		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Baraga Telephone Company, Inc.			
Signature of Authorized Officer: 			Date: 9/27/2012
Printed name of Authorized Officer: Paul W. Stark			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (906) 353-6644 ext. 			
Study Area Code of Reporting Carrier: 310675		Filing Due Date for this form (mm/dd/yyyy): 10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BARRY COUNTY TEL CO**

Signature of Authorized Officer: David Stoll	Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,I=Delton MI 49046, Date:9/28/2012	Date: 9/28/2012
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Printed name of Authorized Officer: **David Stoll**

Title or position of Authorized Officer: **VP/GM/COO**

Telephone number of Authorized Officer: **269-623-9971**

Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BLANCHARD TEL. CO.**

Signature of Authorized Officer: **Duane Bronson**

Digitally signed by Duane Bronson DN:cn=Duane Bronson,email=blanchardtel@power-net.net,O=blanchard tel. co.,l=Blanchard MI 49310-0067, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Duane Bronson**

Title or position of Authorized Officer: **VP / General Manager**

Telephone number of Authorized Officer: **989-561-9930**

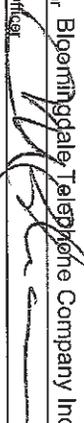
Study Area Code of Reporting Carrier	310678		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Blountingdale Telephone Company Inc	
Signature of Authorized Officer		Date 9/28/2012
Printed name of Authorized Officer	Mark Bahhson	
Title or position of Authorized Officer	CEO/General Manager	
Telephone number of Authorized Officer:	(269) 521-7300 ext.	Filing Due Date for this form
Study Area Code of Reporting Carrier	310679	(mm/dd/yyyy) 10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CARR TEL CO

Signature of Authorized Officer: Terri Bogner	Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel co,l= , Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Terri Bogner

Title or position of Authorized Officer: Secretary

Telephone number of Authorized Officer: 231-898-2244

Study Area Code of Reporting Carrier	310683		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Climax Telephone Company		
Signature of Authorized Officer	Kevin Doyle	Date	9/25/12
Printed name of Authorized Officer	Kevin Doyle		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer: (269) 244-3244 ext.	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Study Area Code of Reporting Carrier	310688		

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Deerfield Farmers Telephone Company

Signature of Authorized Officer



Date 9/28/12

Printed name of Authorized Officer David LaRocca

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (734) 279-5510 ext. _____

Study Area Code of Reporting Carrier 310691

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

10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ALLENDALE (DRENTHÉ)

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=allendale (drenthe),l=Houston MN 55943-0360, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier	310692		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS DBA CHAPIN**

Signature of Authorized Officer: Greg Ringle	Digitally signed by Greg Ringle DN:cn=Greg Ringle,email=phoneus@power-net.net,O=farmers dba chapin,l= , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **Greg Ringle**

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

Telephone number of Authorized Officer: **989-661-2476**

Study Area Code of Reporting Carrier	310694		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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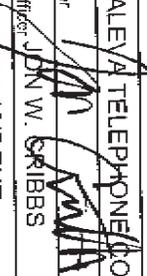
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier		KALEVA TELEPHONE COMPANY		Date	09/25/2012
Signature of Authorized Officer					
Printed name of Authorized Officer		JOHN W. SCRIBBS			
Title or position of Authorized Officer		PRESIDENT			
Telephone number of Authorized Officer	(231) 362-3111	ext.			
Study Area Code of Reporting Carrier	310703	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1101.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ACE TEL OF MICHIGAN

Signature of Authorized Officer: **Todd Roesler**

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

Date: 9/27/2012

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Lennon Telephone Company		
Signature of Authorized Officer	<i>Sharon Patsey</i>	Date	9/26/2012
Printed name of Authorized Officer	Sharon Patsey		
Title or position of Authorized Officer	Secretary		
Telephone number of Authorized Officer:	(810) 621-3301	ext.	
Study Area Code of Reporting Carrier	310708	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Midway Telephone Company			
Signature of Authorized Officer: <i>Camie Nebel Conklin</i>			Date: 9/27/2012
Printed name of Authorized Officer: Camie Nebel Conklin			
Title or position of Authorized Officer: Vice President/Chief Financial Officer			
Telephone number of Authorized Officer: (906) 387-0054, ext.			
Study Area Code of Reporting Carrier: 310711	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Hiawatha Telephone Company	
Signature of Authorized Officer				<i>Carmie Nebel Conklin</i>	
Printed name of Authorized Officer				Carmie Nebel Conklin	
Title or position of Authorized Officer				Vice President/Chief Financial Officer	
Telephone number of Authorized Officer:				(906) 387-0054 ext.	
Study Area Code of Reporting Carrier		310713		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: OGDEN TEL CO

Signature of Authorized Officer: Linda Corie

Digitally signed by Linda Corie DN:cn=Linda Corie,email=corie@ogdentel.com,O=ogden tel co, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: Linda Corie

Title or position of Authorized Officer: Secretary-Treasurer

Telephone number of Authorized Officer: 517-443-5595

Study Area Code of Reporting Carrier	310714		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Ontonagon County Telephone Company			
Signature of Authorized Officer	<i>Camie Nebel Conklin</i>		Date	9/27/2012
Printed name of Authorized Officer	Camie Nebel Conklin			
Title or position of Authorized Officer	Vice President/Chief Financial Officer			
Telephone number of Authorized Officer:	(906) 387-0054	.ext.		
Study Area Code of Reporting Carrier	310717	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PIGEON TEL CO

Signature of Authorized Officer: Neal Eichler

Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer: Neal Eichler

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 989-453-4391

Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SAND CREEK TEL CO

Signature of Authorized Officer: Harvey Souders	Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel co,l=Sand Creek MI 49279-0066, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Harvey Souders

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

Telephone number of Authorized Officer: 517-436-3130

Study Area Code of Reporting Carrier	310725		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mark Cutler**

Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:9/24/2012

Date: **9/24/2012**

Printed name of Authorized Officer: **Mark Cutler**

Title or position of Authorized Officer: **Accountant**

Telephone number of Authorized Officer: **517-857-3100**

Study Area Code of Reporting Carrier	310728		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: UPPER PENINSULA TEL

Signature of Authorized Officer: David Hoover

Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer: David Hoover

Title or position of Authorized Officer: President and General Manager

Telephone number of Authorized Officer: 906-639-2111

Study Area Code of Reporting Carrier	310732		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WALDRON TEL CO

Signature of Authorized Officer: Lucinda Bernath

Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: Lucinda Bernath

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 517-286-6211

Study Area Code of Reporting Carrier	310734		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Westphalia Telephone Co
Signature of Authorized Officer				<i>David Fox</i>
Printed name of Authorized Officer				David Fox
Title or position of Authorized Officer				President
Telephone number of Authorized Officer:		(989) 587-5000	ext.	
Study Area Code of Reporting Carrier	310735	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date
9-25-12				

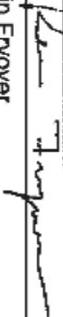
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(d), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Winn Telephone Co			
Signature of Authorized Officer:		Date:	09/26/12
Printed name of Authorized Officer: Kevin Fryover			
Title or position of Authorized Officer: Manager			
Telephone number of Authorized Officer: (989) 953-9876 ext.	Filing Due Date for this form		
Study Area Code of Reporting Carrier: 310737	10/4/2012		

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ACE-MI OLD MISSION

Signature of Authorized Officer: **Todd Roesler**

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

Date: 9/27/2012

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier	310777		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier			Michigan Central Broadband Company			
Signature of Authorized Officer			David Hoover		Date	9/27/12
Printed name of Authorized Officer			David C. Hoover			
Title or position of Authorized Officer			President and General Manager			
Telephone number of Authorized Officer			906, 639-4500 ext.			
Study Area Code of Reporting Carrier		310785	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Bloomingtondale Home Telephone Company

Signature of Authorized Officer Ronja Branson

Date 9-25-12

Printed name of Authorized Officer Ronja Branson

Title or position of Authorized Officer Director/Manager

Telephone number of Authorized Officer: (765) 498-1000 ext.

Study Area Code of Reporting Carrier 320742

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

10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CITIZENS TEL CORP

Signature of Authorized Officer: **Joan Paxson**

Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.com,O=citizens tel corp,l=Warren IN 46792, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: Joan Paxson

Title or position of Authorized Officer: Secretary, Office Manager

Telephone number of Authorized Officer: 260-375-2111

Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Clay County Rural Telephone d/b/a/ Endeavor Communications	
Signature of Authorized Officer				<i>Ralph W Cunha</i>	
Printed name of Authorized Officer				Ralph W Cunha	
Title or position of Authorized Officer				President & CEO	
Telephone number of Authorized Officer: (765)7954261 ext. 210					
Study Area Code of Reporting Carrier	320753	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CRAIGVILLE TEL CO

Signature of Authorized Officer: Lee Von Gunten

Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer: Lee Von Gunten

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 260-565-3131

Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DAVIESS-MARTIN/RTC**

Signature of Authorized Officer: Stephen Bartlett	Digitally signed by Stephen Bartlett DN:cn=Stephen Bartlett,email=sbartlett@rtccom.net,O=daviess-martin/rtc,I=Montgomery IN 47558, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Stephen Bartlett**

Title or position of Authorized Officer: **EVP**

Telephone number of Authorized Officer: **812-486-3211**

Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Steve Scott	Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l=	Date: 9/27/2012
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Printed name of Authorized Officer: **Steve Scott**

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

Telephone number of Authorized Officer: **765-258-3111**

Study Area Code of Reporting Carrier	320771		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HANCOCK DBA NINESTAR

Signature of Authorized Officer:

Tim Hills

Digitally signed by Tim Hills DN:cn=Tim Hills,email=thills@ninstarconnect.com,O=hancock dba ninstar,|=. Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: Tim Hills

Title or position of Authorized Officer: President and CEO

Telephone number of Authorized Officer: 317-323-2100

Study Area Code of Reporting Carrier

320775

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

10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LIGONIER TEL CO

Signature of Authorized Officer: Donald Johnson	Digitally signed by Donald Johnson DN:cn=Donald Johnson,email=djohnson@ligtel.net,O=ligonier tel co,l= , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Donald Johnson

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

Telephone number of Authorized Officer: 260-894-7161

Study Area Code of Reporting Carrier	320783		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Bruce Hanway**

Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:9/24/2012

Date: **9/24/2012**

Printed name of Authorized Officer: **Bruce Hanway**

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

Telephone number of Authorized Officer: **219-253-6601**

Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MULBERRY COOP TEL CO

Signature of Authorized Officer: Randy Maish	Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Randy Maish

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 765-296-2885

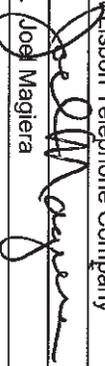
Study Area Code of Reporting Carrier	320792		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier		New Lisbon Telephone Company	
Signature of Authorized Officer			Date
Printed name of Authorized Officer		Joel Magiera	
Title or position of Authorized Officer		Board President	
Telephone number of Authorized Officer:		(765) 332-2413	
Study Area Code of Reporting Carrier	320796	Filing Due Date for this form (m/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: NEW PARIS TEL INC

Signature of Authorized Officer: Paul Penrose

Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel inc,l=New Paris IN 46553-0047, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer: Paul Penrose

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 574-831-7115

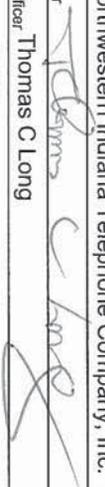
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

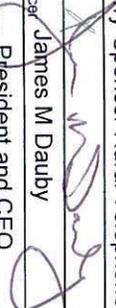
Name of Reporting Carrier: Northwestern Indiana Telephone Company, Inc.			
Signature of Authorized Officer			Date: 9/26/2012
Printed name of Authorized Officer: Thomas C Long			
Title or position of Authorized Officer: COO			
Telephone number of Authorized Officer: (219) 996-2981 ext. _____			
Study Area Code of Reporting Carrier	320800	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Perry-Spencer Rural Telephone Cooperative, Inc. d/b/a PSC		Date	09/25/2012
Signature of Authorized Officer				
Printed name of Authorized Officer	James M Dauby			
Title or position of Authorized Officer	President and CEO			
Telephone number of Authorized Officer:	(812) 357-2123	ext.		
Study Area Code of Reporting Carrier	320807	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Pulaski White Rural Telephone	
Signature of Authorized Officer			Date
	Mark Dickerson		9/27/12
Printed name of Authorized Officer			
Title or position of Authorized Officer		President/CEO Interim	
Telephone number of Authorized Officer: (574) 595-7121 ext.			
Study Area Code of Reporting Carrier	320813	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Rochester Telephone Company Inc.	
Signature of Authorized Officer			<i>Joseph P McCarter</i>		Date
Printed name of Authorized Officer			Joseph P McCarter		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer: (574) 223-2191, ext.					
Study Area Code of Reporting Carrier	320815	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier SE Indiana Rural Telephone Cooperative, Inc.

Signature of Authorized Officer

Michael Leach

Date 9/25/12

Printed name of Authorized Officer Michael Leach

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer: (812) 667-5100 ext.

Study Area Code of Reporting Carrier 320819

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

10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SUNMAN TELECOMM CORP**

Signature of Authorized Officer: Michael Alig	Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp,l=Sunman IN 47041, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Michael Alig**

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

Telephone number of Authorized Officer: **812-623-2122**

Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Swayzee Telephone Company, Inc.			
Signature of Authorized Officer						Date	
Printed name of Authorized Officer				Tim Miles			
Title or position of Authorized Officer				President / Owner			
Telephone number of Authorized Officer:				(765) 922-7916		ext.	
Study Area Code of Reporting Carrier		320826		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SWEETSER RURAL TEL

Signature of Authorized Officer: Scott Winger	Digitally signed by Scott Winger DN:cn=Scott Winger,email=sweetser@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Scott Winger

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 765-384-4311

Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Washington County Rural Telephone Coop, Inc	
Signature of Authorized Officer				<i>Betty J Thomas</i>	
Printed name of Authorized Officer				Betty J Thomas	
Title or position of Authorized Officer				Secretary/Treasurer	
Telephone number of Authorized Officer:				(812) 967-3171, ext.	
Study Area Code of Reporting Carrier		320834		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
				Date	
				09/26/12	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: YEOMAN TEL CO, INC

Signature of Authorized Officer: David Blacker

Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: David Blacker

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 574-965-2100

Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **AMERY TELCOM, INC.**

Signature of Authorized Officer: Michael Jensen	Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc., Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Michael Jensen**

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

Telephone number of Authorized Officer: **715-268-7101**

Study Area Code of Reporting Carrier	330842		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Carl Bohman	Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=cbohman@wi-net.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Carl Bohman**

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

Telephone number of Authorized Officer: **715-824-5529**

Study Area Code of Reporting Carrier	330843		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Baldwin Telecom, Inc.	
Signature of Authorized Officer		Date	09/25/12
Printed name of Authorized Officer: David Mattison			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (715) 684-2400 ext.			
Study Area Code of Reporting Carrier	330846	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier		Belmont Telephone Company	
Signature of Authorized Officer			
Printed name of Authorized Officer		D. Egil	
Title or position of Authorized Officer		G.M.	
Telephone number of Authorized Officer	(608) 744-3500	ext.	
Study Area Code of Reporting Carrier	330847	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Date		09/27/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: BERGEN TEL CO

Signature of Authorized Officer: DeAnna Miller

Digitally signed by DeAnna Miller DN:cn=DeAnna Miller,email=djmillier@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer: DeAnna Miller

Title or position of Authorized Officer: Corporate Secretary

Telephone number of Authorized Officer: 262-736-9981

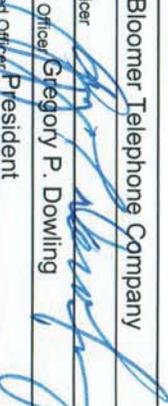
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Bloomer Telephone Company		Date	9-25-2015
Signature of Authorized Officer				
Printed name of Authorized Officer	Gregory P. Dowling			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer:	(715) 568-4830	ext.		
Study Area Code of Reporting Carrier	330850	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: BRUCE TEL CO, INC

Signature of Authorized Officer: John Manosky

Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer: John Manosky

Title or position of Authorized Officer: President & General Manager

Telephone number of Authorized Officer: 715-868-5111

Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CHEQUAMEGON COM COOP**

Signature of Authorized Officer: David Carter	Digitally signed by David Carter DN:cn=David Carter,email=dcarter@norvado.com,O=chequamegon com coop,l=Cable WI 54821-0067, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: **David Carter**

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

Telephone number of Authorized Officer: **715-798-3303**

Study Area Code of Reporting Carrier	330860		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CHIBARDUN TEL COOP

Signature of Authorized Officer: Rick Vergin	Digitally signed by Rick Vergin DN:cn=Rick Vergin,email=rvergin@chibardun.net,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Rick Vergin

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 715-458-5400

Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CITIZENS TEL COOP-WI

Signature of Authorized Officer: Dennis Bachman	Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-tel.net,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: Dennis Bachman

Title or position of Authorized Officer: General Manager/EVP

Telephone number of Authorized Officer: 715-237-2605

Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CLEAR LAKE TEL CO-WI

Signature of Authorized Officer: Matthew Anderson	Digitally signed by Matthew Anderson DN:cn=Matthew Anderson,email=matt.anderson@cltcomm.net,O=clear lake tel co-wi, =Clear Lake WI 54005, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Matthew Anderson

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 715-263-2755

Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: COCHRANE COOP TEL CO

Signature of Authorized Officer: Gina Tomlinson	Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Gina Tomlinson

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 608-248-2323

Study Area Code of Reporting Carrier	330866		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **COON VALLEY FARMERS**

Signature of Authorized Officer: Carol Olson	Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,l=Coon Valley WI 54623-0398, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Carol Olson**

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

Telephone number of Authorized Officer: **608-452-3101**

Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Cuba City Telephone Exchange Company		Date	09/27/2012
Signature of Authorized Officer	<i>[Signature]</i>			
Printed name of Authorized Officer	D. Egli			
Title or position of Authorized Officer	G.M.			
Telephone number of Authorized Officer	(608) 744-3500	ext.		
Study Area Code of Reporting Carrier	330872	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 55 502; 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 5 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS INDEPENDENT**

Signature of Authorized Officer: **Dana Olson**

Digitally signed by Dana Olson DN:cn=Dana Olson,email=dana@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840, Date:9/25/2012

Date: **9/25/2012**

Printed name of Authorized Officer: **Dana Olson**

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

Telephone number of Authorized Officer: **715-463-5322**

Study Area Code of Reporting Carrier	330879		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HAGER TELECOM INC.**

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

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

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

Study Area Code of Reporting Carrier	330889		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HILLSBORO TEL CO

Signature of Authorized Officer: Carla Shaker	Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Carla Shaker

Title or position of Authorized Officer: Secretary/Treasurer/Office Mgr.

Telephone number of Authorized Officer: 608-489-2100

Study Area Code of Reporting Carrier	330892		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LAKEFIELD TEL CO

Signature of Authorized Officer: Philip Nass	Digitally signed by Philip Nass DN:cn=Philip Nass,email=phil.nass@lkfd.net,O=lakefield tel co,l= , Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Philip Nass

Title or position of Authorized Officer: Secretary/Treasurer

Telephone number of Authorized Officer: 920-758-2211

Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LA VALLE TEL COOP

Signature of Authorized Officer: Gregory Rockweiler	Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler, email=lrc@mwt.net, O=la valle tel coop, l=La Valle WI 53941, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Gregory Rockweiler

Title or position of Authorized Officer: Assistant Secretary

Telephone number of Authorized Officer: 608-985-7201

Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LEMONWEIR VALLEY TEL

Signature of Authorized Officer: Donna Rezin	Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=donna.rezin@lynxxnet.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Donna Rezin

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 608-427-6515

Study Area Code of Reporting Carrier	330900		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LUCK TEL CO

Signature of Authorized Officer: John Klatt

Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=luck tel co,I=Milltown WI 54858, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: John Klatt

Title or position of Authorized Officer: President/CEO

Telephone number of Authorized Officer: 715-825-2171

Study Area Code of Reporting Carrier	330902		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MANAWA TEL CO

Signature of Authorized Officer: Thomas Squires

Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer: Thomas Squires

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 920-596-1707

Study Area Code of Reporting Carrier	330905		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MARQUETTE-ADAMS COOP**

Signature of Authorized Officer: **Jerry Schneider**

Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquett e-adams coop,l=Oxford WI 53952, Date:9/25/2012

Date: **9/25/2012**

Printed name of Authorized Officer: **Jerry Schneider**

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

Telephone number of Authorized Officer: **608-586-4111**

Study Area Code of Reporting Carrier	330908		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MILLTOWN MUTUAL TEL**

Signature of Authorized Officer: John Klatt	Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=milltown mutual tel,l=Milltown WI 54858, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **John Klatt**

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

Telephone number of Authorized Officer: **715-825-2171**

Study Area Code of Reporting Carrier	330910		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Christy Berger	Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson tel coop,i=Durand WI 54736-0228, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: **Christy Berger**

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

Telephone number of Authorized Officer: **715-672-4204**

Study Area Code of Reporting Carrier	330918		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: NIAGARA TEL CO

Signature of Authorized Officer: Linda Garbelman

Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@wittenbergnet.net,O=niagara tel co,l=Wittenberg WI 54499, Date:9/28/2012

Date: 9/28/2012

Printed name of Authorized Officer: Linda Garbelman

Title or position of Authorized Officer: CFO/Treasurer

Telephone number of Authorized Officer: 715-253-2115

Study Area Code of Reporting Carrier	330920		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BAYLAND TEL, LLC**

Signature of Authorized Officer: **Roger Hermesen**

Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=Jim.Paulos@nsight.com,O=bayland tel, llc,l=Green Bay WI 54313, Date:9/25/2012

Date: **9/25/2012**

Printed name of Authorized Officer: **Roger Hermesen**

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

Telephone number of Authorized Officer: **920-826-5215**

Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: INDIANHEAD TEL CO

Signature of Authorized Officer: Bob Weiss

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

Date: 9/26/2012

Printed name of Authorized Officer: Bob Weiss

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 507-354-2500

Study Area Code of Reporting Carrier	330936		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PRICE COUNTY TEL CO

Signature of Authorized Officer: Catherine Mess	Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Catherine Mess

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 715-339-2151

Study Area Code of Reporting Carrier	330937		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Northeast Telephone Company		Date: 9-25-12
Signature of Authorized Officer: <i>[Signature]</i>		
Printed name of Authorized Officer: Roger Hermesen		
Title or position of Authorized Officer: VP & COO		
Telephone number of Authorized Officer: (920) 617-7502 ext. 		
Study Area Code of Reporting Carrier: 330938	Filing Due Date for this form (mm/dd/yyyy): 10/4/2012	Date:

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Richland-Grant Telephone Cooperative, Inc.		Date	9-26-12
Signature of Authorized Officer	<i>Larry Jewell</i>			
Printed name of Authorized Officer	Larry Jewell			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer:	(608) 537-2461	ext.		
Study Area Code of Reporting Carrier	330942	Filing Due Date for this form (m/d/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.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SHARON TEL CO

Signature of Authorized Officer: DeAnna Miller

Digitally signed by DeAnna Miller DN:cn=DeAnna Miller,email=djmiller@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer: DeAnna Miller

Title or position of Authorized Officer: Corporate Secretary

Telephone number of Authorized Officer: 262-736-9981

Study Area Code of Reporting Carrier	330946		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SIREN TEL CO, INC

Signature of Authorized Officer: Sid Sherstad	Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Sid Sherstad

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 715-349-2224

Study Area Code of Reporting Carrier	330949		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SOMERSET TEL CO

Signature of Authorized Officer: Michael Jensen

Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,l= , Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer: Michael Jensen

Title or position of Authorized Officer: President & General Manager

Telephone number of Authorized Officer: 715-268-7101

Study Area Code of Reporting Carrier	330951		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SPRING VALLEY TEL CO**

Signature of Authorized Officer: Carol Anderson	Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel co,l=Spring Valley WI 54767, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Carol Anderson**

Title or position of Authorized Officer: **Assistant Manager/Assistant Secretary**

Telephone number of Authorized Officer: **715-778-4433**

Study Area Code of Reporting Carrier	330953		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: TRI-COUNTY COMM COOP

Signature of Authorized Officer: Cheryl Rue	Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tcc.coop,O=tri-county comm coop,l=Strum WI 54770, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Cheryl Rue

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 715-695-2691

Study Area Code of Reporting Carrier	330960		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: UNION TEL CO

Signature of Authorized Officer: **Ronald Bowden**

Digitally signed by Ronald Bowden DN:cn=Ronald Bowden,email=rbowden@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer: Ronald Bowden

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 715-335-6301

Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Rodney Olson	Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernontel.com,O=vernon tel coop,i=Westby WI 54667, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Rodney Olson**

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

Telephone number of Authorized Officer: **608-634-7421**

Study Area Code of Reporting Carrier	330966		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier CenturyTel, Inc. dba CenturyLink

Signature of Authorized Officer *Jeff Glover* Date 09/27/2012

Printed name of Authorized Officer Jeff Glover

Title or position of Authorized Officer Vice President - Regulatory Operations

Telephone number of Authorized Officer: (318)-388-9648, ext.

Study Area Code of Reporting Carrier 330970 Filing Due Date for this form (mm/dd/yyyy) 10/4/2012

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

MW-WI

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **W. WISCONSIN TELCOM**

Signature of Authorized Officer: Randy Siler	Digitally signed by Randy Siler DN:cn=Randy Siler,email=rsiler@wwt.net,O=w. wisconsin telcom,l=Downsville WI 54735, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **Randy Siler**

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

Telephone number of Authorized Officer: **715-664-8311**

Study Area Code of Reporting Carrier	330971		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Linda Garbelman**

Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@wittenbergnet.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:9/28/2012

Date: **9/28/2012**

Printed name of Authorized Officer: **Linda Garbelman**

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

Telephone number of Authorized Officer: **715-253-2115**

Study Area Code of Reporting Carrier	330973		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WOOD COUNTY TEL CO

Signature of Authorized Officer: Gregory Krings	Digitally signed by Gregory Krings DN:cn=Gregory Krings,email=krings@solarus.net,O=wood county tel co,l=Wisconsin Rapids WI 54495-8045, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Gregory Krings

Title or position of Authorized Officer: Director of Finance

Telephone number of Authorized Officer: 715-421-8129

Study Area Code of Reporting Carrier	330974		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ADAMS TEL COOP

Signature of Authorized Officer: James Broemmer Jr.	Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adams.net,O=adams tel coop,l=Golden IL 62339, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: James Broemmer Jr.

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 217-696-4411

Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ALHAMBRA-GRANTFORK

Signature of Authorized Officer: Kevin Osterbur

Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,I=Alhambra IL 62001-0207, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer: Kevin Osterbur

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 618-488-2165

Study Area Code of Reporting Carrier	340978		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Cambridge Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer				Scott D Rubins	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(309) 944-2103 ext.	
Study Area Code of Reporting Carrier		340983		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
				Date	
				9/26/2012	

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CASS TEL CO

Signature of Authorized Officer: Tom Allen

Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer: Tom Allen

Title or position of Authorized Officer: Vice President/Chief Operating Officer

Telephone number of Authorized Officer: 217-452-7800

Study Area Code of Reporting Carrier	340984		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Clarksville Mutual Telephone	
Signature of Authorized Officer	<i>Patricia C Rhoads</i>	Date <i>9-26-12</i>
Printed name of Authorized Officer	Patricia Rhoads	
Title or position of Authorized Officer	Secretary-Treasurer	
Telephone number of Authorized Officer	(217) 889-3822 ext	
NAFTA Code of Reporting Carrier	340990	
Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

1

Name of Reporting Carrier Crossville Telephone Company			
Signature of Authorized Officer <i>Tom Rawlinson</i>		Date 9-27-2012	
Printed name of Authorized Officer Tom Rawlinson			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (618) 966-2196 ext.		Filing Due Date for this form	
Study Area Code of Reporting Carrier 340993		(mm/dd/yyyy)	
		10/4/2012	

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

Carrier Cert:

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

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5612996819 SNOIICJINNMW03 E7IIASS0R3 MD91:21 2102 72 des

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: EL PASO TEL CO

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

Title or position of Authorized Officer: Vice-President Regulatory

Telephone number of Authorized Officer: 207-535-4150

Study Area Code of Reporting Carrier	341004		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Glasford Telephone Company	
Signature of Authorized Officer				<i>Don Uphoff</i>	
Printed name of Authorized Officer				Don Uphoff	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:		(309) 389-2111		ext.	
Study Area Code of Reporting Carrier		341017		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Leigh Sickinger	Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafon tel co,l=Grafton IL 62037, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **Leigh Sickinger**

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

Telephone number of Authorized Officer: **618-786-3400**

Study Area Code of Reporting Carrier	341020		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Grandview Mutual Telephone Date 9-26-2012

Signature of Authorized Officer Angela Tate

Printed name of Authorized Officer Angela Tate

Title or position of Authorized Officer TRFASURER

Telephone number of Authorized Officer: (917)946-4116 ext. _____ Filing Due Date for this form 10/4/2012

Study Area Code of Reporting Carrier 341021 (mm/dd/yyyy)

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

Post-it® Fax Note	7671	Date	# of pages
To	<u>WEDD</u>	From	<u>Grandview</u>
Co./Dept		To	<u>Mutual</u>
Phone #		Phone #	
Fax #	<u>800-823-8402</u>	Fax #	

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Herb Flesher	Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Herb Flesher**

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

Telephone number of Authorized Officer: **309-747-3780**

Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HAMILTON COUNTY TEL

Signature of Authorized Officer: Kevin Pyle	Digitally signed by Kevin Pyle DN:cn=Kevin Pyle,email=kevinp@hamiltoncom.net,O=hamilton county tel,l=Dahlgren IL 62828, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Kevin Pyle

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 618-736-2211

Study Area Code of Reporting Carrier	341024		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to my knowledge, the actual company information reported to NECA and contained on this form is accurate. Further, to my knowledge, the CAF ICC data lines related to interstate flight/revenue were prepared directly by NECA based on NECA's interpretation of the FCC rules and directives.

Name of Reporting Carrier		Shawnee Telephone Company		Date	09/26/2012
Signature of Authorized Officer		<i>Shawnee A. Gange</i>			
Printed name of Authorized Officer		James T. Coyle			
Title or position of Authorized Officer		President			
Telephone number of Authorized Officer:		618 276-2111 ext.			
Study Area Code of Reporting Carrier	341025	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Henry County Telephone Company	
Signature of Authorized Officer				Date	9/26/2012
Printed name of Authorized Officer				Scott D Robbins	
Title or position of Authorized Officer				General Manager	
Telephone number of Authorized Officer:				(309) 944-2103	ext.
Study Area Code of Reporting Carrier		341029	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Home Telephone Co.		Date	9/22/12
Signature of Authorized Officer	<i>Eric Schmidt</i>			
Printed name of Authorized Officer	Eric Schmidt			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer:	(618) 644-2111, ext. _____			
Study Area Code of Reporting Carrier	341032	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **KINSMAN MUTUAL TEL**

Signature of Authorized Officer: Michelle Baudino	Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **Michelle Baudino**

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

Telephone number of Authorized Officer: **815-392-4210**

Study Area Code of Reporting Carrier	341041		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LA HARPE TEL CO

Signature of Authorized Officer: **Todd Irish**

Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel co,l=La Harpe IL 61450, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer: Todd Irish

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 217-659-7721

Study Area Code of Reporting Carrier	341043		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LEAF RIVER TEL CO

Signature of Authorized Officer: Aaron Palmer	Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Aaron Palmer

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 815-738-2216

Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Leonore Mutual Tel. Co.</u>			
Signature of Authorized Officer <u><i>Donna Naas</i></u>			Date <u>9-27-2012</u>
Printed name of Authorized Officer <u>Gary Naas</u>			
Title or position of Authorized Officer <u>Vice President of Directors</u>			
Telephone number of Authorized Officer: <u>(815) 856-3164</u> ext. _____			
Study Area Code of Reporting Carrier	<u>341046</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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MCDONOUGH TEL COOP

Signature of Authorized Officer: Jay Griswold	Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Jay Griswold

Title or position of Authorized Officer: Vice President of Finance

Telephone number of Authorized Officer: 309-776-3211

Study Area Code of Reporting Carrier	341047		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

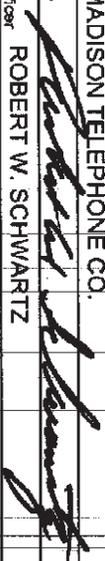
Name of Reporting Carrier: McNabb Telephone Company		
Signature of Authorized Officer:	<i>Roger Pletsch, Pres</i>	Date: 9-27-2012
Printed name of Authorized Officer: Roger Pletsch		
Title or position of Authorized Officer: President		
Telephone number of Authorized Officer: (815) 882-2201 ext.		
Study Area Code of Reporting Carrier	341048	Filing Due Date for this form (mm/dd/yyyy) 10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(e), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 5 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	MADISON TELEPHONE CO.		Date	9/27/2012
Signature of Authorized Officer				
Printed name of Authorized Officer	ROBERT W. SCHWARTZ			
Title or position of Authorized Officer	PRESIDENT			
Telephone number of Authorized Officer	(618) 635-5000 ext.			
Study Area Code of Reporting Carrier	341049	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

Carrier Cent

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MARSEILLES TEL CO

Signature of Authorized Officer: Ann Dickerson

Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel co,l=Metamora IL 61548-0800, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer: Ann Dickerson

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 309-367-4197

Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Metamora Telephone Company		Date	09/27/2012
Signature of Authorized Officer				
Printed name of Authorized Officer	Ann E. Dickerson			
Title or position of Authorized Officer	Chief Financial Officer			
Telephone number of Authorized Officer	(309) 367-4197 ext.			
Study Area Code of Reporting Carrier	341053	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MID CENTURY TEL COOP

Signature of Authorized Officer: James Broemmer, Jr.

Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@midcentury.com,O=mid century tel coop,l=Fairview IL 61432, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: James Broemmer, Jr.

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 309-778-8611

Study Area Code of Reporting Carrier	341054		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MONTROSE MUTUAL TEL

Signature of Authorized Officer: <u>George Tays</u>	Digitally signed by George Tays DN:cn=George Tays,email=geot@mmtcnet.com,O=montrose mutual tel,l=Dieterich IL 62424, Date:9/25/2012	Date: <u>9/25/2012</u>
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Printed name of Authorized Officer: George Tays

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

Telephone number of Authorized Officer: 217-925-5242

Study Area Code of Reporting Carrier	<u>341058</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Moultrie Independent Tel. Co.
Signature of Authorized Officer				Date
Printed name of Authorized Officer			Steven G. Bowers	9-27-2012
Title or position of Authorized Officer				
President				
Telephone number of Authorized Officer:		(217) 873-5211	ext.	
Study Area Code of Reporting Carrier		341060	Filing Due Date for this form (mm/dd/yyyy)	
			10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier New Windsor Tel. Co.

Signature of Authorized Officer

*Richard W. Ristau*Date 9-27-2012Printed name of Authorized Officer Richard RistauTitle or position of Authorized Officer SecretaryTelephone number of Authorized Officer: (309) 667-2712 ext. _____

Study Area Code of Reporting Carrier

341062Filing Due Date for this form
(mm/dd/yyyy)10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Oneida Telephone Exchange		Date	9-27-12
Signature of Authorized Officer	<i>Earl Copeland</i>			
Printed name of Authorized Officer	Earl Copeland			
Title or position of Authorized Officer	Secretary			
Telephone number of Authorized Officer	309483.3111	ext.		
Study Area Code of Reporting Carrier	341066	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

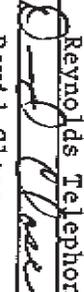
Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Reynolds Telephone Company			
Signature of Authorized Officer							
Printed name of Authorized Officer				David Close			
Title or position of Authorized Officer				President			
Telephone number of Authorized Officer:				3093724490 ext.			
Study Area Code of Reporting Carrier		341075		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
Date				9/25/2012			

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(d), 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Tonica Telephone Company			
Signature of Authorized Officer	<i>Lloyd Vogci</i>		Date 9-27-2012
Printed name of Authorized Officer Lloyd Vogci			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (815) 442-9901	ext. 1		
Study Area Code of Reporting Carrier 341086	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Viola Hope Telephone Company**

Signature of Authorized Officer



Date **09/27/2012**

Printed name of Authorized Officer **Robert L. Millikan**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(309) 596-2222** ext

Study Area Code of Reporting Carrier

341087

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

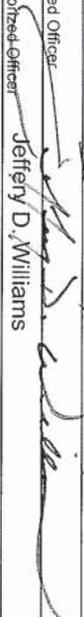
10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Wabash Telephone Cooperative, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer				Jeffery D. Williams	
Title or position of Authorized Officer				General Manager/ EVP	
Telephone number of Authorized Officer:				(618) 665-3311 ext.	
Study Area Code of Reporting Carrier		341088		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Woodhull Telephone Company

Signature of Authorized Officer

Printed name of Authorized Officer Gerald Krueger

Date 9/27/2012

Title or position of Authorized Officer Vice-President

Telephone number of Authorized Officer: 809,334 2154

Study Area Code of Reporting Carrier

34-1091

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

10/4/2012

Persons willfully making 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Stelle Telephone Company	
Signature of Authorized Officer		Date 9-27-2012	
Printed name of Authorized Officer			
Tim Wilhelm			
Title or position of Authorized Officer			
General Manager			
Telephone number of Authorized Officer: (815) 256-2299 ext. _____			
Study Area Code of Reporting Carrier	341092	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

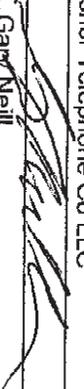
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Reasnor Telephone Co LLC			
Signature of Authorized Officer:			Date: 9-26-12
Printed name of Authorized Officer: Gary Neill			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (402) 477-1354 , ext.			
Study Area Code of Reporting Carrier	350739	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ANDREW TEL CO INC**

Signature of Authorized Officer: JoAnne Gregorich	Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel co inc,l=LaMotte IA 52054, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **JoAnne Gregorich**

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

Telephone number of Authorized Officer: **563-773-2213**

Study Area Code of Reporting Carrier	351097		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Sheila Griffin	Digitally signed by Sheila Griffin DN:cn=Sheila Griffin,email=sheilag@netins.net,O=arcadia tel co,l=Arcadia IA 51430, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: **Sheila Griffin**

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

Telephone number of Authorized Officer: **712-689-2238**

Study Area Code of Reporting Carrier	351098		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ATKINS TEL CO, INC**

Signature of Authorized Officer:	Gerald Spaight	Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,I=Atkins IA 52206, Date:9/27/2012	Date: 9/27/2012

Printed name of Authorized Officer: **Gerald Spaight**

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

Telephone number of Authorized Officer: **319-446-7331**

Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **AYRSHIRE FARMERS MUT**

Signature of Authorized Officer: Donald Miller	Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **Donald Miller**

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

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

Study Area Code of Reporting Carrier	351105		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Alpine Communications, LC

Signature of Authorized Officer

Chris Hopp

Date 09/28/2012

Printed name of Authorized Officer

Chris Hopp

Title or position of Authorized Officer Chief Operating Officer

Telephone number of Authorized Officer: (563) 245-4480 ext. _____

Study Area Code of Reporting Carrier

351106

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

10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BALDWIN-NASHVILLE**

Signature of Authorized Officer: **Brian Rickels**

Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,I=Bal
dwin IA 52207-0050, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Brian Rickels**

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

Telephone number of Authorized Officer: **563-673-6001**

Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Barnes City Telephone Company	
Signature of Authorized Officer	<i>Allen M. Swickson</i>	Date: <i>09/26/2012</i>
Printed name of Authorized Officer	Allen M. Swickson	
Title or Position of Authorized Officer	Secretary / Treasurer	
Telephone number of Authorized Officer:	414 644-5244	
Study Area Code of Reporting Carrier	35-1108	Filing Due Date for this Form (mm/dd/yyyy)
		10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BERNARD TEL CO INC**

Signature of Authorized Officer: **Larry Bartels**

Digitally signed by Larry Bartels DN:cn=Larry Bartels,email=barltar@bernardtel.com,O=bernard tel co inc,l=Bernard IA 52032-0068, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Larry Bartels**

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

Telephone number of Authorized Officer: **563-879-3777**

Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BREDA TEL CORP.**

Signature of Authorized Officer: **Jane Morlok**

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

Date: **9/27/2012**

Printed name of Authorized Officer: **Jane Morlok**

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

Telephone number of Authorized Officer: **712-673-8101**

Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Brooklyn Mutual Telecommunications Cooperative

Signature of Authorized Officer: *[Handwritten Signature]*

Date: 09/24/12

Printed name of Authorized Officer: Tim Siemens

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: (641) 522-9211 ext.

Study Area Code of Reporting Carrier: 351113 Filing Due Date for this form (mm/dd/yyyy)

10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Titonka-Burt (Burt)

Signature of Authorized Officer: *Vicky Nelson*

Date: 09/25/2012

Printed name of Authorized Officer: Vicky Nelson

Title or position of Authorized Officer: Secretary-treasurer

Telephone number of Authorized Officer: (515) 928-2110 ext.

Study Area Code of Reporting Carrier: 351114

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

10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: BUTLER-BREMER MUTUAL

Signature of Authorized Officer: Richard McBurney

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

Date: 9/26/2012

Printed name of Authorized Officer: Richard McBurney

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 319-276-4458

Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CASCADE COMM. CO.

Signature of Authorized Officer: David Gibson

Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer: David Gibson

Title or position of Authorized Officer: General Manager/Compliance Officer

Telephone number of Authorized Officer: 563-852-3710

Study Area Code of Reporting Carrier	<u>351118</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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CASEY MUTUAL TEL CO

Signature of Authorized Officer: John Breining	Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: John Breining

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 641-746-2222

Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Center Junction Telephone Company Inc.	
Signature of Authorized Officer	<i>Russ Berke</i>	Date	09/25/2012
Printed name of Authorized Officer		Russ Berke	
Title or position of Authorized Officer		Chief Operating Officer	
Telephone number of Authorized Officer:	(563) 487-2631	ext.	
Study Area Code of Reporting Carrier	351121	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CENTRAL SCOTT TEL CO**

Signature of Authorized Officer:

Kent Dau

Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@centralscott.com,O=central scott tel co,l=Eldridge IA 52748, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Kent Dau**

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

Telephone number of Authorized Officer: **563-285-9611**

Study Area Code of Reporting Carrier

351125

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

10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **CenturyTel, Inc. dba CenturyLink**

Signature of Authorized Officer *Jeff Glover*

Date **09/27/2012**

Printed name of Authorized Officer **Jeff Glover**

Title or position of Authorized Officer **Vice President - Regulatory Operations**

Telephone number of Authorized Officer: **(318)-388-9648**, ext.

Study Area Code of Reporting Carrier	351126		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Chester

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **Citizens Mutual Telephone Cooperative**

Signature of Authorized Officer



Date: **9-25-2012**

Printed name of Authorized Officer: **Joe Snyder**

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

Telephone number of Authorized Officer: **(641) 664-2074 ext.**

Study Area Code of Reporting Carrier: **351129** Filing Due Date for this form **10/4/2012**
(mm/dd/yyyy)

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CLARENCE TEL CO

Signature of Authorized Officer: Curtis Eldred

Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=cpeldre@netins.net,O=clarence tel co,l=Clarence IA 52216, Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer: Curtis Eldred

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 563-452-3852

Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CLEAR LAKE INDEPEND

Signature of Authorized Officer: Thomas Lovell

Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake independ,l=Clear Lake IA 50428-0066, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: Thomas Lovell

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

Telephone number of Authorized Officer: 641-357-2111

Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: C-M-L TEL COOP ASSN

Signature of Authorized Officer: **Bruce Johnson**

Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel coop assn,I=Meriden IA 51037-0018, Date:9/24/2012

Date: 9/24/2012

Printed name of Authorized Officer: Bruce Johnson

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 712-443-8222

Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Larry Springer**

Digitally signed by Larry Springer DN:cn=Larry Springer,email=larrycolo@netins.net,O=colo tel co,l=Colo IA 50056-0315, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Larry Springer**

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

Telephone number of Authorized Officer: **641-377-2202**

Study Area Code of Reporting Carrier	351134		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Cobb Creek Telephone Co.	
Signature of Authorized Officer	<i>[Signature]</i>	Date 9-26-2012
Printed name of Authorized Officer	Led Kinzerbauer	
Title or position of Authorized Officer	President	
Telephone number of Authorized Officer:	319 4151-1034 ext.	Filing Due Date for this form (mm/dd/yyyy)
Study Area Code of Reporting Carrier	351136	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Coop Valley Cooperative Telephone	
Signature of Authorized Officer	X <i>[Signature]</i>	Date 9-27-12
Printed name of Authorized Officer	Darrell Jensen	
Title or position of Authorized Officer	Treasurer	
Telephone number of Authorized Officer	(641-524-2111 ext. 2111)	
Study Area Code of Reporting Carrier	351137	Filing Due Date for this form (mm/dd/yyyy) 10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier			Cooperative Telephone Company		
Signature of Authorized Officer					
Printed name of Authorized Officer			Jim Van Waus		
Title or position of Authorized Officer			Chief Operating Officer		
Telephone number of Authorized Officer: 319-7647-3131					
Study Area Code of Reporting Carrier	351139	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Com Belt Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer				Neil Steinkamp	
Title or Position of Authorized Officer				President	
Telephone number of Authorized Officer:				(712) 664-2221 ext.	
Study Area Code of Reporting Carrier		351 141		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	<i>Lynden and Telephone Co</i>		Date	<i>9/26/12</i>
Signature of Authorized Officer	<i>Ben Benbow</i>			
Printed name of Authorized Officer	<i>Ben Benbow</i>			
Title or position of Authorized Officer	<i>President</i>			
Telephone number of Authorized Officer	<i>702 794 2291</i> ext.	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Study Area Code of Reporting Carrier	<i>3571416</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.

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: DANVILLE MUTUAL TEL

Signature of Authorized Officer: Timothy Fencil	Digitally signed by Timothy Fencil DN:cn=Timothy Fencil,email=tfencil@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623. Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: Timothy Fencil

Title or position of Authorized Officer: General Manager & CEO

Telephone number of Authorized Officer: 319-392-4251

Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS (DEFIANCE)**

Signature of Authorized Officer: **Thomas Conry**

Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),l=Harlan IA 51537-0311, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Thomas Conry**

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

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier	351149		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Howard Hunt Jr.	Digitally signed by Howard Hunt Jr. DN:cn=Howard Hunt Jr.,email=dixontel@netins.net,O=dixon tel co,l=Dixon IA 52745-0010, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **Howard Hunt Jr.**

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

Telephone number of Authorized Officer: **563-843-2901**

Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Roger Kregel	Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Roger Kregel**

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

Telephone number of Authorized Officer: **641-857-3211**

Study Area Code of Reporting Carrier	351152		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Dunkertn Telephone Cooperative		Date	9-25-12
Signature of Authorized Officer	<i>Kenneth Kuenstling</i>			
Printed name of Authorized Officer	Kenneth Kuenstling			
Title or Position of Authorized Officer	President			
Telephone number of Authorized Officer	3198224512			
Study Area Code of Reporting Carrier	35153	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: EAST BUCHANAN COOP

Signature of Authorized Officer: Butch Rorabaugh	Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan coop,l=Winthrop IA 50682, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Butch Rorabaugh

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 319-935-3011

Study Area Code of Reporting Carrier	351156		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Ellsworth Cooperative Telephone Association		
Signature of Authorized Officer		Date	9-26-12
Printed name of Authorized Officer	Kevin Bottorff		
Title or position of Authorized Officer	Secretary		
Telephone number of Authorized Officer	(515) 836-4431	ext.	
Study Area Code of Reporting Carrier	351157	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MINBURN TELECOMM.

Signature of Authorized Officer: <u>Debra Lucht</u>	Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecomm.,l=Minburn IA 50167, Date:9/27/2012	Date: <u>9/27/2012</u>
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Printed name of Authorized Officer: Debra Lucht

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

Telephone number of Authorized Officer: 515-677-2264

Study Area Code of Reporting Carrier	<u>351158</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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **F&B COMMUNICATIONS**

Signature of Authorized Officer:	Charles Freese	Digitally signed by Charles Freese DN:cn=Charles Freese,email=freese@fbc-tele.com,O=f&b communications,l=Wheatland IA 52777, Date:9/25/2012	Date: 9/25/2012

Printed name of Authorized Officer: **Charles Freese**

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

Telephone number of Authorized Officer: **563-374-1236**

Study Area Code of Reporting Carrier	351160		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Farmers Cooperative Telephone Company			
Signature of Authorized Officer 		Date 9/25/12	
Printed name of Authorized Officer Kevin Elkamp			
Title or position of Authorized Officer Board Secretary			
Telephone number of Authorized Officer: (319) 476-4590 ext.			
Study Area Code of Reporting Carrier	351162	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS & MERCHANTS**

Signature of Authorized Officer: **Rex McGuire**

Digitally signed by Rex McGuire DN:cn=Rex McGuire,email=manager@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:9/25/2012

Date: **9/25/2012**

Printed name of Authorized Officer: **Rex McGuire**

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

Telephone number of Authorized Officer: **319-256-2736**

Study Area Code of Reporting Carrier	351166		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer: Thomas Conry	Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,i=Harlan IA 51537-0311, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **Thomas Conry**

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

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer: Tammy Wheeler	Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,i=Moulton IA 52572, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: **Tammy Wheeler**

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

Telephone number of Authorized Officer: **641-642-3249**

Study Area Code of Reporting Carrier	351169		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: Farmers Mutual Telephone Co.			
Signature of Authorized Officer		Date	9/25/12
Printed name of Authorized Officer: Anthony D Lang			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: 319-827-1151		ext.	
Study Area Code of Reporting Carrier	351171	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(e), 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				<i>Hammer's Mutual Telephone Company</i>	
Signature of Authorized Officer				<i>Ronald Lander, Jr.</i>	
Printed name of Authorized Officer				<i>Ronald Lander, Jr.</i>	
Title or position of Authorized Officer				<i>President</i>	
Telephone number of Authorized Officer: () - . ext.		<i>641-749-2531</i>			
Study Area Code of Reporting Carrier		Filing Due Date for the form (mm/dd/yyyy)		Date	
<i>351172</i>		<i>10/4/2012</i>		<i>9-27-12</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(f), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer: Mark Harrison	Digitally signed by Mark Harrison DN:cn=Mark Harrison,email=mharrison@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: **Mark Harrison**

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

Telephone number of Authorized Officer: **319-436-2224**

Study Area Code of Reporting Carrier	351173		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer: Kevin Cabbage	Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: **Kevin Cabbage**

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

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

Study Area Code of Reporting Carrier	351174		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Farmers' Telephone Company

Signature of Authorized Officer



Date: 9/25/2012

Printed name of Authorized Officer: Dennis McKeever

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 641, 662 2576

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

10/4/2012

Study Area Code of Reporting Carrier

351175

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

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: Tim Hill	Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex,l=Essex IA 51638, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Tim Hill**

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

Telephone number of Authorized Officer: **712-379-3001**

Study Area Code of Reporting Carrier	351176		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	<i>Ammer's Telephone Company</i>		
Signature of Authorized Officer	<i>Ronald Landrum, Jr.</i>	Date	<i>9-27-12</i>
Printed name of Authorized Officer	<i>Ronald Landrum, Jr.</i>		
Title or position of Authorized Officer	<i>President</i>		
Telephone number of Authorized Officer: () - - - - - ext.	<i>641 - 249 - 2531</i>		
Study Area Code of Reporting Carrier	<i>351177</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(d), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FENTON CO-OP TEL CO**

Signature of Authorized Officer: Steven Longhenry	Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton co-op tel co,l=Fenton IA 50539, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Steven Longhenry**

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

Telephone number of Authorized Officer: **515-889-2785**

Study Area Code of Reporting Carrier	351179		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PARTNER COMM. COOP.

Signature of Authorized Officer: Arthur Cooper	Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l=, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Arthur Cooper

Title or position of Authorized Officer: Board President

Telephone number of Authorized Officer: 641-498-7701

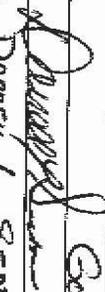
Study Area Code of Reporting Carrier	351187		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	GODFREY TEL. CO.		
Signature of Authorized Officer			Date
Printed name of Authorized Officer	DAVID L. SEBBA		9-27-2012
Title or position of Authorized Officer	PRESIDENT		
Telephone number of Authorized Officer	515, 825-3746	ext.	
Study Area Code of Reporting Carrier	351188	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

P4 WA20:60 2102 27 Sep

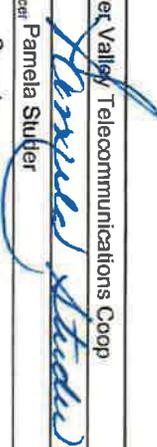
1083528515: NO. XAF

CO. ENPHONTELEFIELDTOD: FROM

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	River Valley Telecommunications Coop	Date	09/26/12
Signature of Authorized Officer			
Printed name of Authorized Officer	Pamela Stutler		
Title or position of Authorized Officer	Secretary		
Telephone number of Authorized Officer	(712) 859-3300 ext		
Study Area Code of Reporting Carrier	351189	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

Carrier Cert

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

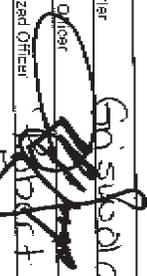
Name of Reporting Carrier:	Grand Mound Cooperative Telephone Association		
Signature of Authorized Officer:	<i>Dennis R. Campbell</i>	Date	09/25/2012
Printed name of Authorized Officer:	Dennis Campbell		
Title or position of Authorized Officer:	President		
Telephone number of Authorized Officer:	(563) 847-3000 ext.	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Study Area Code of Reporting Carrier:	35-1191		

Persons willfully making false statements on this form can be punished by fines or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Gosford Coop. Telephone Co.		Date	9/24/12
Signature of Authorized Officer				
Printed name of Authorized Officer	Robert A. Drogo			
Title or position of Authorized Officer	Executive Vice President			
Telephone number of Authorized Officer	715.728.2424 ext.	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Study Area Code of Reporting Carrier	35-1195			

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HAWKEYE TEL CO

Signature of Authorized Officer: Jeffrey Rhode	Digitally signed by Jeffrey Rhode DN:cn=Jeffrey Rhode,email=hawkitel@netins.net,O=hawkeye tel co,l=Hawkeye IA 52147-0250, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Jeffrey Rhode

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 563-427-3222

Study Area Code of Reporting Carrier	351199		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HOSPERS TEL EXCH INC**

Signature of Authorized Officer: David Raak	Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel exch inc,l=Hospers IA 51238, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: **David Raak**

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

Telephone number of Authorized Officer: **712-752-8100**

Study Area Code of Reporting Carrier	351202		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HUBBARD COOP ASSN

Signature of Authorized Officer: David Lowe	Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,i=Hubbard IA 50122-0428, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: David Lowe

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 641-864-2216

Study Area Code of Reporting Carrier	351203		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HUXLEY COMM. COOP.

Signature of Authorized Officer: Gary Clark	Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: Gary Clark

Title or position of Authorized Officer: General Manager and Executive VP

Telephone number of Authorized Officer: 515-597-2281

Study Area Code of Reporting Carrier	351205		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: IAMO TEL CO - IA

Jack Jones

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

Date: 9/26/2012

Signature of Authorized Officer:

Printed name of Authorized Officer: Jack Jones

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 712-583-3232

Study Area Code of Reporting Carrier	351206		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: INTERSTATE 35 TEL CO

Signature of Authorized Officer: Mike Weis

Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=interstate 35 tel co,l=Truro IA 50257-0229, Date:9/27/2012

Date: 9/27/2012

Printed name of Authorized Officer: Mike Weis

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 641-765-4201

Study Area Code of Reporting Carrier	351209		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **KALONA COOP TEL CO**

Signature of Authorized Officer: Casey Peck	Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: **Casey Peck**

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

Telephone number of Authorized Officer: **319-656-3668**

Study Area Code of Reporting Carrier	351214		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier			<i>Verstone Ferrous Corp Telephone Company</i>		
Signature of Authorized Officer			<i>[Signature]</i>		
Printed name of Authorized Officer			<i>Byron Kim</i>		
Title or position of Authorized Officer			<i>General Manager</i>		
Telephone number of Authorized Officer			<i>(313) 442-3144</i>		
Study Area Code of Reporting Carrier	<i>351217</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>10/4/2012</i>	Date	<i>9-24-12</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(d) or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LA PORTE CITY TEL CO

Signature of Authorized Officer: Chris Hopp	Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Chris Hopp

Title or position of Authorized Officer: Executive Secretary

Telephone number of Authorized Officer: 563-245-4480

Study Area Code of Reporting Carrier	351220		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LA MOTTE TEL CO

Signature of Authorized Officer: JoAnne Gregorich	Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel co,l=LaMotte IA 52054, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: JoAnne Gregorich

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 563-773-2213

Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LEHIGH VALLEY COOP**

Signature of Authorized Officer: **Jim Suchan**

Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Jim Suchan**

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

Telephone number of Authorized Officer: **515-359-2211**

Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Lone Rock Coop Tel. Co.		Date	9/25/2012
Signature of Authorized Officer	<i>Roger P. Jensen</i>			
Printed name of Authorized Officer	Roger P. Jensen			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer: (575) 935-3459 ext.	Filing Due Date for this form		10/4/2012	
Study Area Code of Reporting Carrier	351228	(mm/dd/yyyy)		

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LOST NATION-ELWOOD**

Signature of Authorized Officer: **Kelly Johnson**

Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@lnetelco.com,O=lost nation-elwood,l=Lost Nation IA 52254, Date:9/24/2012

Date: **9/24/2012**

Printed name of Authorized Officer: **Kelly Johnson**

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

Telephone number of Authorized Officer: **563-678-2470**

Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTHEAST IOWA TEL**

Signature of Authorized Officer: **David Byers**

Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel,l=Monona IA 52159-0835, Date:10/1/2012

Date: **10/1/2012**

Printed name of Authorized Officer: **David Byers**

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

Telephone number of Authorized Officer: **563-539-2122**

Study Area Code of Reporting Carrier	351230		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Lynnville Telephone Co			
Signature of Authorized Officer:		Date:	9-26-12
Printed name of Authorized Officer: Gary Neill			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (402) 477-1354 ext.			
Study Area Code of Reporting Carrier	351232	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS (MANILLA)**

Signature of Authorized Officer: **Thomas Conry**

Digitally signed by Thomas Conry DN:cn=Thomas Conry, email=tcc@fmctc.com, O=farmers (manilla), l=Harlan IA 51537-0311, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Thomas Conry**

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

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier	351235		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MARNE & ELK HORN TEL**

Signature of Authorized Officer: Janell Hansen	Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: **Janell Hansen**

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

Telephone number of Authorized Officer: **712-764-6161**

Study Area Code of Reporting Carrier	351237		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Martelle Cooperative Telephone Assn.	
Signature of Authorized Officer				<i>Greg Conrad</i>	
Printed name of Authorized Officer				Greg Conrad	
Title or position of Authorized Officer				General Manager	
Telephone number of Authorized Officer		(319) 482-2381		Filing Due Date for this form	
Study Area Code of Reporting Carrier		351238		10/4/2012	
Date 9-27-2012					

Persons willfully making false statements on this form shall be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Massena Telephone Company Date 9-25-12

Signature of Authorized Officer Kabon Park Jackson

Printed name of Authorized Officer KALVIN JACKSON

Title or position of Authorized Officer CEO/General Manager

Telephone number of Authorized Officer: 0181779-2227 ext.

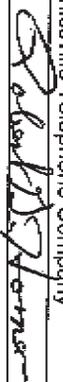
Study Area Code of Reporting Carrier 351239 Filing Due Date for this form: 10/4/2012 (mm/dd/yyyy)

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(D), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: Mechanicsville Telephone Company	
Signature of Authorized Officer: 	Date: 9/25/2012
Printed name of Authorized Officer: Robert G. Horner	
Title or position of Authorized Officer: Sec. Treas.	
Telephone number of Authorized Officer: (563) 432-7221 ext.	Filing Due Date for this form (mm/dd/yyyy)
Study Area Code of Reporting Carrier: 351241	10/4/2012

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

Carrier Cert