

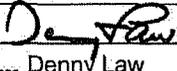
ATTACHMENT B

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Golden West Telecom - Armour

Signature of authorized officer: 

Date

May 23, 2012

Printed name of authorized officer: Denny Law

Title or position of authorized officer: General Manager/CEO

Telephone number of authorized officer: (605) 279-2161

Study Area Code of Reporting Carrier

391640

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

06/18/2012

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 Telecom - Armour			
Signature of Authorized Officer: <i>Denny Law</i>		Date: May 23, 2012	
Printed name of Authorized Officer: Denny Law			
Title or position of Authorized Officer: General Manager/CEO			
Telephone number of Authorized Officer: (605) 279-2161 ext.			
Study Area Code of Reporting Carrier	391640	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012

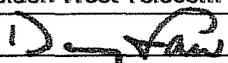
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Golden West Telecom - Armour**

Signature of authorized officer 

Date **May 23, 2012**

Printed name of authorized officer **Denny Law**

Title or position of authorized officer **General Manager/CEO**

Telephone number of authorized officer: **(605) 279-2161**

Study Area Code of Reporting Carrier **391640**

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

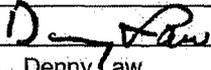
06/18/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Golden West Telecommunications Cooperative, Inc.	
Signature of authorized officer				Date	May 23, 2012
Printed name of authorized officer		Denny Law			
Title or position of authorized officer		General Manager/CEO			
Telephone number of authorized officer:		(605) 279-2161			
Study Area Code of Reporting Carrier	391659	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 Telecommunications Cooperative, Inc.**

Signature of Authorized Officer: 

Date: **May 23, 2012**

Printed name of Authorized Officer: **Denny Law**

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

Telephone number of Authorized Officer: **(605) 279-2161 ext.**

Study Area Code of Reporting Carrier:

391659

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

06/18/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Golden West Telecommunications Cooperative, Inc.**

Signature of authorized officer  Date **May 23, 2012**

Printed name of authorized officer **Denny Law**

Title or position of authorized officer **General Manager/CEO**

Telephone number of authorized officer: **(605) 279-2161**

Study Area Code of Reporting Carrier **391659** Filing Due Date for this form (mm/dd/yyyy) **06/18/2012**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Golden West Telecom - Kadoka**

Signature of authorized officer: *Denny Law*

Date

May 23, 2012

Printed name of authorized officer

Denny Law

Title or position of authorized officer

General Manager/CEO

Telephone number of authorized officer:

(605) 279-2161 ext.

Study Area Code of Reporting Carrier

391667

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

06/18/2012

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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: Golden West Telecom - Kadoka			
Signature of Authorized Officer: <i>Denny Law</i>		Date: May 23, 2012	
Printed name of Authorized Officer: Denny Law			
Title or position of Authorized Officer: General Manager/CEO			
Telephone number of Authorized Officer: (605) 279-2161 ext.			
Study Area Code of Reporting Carrier	391667	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Golden West Telecom - Kadoka

Signature of authorized officer



Date

May 23, 2012

Printed name of authorized officer

Denny Law

Title or position of authorized officer

General Manager/CEO

Telephone number of authorized officer:

(605) 279-2161

Ext.

Study Area Code of Reporting Carrier

391667

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

06/18/2012

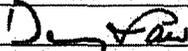
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Golden West Telecom - Sioux Valley**

Signature of authorized officer 

Date **May 23, 2012**

Printed name of authorized officer **Denny Law**

Title or position of authorized officer **General Manager/CEO**

Telephone number of authorized officer: **(605) 279-2161 ext.**

Study Area Code of Reporting Carrier **391677**

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

06/18/2012

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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		Golden West Telecom - Sioux Valley	
Signature of Authorized Officer		Date	May 23, 2012
Printed name of Authorized Officer		Denny Law	
Title or position of Authorized Officer		General Manager/CEO	
Telephone number of Authorized Officer: (605) 279-2161 ext.			
Study Area Code of Reporting Carrier	391677	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Golden West Telecom - Sioux Valley

Signature of authorized officer: 

Date: May 23, 2012

Printed name of authorized officer: Denny Law

Title or position of authorized officer: General Manager/CEO

Telephone number of authorized officer: (605) 279-2161

Study Area: Code of Reporting Carrier: 391677

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

06/18/2012

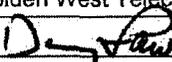
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Golden West Telecom - Union

Signature of authorized officer: 

Date: May 23, 2012

Printed name of authorized officer: Denny Law

Title or position of authorized officer: General Manager/CEO

Telephone number of authorized officer: (605) 279-2161

Study Area Code of Reporting Carrier: 391684

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

06/18/2012

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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.

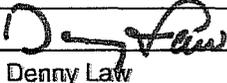
Name of Reporting Carrier: Golden West Telecom - Union			
Signature of Authorized Officer: 		Date: May 23, 2012	
Printed name of Authorized Officer: Denny Law			
Title or position of Authorized Officer: General Manager/CEO			
Telephone number of Authorized Officer: (605) 279-2161 ext.			
Study Area Code of Reporting Carrier	391684	Filing Due Date for this form: (mm/dd/yyyy)	06/18/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Golden West Telecom - Union	
Signature of authorized officer		Date	May 23, 2012
Printed name of authorized officer		Denny Law	
Title or position of authorized officer		General Manager/CEO	
Telephone number of authorized officer:		(605) 279-2161	
Study Area Code of Reporting Carrier	391684	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Golden West Telecom - Vivian**

Signature of authorized officer *Denny Law*

Date **May 23, 2012**

Printed name of authorized officer **Denny Law**

Title or position of authorized officer **General Manager/CEO**

Telephone number of authorized officer: **(605) 279-2161**

Study Area Code of Reporting Carrier **391686**

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

06/18/2012

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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: Golden West Telecom - Vivian			
Signature of Authorized Officer: <i>Denny Law</i>		Date: May 23, 2012	
Printed name of Authorized Officer: Denny Law			
Title or position of Authorized Officer: General Manager/CEO			
Telephone number of Authorized Officer: (605) 279-2161 ext.			
Study Area Code of Reporting Carrier	391686	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Golden West Telecom - Vivian**

Signature of authorized officer *Denny Law*

Date **May 23, 2012**

Printed name of authorized officer **Denny Law**

Title or position of authorized officer **General Manager/CEO**

Telephone number of authorized officer: **(605) 279-2161**

Study Area Code of Reporting Carrier **391686**

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

06/18/2012

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