

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, the 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: SKYLINE TELECOM CO.

Delinda Kluser

Digitally signed by Delinda Kluser DN: cn=Delinda Kluser, email=dkluser@bortelco.net, o=skyline telecom co., l=Mt. Vernon, OR 97865-0609, Date: 5/23/2013

Signature of Authorized Officer or employee:

Date: 5/23/2013

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier

520581

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

6/17/2013

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