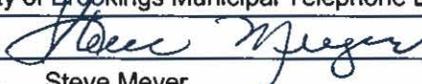


ATTACHMENT A

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	City of Brookings Municipal Telephone Department		
Signature of authorized officer		Date	June 10, 2014
Printed name of authorized officer	Steve Meyer		
Title or position of authorized officer	Executive Vice President / General Manager		
Telephone number of authorized officer:	(605) 692-6325		
Study Area Code of Reporting Carrier	391650	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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