

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Scott Bostrom**

Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=roberts county coop,l=New Effington SD 57255-0197, Date:5/23/2012

Date: **5/23/2012**

Printed name of Authorized Officer: **Scott Bostrom**

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

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

Study Area Code of Reporting Carrier

**391674**

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

**6/18/2012**

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, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier					
I certify that (Name of Agent) <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>ROBERTS COUNTY COOP</u>					
Signature of Authorized Officer: <u>Scott Bostrom</u>				Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=roberts county coop,l=New Effington SD 57255-0197, Date:5/23/2012	
Date: <u>5/23/2012</u>					
Printed name of Authorized Officer: <u>Scott Bostrom</u>					
Title or position of Authorized Officer: <u>General Manager</u>					
Telephone number of authorized officer: <u>605-637-5211</u>					
Study Area Code of Reporting Carrier	<u>391674</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/18/2012</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.					