

## 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: MILES COOP TEL ASSN

Signature of Authorized Officer: <b>Debra Chrest</b>	Digitally signed by Debra Chrest DN:cn=Debra Chrest,email=milestele@netins.net,O=miles coop tel assn,l=Miles IA 52064-0280, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Debra Chrest

Title or position of Authorized Officer: Secretary/Treasurer

Telephone number of Authorized Officer: 563-682-7111

Study Area Code of Reporting Carrier	351242		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 TEL CO**

Signature of Authorized Officer: **Debra Lucht**

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

Date: **9/27/2012**

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	<b>351245</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY 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 **Minerva Valley Telephone Co., Inc.**

Signature of Authorized Officer

*Levi Bappo*

Date **09/25/2012**

Printed Name of Authorized Officer

**Levi Bappo**

Title or position of Authorized Officer

**General Manager**

Telephone number of Authorized Officer

**(641) 487-7399**

Study Area Code of Reporting Carrier

**351246**

ext.

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

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: MODERN COOP TEL CO

Signature of Authorized Officer: Jeffrey Brower

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

Date: 9/25/2012

Printed name of Authorized Officer: Jeffrey Brower

Title or position of Authorized Officer: General Manager/COO

Telephone number of Authorized Officer: 319-667-2375

Study Area Code of Reporting Carrier	351247		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

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

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

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

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				MEDIAROLIS TELEPHONE COMPANY
Signature of Authorized Officer			<i>Wm. R. Malcom</i>	Date 9/25/2012
Printed name of Authorized Officer WILLIAM R MALCOM				
Title or position of Authorized Officer GENERAL MANAGER & CEO				
Telephone number of Authorized Officer (319) 394-3456 ext.				
Study Area Code of Reporting Carrier	351251	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **MUTUAL TEL CO**

Signature of Authorized Officer: **Doug Boone**

Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mutual tel co,l=Sioux Center IA 51250, Date:9/27/2012

Date: **9/27/2012**

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

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

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

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

TO BE COMPLETED BY 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: **NORTH ENGLISH COOP**

Signature of Authorized Officer: <b>Reed Ostenberg</b>	Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop,i=North English IA 52316, Date:9/25/2012	Date: <b>9/25/2012</b>
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Printed name of Authorized Officer: **Reed Ostenberg**

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

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

Study Area Code of Reporting Carrier	<b>351257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **NORTHERN IOWA TEL CO**

Signature of Authorized Officer: **Doug Boone**

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

Date: **9/27/2012**

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

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

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

Study Area Code of Reporting Carrier	<b>351259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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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	Northwest Iowa Telephone	Date	9/26/12
Signature of Authorized Officer			
Printed name of Authorized Officer	Paul Bergmann		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer:	(712) 271-4000	ext.	
Study Area Code of Reporting Carrier	351260	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

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: **NORTHWEST TEL COOP**

Signature of Authorized Officer: **Donald Miller**

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

Date: **9/27/2012**

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

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

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

Study Area Code of Reporting Carrier	<b>351261</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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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: **COMM 1 NETWORK**

Signature of Authorized Officer: <b>Randy Yeakel</b>	Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:9/24/2012	Date: <b>9/24/2012</b>
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Printed name of Authorized Officer: **Randy Yeakel**

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

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

Study Area Code of Reporting Carrier	<b>351262</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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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 - IA**

Signature of Authorized Officer: <b>John Ellis</b>	Digitally signed by John Ellis DN:cn=John Ellis,email=ogdentel@netins.net,O=ogden tel co - ia,l=Ogden IA 50212, Date:9/27/2012	Date: <b>9/27/2012</b>
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Printed name of Authorized Officer: **John Ellis**

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

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

Study Area Code of Reporting Carrier	<b>351263</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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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: **OLIN TEL CO, INC**

Signature of Authorized Officer: **Rodney Cozart**

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

Date: **9/26/2012**

Printed name of Authorized Officer: **Rodney Cozart**

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

Telephone number of Authorized Officer: **319-484-2200**

Study Area Code of Reporting Carrier	<b>351264</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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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: **ONslow COOP TEL ASSN**

Signature of Authorized Officer: **Russ Benke**

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

Date: **9/24/2012**

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

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

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

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

Signature of Authorized Officer: <b>Barb Gruetzmacher</b>	Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Oran IA 50664-0007, Date:9/25/2012	Date: <b>9/25/2012</b>
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Printed name of Authorized Officer: **Barb Gruetzmacher**

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

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

Study Area Code of Reporting Carrier	<b>351266</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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TO BE COMPLETED BY 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				Palo Cooperative Telephone Association
Signature of Authorized Officer			<i>Kirby J. Underberg</i>	Date
Printed name of Authorized Officer			Kirby J Underberg	09/27/2012
Title or position of Authorized Officer				
Telephone number of Authorized Officer:			(319) 857-5431	ex: _____
Study Area Code of Reporting Carrier		351269	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: PALMER MUTUAL TEL CO

Signature of Authorized Officer: **Andy Peterson**

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

Date: 9/24/2012

Printed name of Authorized Officer: Andy Peterson

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 712-359-2411

Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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				Panora Communications Cooperative	
Signature of Authorized Officer			<i>Ron Reynolds</i>		Date
Printed name of Authorized Officer			Ron Reynolds		9-25-12
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer: (641) 755-2424 ext.		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
Study Area Code of Reporting Carrier		351271		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(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: **PEOPLES TEL CO - IA**

Signature of Authorized Officer:

**Curt Kawlewski**

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

Date: **9/26/2012**

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

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

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

Study Area Code of Reporting Carrier	<b>351273</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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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	351274		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

POSTVILLE

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		Prairieburg Telephone Company, Inc	
Signature of Authorized Officer		<i>Leon Soukup</i>	
Printed name of Authorized Officer		Leon Soukup	
Title or position of Authorized Officer			
President			
Telephone number of Authorized Officer: (319) 437-3611 ext. [REDACTED]			
Study Area Code of Reporting Carrier	351275	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
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. §§ 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: PRESTON TEL CO

Signature of Authorized Officer: Roger Kilburg  
Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: Roger Kilburg

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

Telephone number of Authorized Officer: 563-689-3811

Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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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: RADCLIFFE TEL CO

Edwin Drake

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

Date: 9/26/2012

Signature of Authorized Officer:

Printed name of Authorized Officer: Edwin Drake

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 515-899-2341

Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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				Ringsted Telephone Company		Date		9/26/12	
Signature of Authorized Officer				<i>Daniel Nelsen</i>					
Printed name of Authorized Officer				Daniel Nelsen					
Title or position of Authorized Officer				Board President					
Telephone number of Authorized Officer:				(712) 886-8000		ext.			
Study Area Code of Reporting Carrier				351280		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **ROCKWELL COOP ASSN**

Signature of Authorized Officer: <b>David Severin</b>	Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,I=Rockwell IA 50469, Date:9/26/2012	Date: <b>9/26/2012</b>
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Printed name of Authorized Officer: **David Severin**

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

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

Study Area Code of Reporting Carrier	<b>351282</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: ROYAL TEL CO

Signature of Authorized Officer: Dennis Galloway

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

Date: 9/26/2012

Printed name of Authorized Officer: Dennis Galloway

Title or position of Authorized Officer: Secretary

Telephone number of Authorized Officer: 712-933-2652

Study Area Code of Reporting Carrier	351283		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: <b>River Valley Telecommunications Corp</b>			Date: <b>09/26/12</b>
Signature of Authorized Officer: <i>Pamela Studder</i>			
Printed name of Authorized Officer: <b>Pamela Studder</b>			
Title or position of Authorized Officer: <b>Secretary</b>			
Telephone number of Authorized Officer: <b>(712) 859-3300</b> ext. _____			
Study Area Code of Reporting Carrier: <b>351284</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	

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

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: SAC COUNTY MUTUAL

Signature of Authorized Officer: <b>Ronald Sorensen</b>	Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual,l=Odebolt IA 51458, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Ronald Sorensen

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 712-668-2200

Study Area Code of Reporting Carrier	351285		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: SCHALLER TEL CO

Signature of Authorized Officer: Missy Kestel	Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: Missy Kestel

Title or position of Authorized Officer: Accounting General Manager

Telephone number of Authorized Officer: 712-275-4211

Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY 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				Searsboro Telephone Co	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Gary Neill		9-26-12
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: (402) 477-1354 ext.					
Study Area Code of Reporting Carrier	351292	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

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

TO BE COMPLETED BY 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: Michael Yoder

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

Date: 9/26/2012

Printed name of Authorized Officer: Michael Yoder

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 319-679-2211

Study Area Code of Reporting Carrier	351293		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Scranton Telephone Company

Signature of Authorized Officer

Printed name of Authorized Officer Sam Fergel

Date 9/24/12

Title or position of Authorized Officer Manager

Telephone number of Authorized Officer: (712) 652-3355, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier 351294 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(c), 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: SHELL ROCK COMM

Signature of Authorized Officer: <b>Richard McBurney</b>	Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,l=Plainfield IA 50666-0099, Date:9/26/2012	Date: 9/26/2012
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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	351295		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: HEART OF IOWA COMM.

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

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 641-486-2211

Study Area Code of Reporting Carrier	351297		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: SOUTH SLOPE COOP TEL

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

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 319-626-2211

Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **SOUTHWEST TEL EXCH**

Signature of Authorized Officer: **Mike Weis**

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

Date: **9/27/2012**

Printed name of Authorized Officer: **Mike Weis**

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

Telephone number of Authorized Officer: **641-765-4201**

Study Area Code of Reporting Carrier	<b>351301</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **SPRINGVILLE COOP TEL**

Signature of Authorized Officer: **Jean Johnston**

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

Date: **9/26/2012**

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

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

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

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

TO BE COMPLETED BY 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 TEL EXCHANGE**

Signature of Authorized Officer: **Marvin Ness**

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

Date: **9/26/2012**

Printed name of Authorized Officer: **Marvin Ness**

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

Telephone number of Authorized Officer: **515-826-3206**

Study Area Code of Reporting Carrier	<b>351303</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: SWISHER TEL CO

Signature of Authorized Officer: <b>Justyn Miller</b>	Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=swisher tel co,l=North Liberty IA 52317, Date:9/28/2012	Date: 9/28/2012
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Printed name of Authorized Officer: Justyn Miller

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 319-626-2211

Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: Stratford Mutual Telephone Company			
Signature of Authorized Officer:	<i>Elaine K. Ubben</i>	Date:	09/25/2012
Printed name of Authorized Officer: Elaine K. Ubben			
Title or position of Authorized Officer: Assistant Secretary			
Telephone number of Authorized Officer:	(515) 838-2390	ext. _____	
Study Area Code of Reporting Carrier:	351 305	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SULLY TEL ASSOC

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

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 641-594-2905

Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY 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				Superior Telephone Co-op		Date	09/25/2012
Signature of Authorized Officer				<i>Robert Soat</i>			
Printed name of Authorized Officer				Robert Soat			
Title or position of Authorized Officer				President of Board			
Telephone number of Authorized Officer:		(712) 858-4591	ext.				
Study Area Code of Reporting Carrier		351307	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **TEMPLETON TEL CO**

Signature of Authorized Officer: <b>Patricia Snyder</b>	Digitally signed by Patricia Snyder DN:cn=Patricia Snyder,email=tempstel@netins.net,O=templeton tel co,l=Templeton IA 51463-0077, Date:9/24/2012	Date: <b>9/24/2012</b>
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Printed name of Authorized Officer: **Patricia Snyder**

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

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

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

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

Signature of Authorized Officer: <b>Douglas Nelson</b>	Digitally signed by Douglas Nelson DN:cn=Douglas Nelson,email=dnelson@terril.com,O=terril tel. coop.,l=Terril IA 51364-0100, Date:9/28/2012	Date: <b>9/28/2012</b>
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Printed name of Authorized Officer: **Douglas Nelson**

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

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

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

TO BE COMPLETED BY 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

Signature of Authorized Officer: Vicky Nelson

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

Date: 9/25/2012

Printed name of Authorized Officer: Vicky Nelson

Title or position of Authorized Officer: Secretary-Treasurer

Telephone number of Authorized Officer: 515-928-2110

Study Area Code of Reporting Carrier	351310		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: <b>United Farmers Telephone Company</b>			
Signature of Authorized Officer	<i>Roxanne White</i>	Date	09/24/2012
Printed name of Authorized Officer: <b>Roxanne White</b>			
Title or position of Authorized Officer: <b>Executive Vice President</b>			
Telephone number of Authorized Officer: <b>(712) 834-0220</b>			
Study Area Code of Reporting Carrier	351316	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY 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: VAN BUREN TEL CO

Signature of Authorized Officer: Kevin Hranicka	Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Kevin Hranicka

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 319-293-3187

Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: VAN HORNE COOP TEL

Signature of Authorized Officer: Kerry Less	Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van horne coop tel,l=Van Horne IA 52346-0096, Date:9/24/2012	Date: 9/24/2012
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Printed name of Authorized Officer: Kerry Less

Title or position of Authorized Officer: Buisness Manager

Telephone number of Authorized Officer: 319-228-8791

Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **VENTURA TEL CO, INC**

Signature of Authorized Officer: **Thomas Lovell**

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

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	<b>351322</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **VILLISCA FARMERS TEL**

Signature of Authorized Officer: <b>Kevin Cabbage</b>	Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:9/24/2012	Date: <b>9/24/2012</b>
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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	<b>351324</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

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			DARWIN TELEPHONE CO. INC		
Signature of Authorized Officer					
Printed name of Authorized Officer			BRUCE HEYNE		
Title or position of Authorized Officer			PASSAGE		
Telephone number of Authorized Officer:			745 784 2441		
Study Area Code of Reporting Carrier			51126		
Filing Due Date for this form (mm/dd/yyyy)			10/4/2012		
Date			26SEP2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WEBB-DICKENS TEL

Signature of Authorized Officer: **Doug Boone**

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

Date: 9/27/2012

Printed name of Authorized Officer: Doug Boone

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 712-722-3451

Study Area Code of Reporting Carrier	351327		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: WEBSTER-CALHOUN COOP

Signature of Authorized Officer: <b>Daryl Carlson</b>	Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Daryl Carlson

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 515-352-3151

Study Area Code of Reporting Carrier	351328		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **WELLMAN COOP TEL**

Signature of Authorized Officer: <b>Jayne Hochstedler</b>	Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:9/24/2012	Date: <b>9/24/2012</b>
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Printed name of Authorized Officer: **Jayne Hochstedler**

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

Telephone number of Authorized Officer: **319-646-6075**

Study Area Code of Reporting Carrier	<b>351329</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: WEST IOWA TEL CO

Signature of Authorized Officer: Robert Gannon

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

Date: 9/28/2012

Printed name of Authorized Officer: Robert Gannon

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 712-786-5572

Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: WEST LIBERTY TEL CO

Signature of Authorized Officer: <b>Craig Bieber</b>	Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Craig Bieber

Title or position of Authorized Officer: Controller/Treasurer

Telephone number of Authorized Officer: 319-627-2145

Study Area Code of Reporting Carrier	351332		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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				Western Iowa Telephone Association	
Signature of Authorized Officer			<i>Russell Walker</i>		Date
Printed name of Authorized Officer			Russell Walker		9/27/12
Title or position of Authorized Officer: Board President					
Telephone number of Authorized Officer:		(712) 944-5711	ext.		
Study Area Code of Reporting Carrier		351334	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(d), 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: WESTSIDE INDEPENDENT

Signature of Authorized Officer: Jane Morlok

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

Date: 9/27/2012

Printed name of Authorized Officer: Jane Morlok

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 712-673-8101

Study Area Code of Reporting Carrier	351335		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

Signature of Authorized Officer: **Stacie Harris**

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

Date: **9/24/2012**

Printed name of Authorized Officer: **Stacie Harris**

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

Telephone number of Authorized Officer: **563-732-3000**

Study Area Code of Reporting Carrier	<b>351336</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: WINNEBAGO COOP-IA

Signature of Authorized Officer: Terry Wegener

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

Date: 9/26/2012

Printed name of Authorized Officer: Terry Wegener

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 641-592-6105

Study Area Code of Reporting Carrier	351337		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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	Woolstock Mutual Telephone Assn.		
Signature of Authorized Officer	<i>[Signature]</i>	Date	9-26-12
Printed Name of Authorized Officer	Jack Blair		
Title or Position of Authorized Officer	General Manager		
Telephone number of Authorized Officer	515-839-3571		
State/ Area Code of Reporting Carrier	351342	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WYOMING MUTUAL TEL

Signature of Authorized Officer: <b>Debra Williams</b>	Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:9/25/2012	Date: 9/25/2012
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Printed name of Authorized Officer: Debra Williams

Title or position of Authorized Officer: Office Manager

Telephone number of Authorized Officer: 563-488-2535

Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: PRAIRIE TEL CO

Signature of Authorized Officer: Jane Morlok

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

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	351344		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 TEL ASSN-IA

Signature of Authorized Officer: **Todd Roesler**

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

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	351346		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **ALLIANCE-HILLS IA**

Signature of Authorized Officer: <b>Kari Flanagan</b>	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:9/26/2012	Date: <b>9/26/2012</b>
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Printed name of Authorized Officer: **Kari Flanagan**

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

Telephone number of Authorized Officer: **605-594-8228**

Study Area Code of Reporting Carrier	<b>351405</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

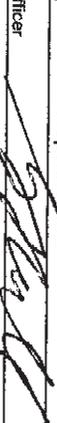
TO BE COMPLETED BY THE REPORTING CARRIER,

**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 **Kilcluff 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

**351407**

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

**10/4/2012**

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

TO BE COMPLETED BY 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: MABEL COOP TEL-IA

Signature of Authorized Officer: Lorren Tingesdal

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

Date: 9/25/2012

Printed name of Authorized Officer: Lorren Tingesdal

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 507-493-5411

Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: Grand River Mutual Telephone Corporation - IA			
Signature of Authorized Officer *	<i>Gregg Davis</i>		Date: 9-27-12
Printed name of Authorized Officer: Gregg Davis			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (660) 748-3231 ext.			
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: WINNEBAGO COOP-T N

Signature of Authorized Officer: Terry Wegener

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

Date: 9/25/2012

Printed name of Authorized Officer: Terry Wegener

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 541-692-5106

Study Area Code of Reporting Carrier	351337		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 ASSN-MN

Signature of Authorized Officer: **Todd Roesler**

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

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	361346		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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	Albany Mutual Telephone Association	Date	9-26-12
Signature of Authorized Officer	<i>Steven W. Katka</i>		
Printed name of Authorized Officer	Steven W. Katka		
Title or position of Authorized Officer	CEO/General Manager		
Telephone number of Authorized Officer:	(320) 845-2101, ext.		
Study Area Code of Reporting Carrier	361347	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY 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: WILDERNESS VALLEY

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

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 218-488-6565

Study Area Code of Reporting Carrier	361348		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: CITY OF BARNESVILLE

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

Title or position of Authorized Officer: TEC Manager

Telephone number of Authorized Officer: 218-354-2292

Study Area Code of Reporting Carrier	361353		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: BENTON COOP TEL CO

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

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 320-393-2115

Study Area Code of Reporting Carrier	361356		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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				Blue Earth Valley Telephone Company		
Signature of Authorized Officer				Date	9/26/2012	
Printed name of Authorized Officer					William Eckles	
Title or position of Authorized Officer					President	
Telephone number of Authorized Officer				(507) 526-3252	ext.	
Study Area Code of Reporting Carrier		361358	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: CALLAWAY TEL CO

Signature of Authorized Officer: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,l= , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier	361365		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: CLARA CITY TEL EXCH

Signature of Authorized Officer: Bruce Hanson

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

Date: 9/25/2012

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier	361370		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: CLEMENTS TEL CO

Signature of Authorized Officer: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l= , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier	361372		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Consolidated Telephone Company - MN	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Kevin T. Larson		09/25/2012
Title or position of Authorized Officer				CEO/General Manager	
Telephone number of Authorized Officer				(218) 454-1101, ext.	
Study Area Code of Reporting Carrier		361373		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY 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: **ARROWHEAD COMM CORP**

Signature of Authorized Officer: **Bob Weiss**

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

Date: **9/26/2012**

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

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

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

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

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

Signature of Authorized Officer: <b>Kathy Nelson</b>	Digitally signed by Kathy Nelson DN:cn=Kathy Nelson,email=dcndtc@bevcomm.net,O=dunnell tel co,l=Dunnell MN 56127, Date:9/25/2012	Date: <b>9/25/2012</b>
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Printed name of Authorized Officer: **Kathy Nelson**

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

Telephone number of Authorized Officer: **507-695-2730**

Study Area Code of Reporting Carrier	<b>361381</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **EAGLE VALLEY TEL CO**

Signature of Authorized Officer: <b>Bob Weiss</b>	Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=eagle valley tel co,l=New Ulm MN 56073, Date:9/26/2012	Date: <b>9/26/2012</b>
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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	<b>361383</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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				Easton Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			William Eckles		9/26/2012
Title or position of Authorized Officer					
President					
Telephone number of Authorized Officer:			(507) 526-3252 ext		
Study Area Code of Reporting Carrier		361384		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	

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

TO BE COMPLETED BY 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 OTTER TAIL TEL

Signature of Authorized Officer: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski, email=staci.malikowski@arvig.com, O=east otter tail tel, = , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier	361385		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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				Eckles Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			William Eckles		9/26/2012
Title or position of Authorized Officer					
			President		
Telephone number of Authorized Officer. (507) 526-3252 ext.					
Study Area Code of Reporting Carrier		361386	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <u>Emily Cooperative Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>	Date <u>9/26/2012</u>		
Printed name of Authorized Officer <u>Lowell Baker</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(218) 763-3000</u> , ext.			
Study Area Code of Reporting Carrier <u>361387</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 <b>Farmers Mutual Telephone Company</b>			
Signature of Authorized Officer		Date	<b>09/26/2012</b>
Printed name of Authorized Officer <b>Kevin Beyer</b>			
Title or position of Authorized Officer <b>CEO</b>			
Telephone number of Authorized Officer: <b>(320) 568-2105</b> , ext.			
Study Area Code of Reporting Carrier	<b>361389</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>

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

TO BE COMPLETED BY 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		Federated Telephone Cooperative	
Signature of Authorized Officer			Date
Printed name of Authorized Officer		Kevin Beyer	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer:	(320) 324-7111	ext.	
Study Area Code of Reporting Carrier	361390	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: **FELTON TEL CO. INC.**

Signature of Authorized Officer: **Bob Weiss**

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

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	<b>361391</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: <b>Garden Valley Telephone Company</b>			
Signature of Authorized Officer: <i>Joe Sandberg</i>			Date: <b>9/25/2012</b>
Printed name of Authorized Officer: <b>Joe Sandberg</b>			
Title or position of Authorized Officer: <b>Treasurer</b>			
Telephone number of Authorized Officer: <b>(218) 687-2400</b>		Ext: <b>0</b>	
Study Area Code of Reporting Carrier: <b>361395</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	

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

TO BE COMPLETED BY 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: **GARDONVILLE COOP TEL**

Signature of Authorized Officer: <b>David Wolf</b>	Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gctel.net,O=gardonville coop tel,I= , Date:9/25/2012	Date: <b>9/25/2012</b>
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Printed name of Authorized Officer: **David Wolf**

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

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

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

TO BE COMPLETED BY 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: GRANADA TEL CO

Signature of Authorized Officer: Bob Weiss

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

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	361399		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: HALSTAD TEL CO

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

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 218-456-2125

Study Area Code of Reporting Carrier	361401		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: Federated Telephone Cooperative				Date: 09/26/2012
Signature of Authorized Officer: 				
Printed name of Authorized Officer: Kevin Beyer				
Title or position of Authorized Officer: CEO				
Telephone number of Authorized Officer: (320) 324-7111		ext.		
Study Area Code of Reporting Carrier: 361403	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

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

TO BE COMPLETED BY 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		Harmony Telephone Company	
Signature of Authorized Officer	<i>Lorren Tingesdal</i>	Date	09/26/2012
Printed name of Authorized Officer Lorren Tingesdal			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer	(507) 886-2525	ext.	
Study Area Code of Reporting Carrier	361404	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ALLIANCE-HILLS MN

Signature of Authorized Officer: <b>Kari Flanagan</b>	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,l=Garretson SD 57030, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Kari Flanagan

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 605-594-8228

Study Area Code of Reporting Carrier	361405		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: HOME TEL CO - MN

Signature of Authorized Officer: **Staci Malikowski**

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

Date: 9/26/2012

Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: HUTCHINSON TEL CO

Signature of Authorized Officer: **Curt Kawlewski**

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

Date: 9/26/2012

Printed name of Authorized Officer: Curt Kawlewski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 507-233-4172

Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: JOHNSON TEL CO

Signature of Authorized Officer: Donna Gunderson

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

Date: 9/26/2012

Printed name of Authorized Officer: Donna Gunderson

Title or position of Authorized Officer: Corporate Secretary

Telephone number of Authorized Officer: 218-566-2302

Study Area Code of Reporting Carrier	361410		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **KASSON & MANTORVILLE**

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

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

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

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

TO BE COMPLETED BY 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: LISMORE COOP TEL CO

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

Title or position of Authorized Officer: Office Manager

Telephone number of Authorized Officer: 507-472-8748

Study Area Code of Reporting Carrier	361419		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

Signature of Authorized Officer: **Bonnie Simon**

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

Date: **9/25/2012**

Printed name of Authorized Officer: **Bonnie Simon**

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

Telephone number of Authorized Officer: **507-744-2311**

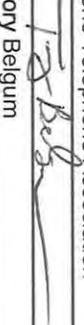
Study Area Code of Reporting Carrier	<b>361422</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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				Runestone Telephone Association
Signature of Authorized Officer				Date
Printed name of Authorized Officer			Tony Belgium	9/26/201
Title or position of Authorized Officer				
Telephone number of Authorized Officer:			(320) 986-2013	ext.
Study Area Code of Reporting Carrier	361423	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY 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: MABEL COOP TEL - MN

Signature of Authorized Officer: **Lorren Tingesdal**

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

Date: 9/25/2012

Printed name of Authorized Officer: Lorren Tingesdal

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 507-493-5411

Study Area Code of Reporting Carrier	361424		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **CHRISTENSEN COMM CO**

Signature of Authorized Officer: **Andy Hennis**

Digitally signed by Andy Hennis DN:cn=Andy Hennis,email=andyh@chriscomco.net,O=christensen comm co,l= , Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer: **Andy Hennis**

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

Telephone number of Authorized Officer: **507-642-5555**

Study Area Code of Reporting Carrier	<b>361425</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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: Manchester-Hartland Telephone Company	
Signature of Authorized Officer: <i>Milo Madson</i>	Date: 9-26-12
Printed name of Authorized Officer: Milo Madson	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: (507) 826-3212 ext.	
Study Area Code of Reporting Carrier: 361426	Filing Due Date for this form (mm/dd/yyyy): 10/4/2012

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

TO BE COMPLETED BY 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: MELROSE TEL CO

Signature of Authorized Officer: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski, email=staci.malikowski@arvig.com, O=melrose tel co,l= , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier	361430		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

Signature of Authorized Officer: **Staci Malikowski**

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

Date: **9/26/2012**

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

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

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

Study Area Code of Reporting Carrier	<b>361431</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: MINNESOTA VALLEY TEL

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

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 507-557-2275

Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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				Cannon Valley Telecom			
Signature of Authorized Officer					Date	9/26/2012	
Printed name of Authorized Officer						William Eckles	
Title or position of Authorized Officer						President	
Telephone number of Authorized Officer				(507) 526-3252		ext	
Study Area Code of Reporting Carrier		361440		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 ULM TELECOM, INC**

Signature of Authorized Officer: **Curt Kawlewski**

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

Date: **9/26/2012**

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

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

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

Study Area Code of Reporting Carrier	<b>361442</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **LORETEL SYSTEMS, INC**

Signature of Authorized Officer: **Bob Weiss**

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

Date: **9/26/2012**

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

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

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

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

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

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

Date: **9/28/2012**

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

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

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

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

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

Signature of Authorized Officer: **Dave Bickett**

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

Date: **9/26/2012**

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

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

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

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

TO BE COMPLETED BY 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: PAUL BUNYAN RURAL

Signature of Authorized Officer: Dave Schultz

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

Date: 9/24/2012

Printed name of Authorized Officer: Dave Schultz

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-444-1141

Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

Signature of Authorized Officer: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=peoples tel co - mn, Date:9/26/2012	Date: <b>9/26/2012</b>
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Printed name of Authorized Officer: **Staci Malikowski**

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

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

Study Area Code of Reporting Carrier	<b>361453</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: PINE ISLAND TEL CO

Signature of Authorized Officer: Bob Weiss

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

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	361454		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: REDWOOD COUNTY TEL

Signature of Authorized Officer: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier	361472		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY 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: <b>Rothsay Telephone Co. Inc</b>	
Signature of Authorized Officer: 	Date: <b>9/27/2012</b>
Printed name of Authorized Officer: <b>Wayne Slowman</b>	
Title or position of Authorized Officer: <b>Secy./Treas.</b>	
Telephone number of Authorized Officer: <b>(219) 867-2111 ext.</b>	
Study Area Code of Reporting Carrier: <b>361474</b>	Filing Due Date for this form (mm/dd/yyyy): <b>10/4/2012</b>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 58 502, 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				Runestone Telephone Association		
Signature of Authorized Officer				Date	9/26/201	
Printed name of Authorized Officer				Tony Belgum		
Title or position of Authorized Officer				Vice President		
Telephone number of Authorized Officer:				(320) 986-2013	ext.	
Study Area Code of Reporting Carrier		361475		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

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

TO BE COMPLETED BY 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: SACRED HEART TEL CO

Signature of Authorized Officer: Bruce Hanson

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

Date: 9/25/2012

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier	361476		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: SCOTT RICE -INTEGRA

Signature of Authorized Officer: **Matthew Fahey**

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

Date: 9/24/2012

Printed name of Authorized Officer: Matthew Fahey

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

Telephone number of Authorized Officer: 503-453-8074

Study Area Code of Reporting Carrier	361479		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SLEEPY EYE TEL CO

Signature of Authorized Officer: **Bob Weiss**

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

Date: 9/26/2012

Printed name of Authorized Officer: Bob Weiss

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 507-354-2500

Study Area Code of Reporting Carrier	361483		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 GROVE COMM.**

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

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

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

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

TO BE COMPLETED BY 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: STARBUCK TEL CO

Signature of Authorized Officer: Bruce Hanson

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

Date: 9/25/2012

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier	361487		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: TWIN VALLEY-ULEN TEL

Signature of Authorized Officer: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=twin valley-ulen tel,l= , Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier	361491		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: UPSALA COOP TEL ASSN

Signature of Authorized Officer: <b>Tony Gebhard</b>	Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,I=Upsala MN 56384, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Tony Gebhard

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 320-573-1390

Study Area Code of Reporting Carrier	361494		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: VALLEY TEL CO - MN

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

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 218-826-6161

Study Area Code of Reporting Carrier	361495		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

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

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

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

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

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

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

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

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

**TO BE COMPLETED BY 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		West Central Telephone Assn.	
Signature of Authorized Officer		Date 9/24/12	
Printed name of Authorized Officer Bruce Kinnunen			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (218) 837-5151		ext.	
Study Area Code of Reporting Carrier	361501	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: WESTERN TEL CO

Signature of Authorized Officer: Curt Kawlewski

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

Date: 9/26/2012

Printed name of Authorized Officer: Curt Kawlewski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 507-233-4172

Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 Wikstrom Telephone Co. Inc.

Signature of Authorized Officer

Printed name of Authorized Officer Leslie B. Wikstrom

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer: (218) 436-2121 ext.

Study Area Code of Reporting Carrier

361505

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

10/4/2012

Date 9/27/12

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.

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: WINTHROP TEL CO

Signature of Authorized Officer: <b>Danny Busche</b>	Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Danny Busche

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 507-557-2275

Study Area Code of Reporting Carrier	361508		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: WOODSTOCK TEL CO

Signature of Authorized Officer: <b>Ronald Nelson</b>	Digitally signed by Ronald Nelson DN:cn=Ronald Nelson,email=ron.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthton MN 56170, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Ronald Nelson

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 507-658-3830

Study Area Code of Reporting Carrier	361510		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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		Wolverton Telephone Co.		Date	9-26-12
Signature of Authorized Officer					
Printed name of Authorized Officer		David L. Dunning			
Title or position of Authorized Officer		Executive Vice President			
Telephone number of Authorized Officer:		(701) 284-7221	ext.		
Study Area Code of Reporting Carrier	361512	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ZUMBROTA TEL CO

Signature of Authorized Officer: Bruce Hanson

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

Date: 9/25/2012

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier	361515		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 Telecommunications Cooperative, Inc.	
Signature of Authorized Officer				<i>Warren Brandlee</i>	
Printed name of Authorized Officer				Warren Brandlee	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(605) 874-2181 ext.	
Study Area Code of Reporting Carrier		361654		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
				Date	
				9/26/12	

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

TO BE COMPLETED BY 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: ARAPAHOE TEL CO

Signature of Authorized Officer: John Koller

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

Date: 9/26/2012

Printed name of Authorized Officer: John Koller

Title or position of Authorized Officer: VP Operations

Telephone number of Authorized Officer: 308-962-7298

Study Area Code of Reporting Carrier	371516		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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	Arlington Telephone Company	Date	September 26, 2012
Signature of Authorized Officer	<i>A-Meck</i>		
Printed name of Authorized Officer	George Meck		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer:	(402) 426-6200	ext.	
Study Area Code of Reporting Carrier	371517	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **ELSIE COMM., INC.**

Signature of Authorized Officer: **David Shipley**

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

Date: **9/27/2012**

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

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

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

Study Area Code of Reporting Carrier	<b>371518</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 The Blair Telephone Company

Signature of Authorized Officer



Date September 26, 2012

Printed name of Authorized Officer George Mack

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (402) 426-6200 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

371524

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

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **THREE RIVER TELCO**

Signature of Authorized Officer: <b>David Kalkowski</b>	Digitally signed by David Kalkowski DN:cn=David Kalkowski,email=KalkowskiD@threeriver.net,O=three river telco,l=Lynch NE 68746, Date:10/1/2012	Date: <b>10/1/2012</b>
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Printed name of Authorized Officer: **David Kalkowski**

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

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

Study Area Code of Reporting Carrier	<b>371525</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 TEL CO -NE

Signature of Authorized Officer: J. Shoemaker

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

Date: 9/26/2012

Printed name of Authorized Officer: J. Shoemaker

Title or position of Authorized Officer: V P Regulatory Affairs

Telephone number of Authorized Officer: 308-697-3333

Study Area Code of Reporting Carrier	371526		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: CONSOLIDATED TELCO

Signature of Authorized Officer: Wendy Thompson Fast

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

Date: 9/26/2012

Printed name of Authorized Officer: Wendy Thompson Fast

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 402-489-2728

Study Area Code of Reporting Carrier	371530		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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	Clarks Telecommunications Company			
Signature of Authorized Officer			Date	9/27/12
Printed name of Authorized Officer	David Armstrong			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer:	(402) 632-4321 ext.			
Study Area Code of Reporting Carrier	371531	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: CONSOLIDATED TEL CO

Signature of Authorized Officer: Wendy Thompson Fast	Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:9/26/2012	Date: 9/26/10
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Printed name of Authorized Officer: Wendy Thompson Fast

Title or position of Authorized Officer: President

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

Study Area Code of Reporting Carrier	371530		Filing Due Date for this form (mm/dd/yyyy)	1/24/10	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

Signature of Authorized Officer: <b>Marcus Young</b>	Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co, = , Date:9/26/2012	Date: <b>9/26/2012</b>
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Printed name of Authorized Officer: **Marcus Young**

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

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

Study Area Code of Reporting Carrier	<b>371534</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: CURTIS TEL CO

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

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 402-489-2728

Study Area Code of Reporting Carrier	371536		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: DALTON TEL CO, INC

Signature of Authorized Officer: David Shipley

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

Date: 9/27/2012

Printed name of Authorized Officer: David Shipley

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 866-542-6779

Study Area Code of Reporting Carrier	371537		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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	Diller Telephone Company		
Signature of Authorized Officer		Date	09/25/2012
Printed name of Authorized Officer	William P Sandrman		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer:	(402) 793-5330	ext.	
Study Area Code of Reporting Carrier	371540	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY 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				Eastern Nebraska Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer				George Mack	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer				(402) 426-6200 ext.	
Study Area Code of Reporting Carrier		371542		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY 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: **GLENWOOD TEL MEMBER**

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

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

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

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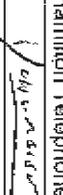
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY 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 Telephone Company		Date	9-26-12
Signature of Authorized Officer							
Printed name of Authorized Officer				John Nelson			
Title or position of Authorized Officer				Vice President			
Telephone number of Authorized Officer: (402) 694-5101 ext.							
Study Area Code of Reporting Carrier	371565	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				

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

TO BE COMPLETED BY 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: HARTINGTON TELECOM

Signature of Authorized Officer: <b>William Dendinger</b>	Digitally signed by William Dendinger DN:cn=William Dendinger,email=bildd@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: William Dendinger

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 402-254-3901

Study Area Code of Reporting Carrier	371556		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **Hartman Telephone Exchanges, Inc.**

Signature of Authorized Officer: *Kacey L Harper VP* Date: **09.25.2012**

Printed name of Authorized Officer: **Kacey L. Harper**

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

Telephone number of Authorized Officer: **(308) 423-2000**, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier: **371557** 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: HEMINGFORD COOP TEL

Signature of Authorized Officer: Tonya Mayer

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

Date: 9/24/2012

Printed name of Authorized Officer: Tonya Mayer

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 308-487-3311

Study Area Code of Reporting Carrier	371558		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: HENDERSON CO-OP TEL

Signature of Authorized Officer: **Matt Friesen**

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

Date: 9/24/2012

Printed name of Authorized Officer: Matt Friesen

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 402-723-4448

Study Area Code of Reporting Carrier	371559		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **HERSHEY COOP TEL CO**

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

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

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

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

TO BE COMPLETED BY 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: **CONSOLIDATED TELECOM**

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

Date: **9/26/2012**

Printed name of Authorized Officer: **Wendy Thompson Fast**

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

Telephone number of Authorized Officer: **402-489-2728**

Study Area Code of Reporting Carrier	<b>371562</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

Signature of Authorized Officer: **Robert Gannon**

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

Date: **9/28/2012**

Printed name of Authorized Officer: **Robert Gannon**

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

Telephone number of Authorized Officer: **712-786-5572**

Study Area Code of Reporting Carrier	<b>371563</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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		K & M Telephone Company, Inc.		Date	10/25/12
Signature of Authorized Officer		<i>Dennis D. Werner</i>			
Printed name of Authorized Officer		Dennis D. Werner			
Title or position of Authorized Officer		President			
Telephone number of Authorized Officer:		(402) 482-5220 ext.			
Study Area Code of Reporting Carrier	371565	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

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

TO BE COMPLETED BY 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: **KEYSTONE-ARTHUR TEL**

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

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

Telephone number of Authorized Officer: **308-726-2281**

Study Area Code of Reporting Carrier	<b>371567</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **NEBRASKA CENTRAL TEL**

Signature of Authorized Officer: <b>Nancy McGregor-Jader</b>	Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,l=Gibbon NE 68840-0700, Date:9/26/2012	Date: <b>9/26/2012</b>
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Printed name of Authorized Officer: **Nancy McGregor-Jader**

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

Telephone number of Authorized Officer: **308-468-6341**

Study Area Code of Reporting Carrier	<b>371574</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 Nebraska Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			David Armstrong		9/27/12
Title or position of Authorized Officer					
President					
Telephone number of Authorized Officer:				(402) 632-4321 ext.	
Study Area Code of Reporting Carrier		371576		Filing Due Date for this form	
				(mm/dd/yyyy)	
				10/4/2012	

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

TO BE COMPLETED BY 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: GREAT PLAINS COMMUN

Signature of Authorized Officer: <b>Wyman Nelson</b>	Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Wyman Nelson

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

Telephone number of Authorized Officer: 402-456-6594

Study Area Code of Reporting Carrier	371577		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: PIERCE TEL CO

Signature of Authorized Officer: Mary Bichlmeier	Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetelephone.com,O=pierce tel co,l=Pierce NE 68767-0113, Date:9/27/2012	Date: 9/27/2012
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Printed name of Authorized Officer: Mary Bichlmeier

Title or position of Authorized Officer: Company Accountant

Telephone number of Authorized Officer: 402-329-6225

Study Area Code of Reporting Carrier	371581		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: PLAINVIEW TEL CO

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

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 402-582-4242

Study Area Code of Reporting Carrier	371582		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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	Rock County Telephone Company		Date	September 26, 2012
Signature of Authorized Officer				
Printed name of Authorized Officer	George Mack			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer	(402) 426-6200	ext.		
Study Area Code of Reporting Carrier	371586	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SODTOWN TEL CO

Signature of Authorized Officer: Mike Plautz

Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=mplautz@hamilton.net,O=sodtown tel co, Inc., Date:9/26/2012

Date: 9/26/2012

Printed name of Authorized Officer: Mike Plautz

Title or position of Authorized Officer: Secretary

Telephone number of Authorized Officer: 308-467-2310

Study Area Code of Reporting Carrier	371590		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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 NEBRASKA COMM INC

Signature of Authorized Officer:

Ray Joy

Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,l= , Date:9/25/2012

Date: 9/25/2012

Printed name of Authorized Officer: Ray Joy

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 402-245-4451

Study Area Code of Reporting Carrier

371591

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

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 Stanton Telecom, Inc.

Signature of Authorized Officer

*Robert J. Paden*

Date 9/26/12

Printed name of Authorized Officer Robert J. Paden

Title or position of Authorized Officer VP / GM

Telephone number of Authorized Officer: (402) 339-2264 ext.

Study Area Code of Reporting Carrier

371592

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

10/4/2012

Persons willfully making 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 the 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	Wauneta Telephone Company	
Signature of Authorized Officer	<i>Kacey L Harper VP</i>	Date 09.25.2012
Printed name of Authorized Officer	Kacey L. Harper	
Title or position of Authorized Officer	Vice President	
Telephone number of Authorized Officer:	(308) 423-2000	ext. _____
Study Area Code of Reporting Carrier	371597	Filing Due Date for this form (mm/dd/yyyy) 10/4/2012

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

TO BE COMPLETED BY 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				Benkelman Telephone Co., Inc.	
Signature of Authorized Officer			<i>Kacey L Harper VP</i>		Date
Printed name of Authorized Officer			Kacey L Harper		09.25.2012
Title or position of Authorized Officer				Vice President	
Telephone number of Authorized Officer		(308) 423-2000		ext.	
Study Area Code of Reporting Carrier		372455		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **NORTH DAKOTA TEL CO**

Signature of Authorized Officer: <b>Shawna Senger</b>	Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:9/26/2012	Date: <b>9/26/2012</b>
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Printed name of Authorized Officer: **Shawna Senger**

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

Telephone number of Authorized Officer: **701-662-6428**

Study Area Code of Reporting Carrier	<b>381447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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				Wolverton Telephone Co.	Date	9-26-12
Signature of Authorized Officer						
Printed name of Authorized Officer				David L. Dunning		
Title or position of Authorized Officer				Executive Vice President		
Telephone number of Authorized Officer: (701) 284-7221, ext.						
Study Area Code of Reporting Carrier		381509	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

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

TO BE COMPLETED BY 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: **ABSARAKA COOP TEL CO**

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

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

Telephone number of Authorized Officer: **701-896-3404**

Study Area Code of Reporting Carrier	<b>381601</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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	BEK Communications Cooperative		
Signature of Authorized Officer	<i>Brett Stroh</i>	Date	09/26/2012
Printed name of Authorized Officer	Brett Stroh		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer:	(701) 475-2361	ext.	
Study Area Code of Reporting Carrier	381604	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY 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	Consolidated Tekcom		Date	9/25/2012
Signature of Authorized Officer	<i>Brenda Volesky</i>			
Printed name of Authorized Officer	Brenda Volesky			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer:	(701) 483-4000	ext.		
Study Area Code of Reporting Carrier	381607	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 **Dakota Central Telecommunications Cooperative/Dakota Central Telecom I, Inc.**

Signature of Authorized Officer *Doug Wede* Date **09/27/2012**

Printed name of Authorized Officer **Doug Wede**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(701) 285-3516** ext.

Study Area Code of Reporting Carrier	<b>381610</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY 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	Polar Communications Mutual Aid Corp.		Date	9-26-12
Signature of Authorized Officer				
Printed name of Authorized Officer	David L. Dunning			
Title or position of Authorized Officer	General Manager/CEO			
Telephone number of Authorized Officer:	(701) 284-7221	ext.		
Study Area Code of Reporting Carrier	381614	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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		Griggs County Telephone Company		Date	9/26/2012
Signature of Authorized Officer		<i>Joyce Brown</i>			
Printed name of Authorized Officer		Joyce Brown			
Title or position of Authorized Officer		Treasurer/Secretary			
Telephone number of Authorized Officer:	(701) 437-3300	ext.		Filing Due Date for this form	
Study Area Code of Reporting Carrier	381615			(mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **INTER-COMMUNITY TEL**

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

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

Telephone number of Authorized Officer: **701-924-8815**

Study Area Code of Reporting Carrier	<b>381616</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: MIDSTATE TEL CO

Signature of Authorized Officer: Mark Wilhelmi

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

Date: 9/26/2012

Printed name of Authorized Officer: Mark Wilhelmi

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 701-628-2522

Study Area Code of Reporting Carrier	381617		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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	Moore & Liberty Telephone Company		Date	9/26/2012
Signature of Authorized Officer				
Printed name of Authorized Officer	Joyce Brown			
Title or position of Authorized Officer	Treasurer/Secretary			
Telephone number of Authorized Officer:	(701) 437-3300	ext.		
Study Area Code of Reporting Carrier	381622		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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

TO BE COMPLETED BY 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: **NORTHWEST COMM COOP**

Signature of Authorized Officer: <b>Mike Steffan</b>	Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,i=Ray ND 58849-0038, Date:9/28/2012	Date: <b>9/28/2012</b>
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Printed name of Authorized Officer: **Mike Steffan**

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

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

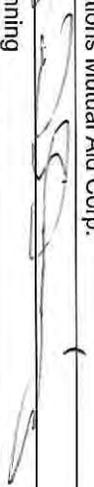
Study Area Code of Reporting Carrier	<b>381625</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C.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

TO BE COMPLETED BY 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	Polar Communications Mutual Aid Corp.			Date	9-26-12
Signature of Authorized Officer					
Printed name of Authorized Officer	David L. Dunning				
Title or position of Authorized Officer	General Manager/CEO				
Telephone number of Authorized Officer:	(701) 284-7221	ext.			
Study Area Code of Reporting Carrier	381630	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: RED RIVER RURAL TEL

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

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 701-553-8309

Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY 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				RESERVATION TELEPHONE COOPERATIVE			
Signature of Authorized Officer				<i>Royce J. Aslakson</i>			
Printed name of Authorized Officer				ROYCE'S ASLAKSON			
Title or position of Authorized Officer				CEO/GM			
Telephone number of Authorized Officer		(701) 862-3115 ext.		Filing Due Date for this form		Date	
Study Area Code of Reporting Carrier		381832		(m/d/yyyy)		10/4/2012	

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

TO BE COMPLETED BY 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: UNITED TEL MUTUAL

Signature of Authorized Officer: Perry Oster	Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,l=Langdon ND 58249-0729, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Perry Oster

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 701-256-5156

Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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. RIVER TELECOM.**

Signature of Authorized Officer: <b>Bonnie Krause</b>	Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=w. river telecom.,l=Hazen ND 58545-0467, Date:9/28/2012	Date: <b>9/28/2012</b>
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Printed name of Authorized Officer: **Bonnie Krause**

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

Telephone number of Authorized Officer: **701-748-4221**

Study Area Code of Reporting Carrier	<b>381637</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: MIDSTATE COMM.

Signature of Authorized Officer: Mark Wilhelmi

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

Date: 9/26/2012

Printed name of Authorized Officer: Mark Wilhelmi

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 701-628-2522

Study Area Code of Reporting Carrier	381638		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: NEMONT TEL COOP - ND

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

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 406-783-2358

Study Area Code of Reporting Carrier	382247		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **SRT COMMUNICATIONS**

Signature of Authorized Officer: **Steve Lysne**

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

Date: **9/28/2012**

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

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

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

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

TO BE COMPLETED BY 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: ALLIANCE-HILLS SD

Signature of Authorized Officer: <b>Kari Flanagan</b>	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,l=Garretson SD 57030, Date:9/26/2012	Date: 9/26/2012
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Printed name of Authorized Officer: Kari Flanagan

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 605-594-8228

Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **GOLDEN WEST-ARMOUR**

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

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

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

Study Area Code of Reporting Carrier	<b>391640</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: ALLIANCE-BALTIC

Signature of Authorized Officer: Kari Flanagan

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

Date: 9/26/2012

Printed name of Authorized Officer: Kari Flanagan

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 605-594-8228

Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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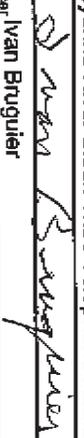
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY 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				Cheyenne River Sioux Tribe Telephone Authority	
Signature of Authorized Officer					
Printed name of Authorized Officer				Ivan Brugnier	
Title or position of Authorized Officer				Board Chairman	
Telephone number of Authorized Officer:		(805) 964-2600 ext.		Filing Due Date for this form	
Study Area Code of Reporting Carrier		391647		10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					
Date				9-26-12	

Carrier Cert