

**FCC FORM 1275
CERTIFICATION FOR OPEN VIDEO SYSTEMS**

A. Company Information		
Company Name: Paul Bunyan Rural Telephone Cooperative		
Contact Person: Keith Hunt		
Mailing Address: 1831 Anne St.		
City: Bemidji	State: MN	Zip Code: 56601
Phone Number: 218-444-1234	Fax Number: 218-444-1121	

B. Attach a statement of ownership, including all affiliated entities
see Exhibit 1

C. Eligibility and Compliance Representations			
	Yes	No	N/A
1. If you are a cable operator applying for certification within your cable franchise area, are you qualified to operate an open video system under 47 C.F.R. § 76.1501?			x
2. Do you agree to comply and to remain in compliance with each of the Commission's regulations in 47 C.F.R. §§ 76.1503, 76.1504, 76.1506(m), 76.1508, 76.1509, and 76.1513?	x		
3. Do you agree to comply with the Commission's notice and enrollment requirements for unaffiliated video programming providers?	x		
4. If applicable, do you agree to file changes to your cost allocation manual at least 60 days before the commencement of service?			x

D. System Information			
1. Provide a general description of the anticipated communities or areas to be served upon completion of the system. City of Cohasset, Itasca County, Minnesota			
2. Anticipated Digital Capacity:	N/A	3. Anticipated Analog Capacity:	0
4. If Switched Digital, Anticipated Number of Channel Input Ports:	250		

E. Verification Statement	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503)	
To the best of my knowledge and belief, the representations made herein are accurate according to the most recent information available.	
Name: Paul Freude	Signature: <i>Paul Freude</i>
Title: General Manager	Date: 11/20/2003