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FILED JUN 30, 2014
DOCUMENT NO. 03386-14
FPSC - COMMISSION CLERK

July 1, 2014

Ms. Carlotta Stauffer
Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399

REDACTED

140119-TP

COMMISSION
CLERK

14 JUN 30 PM 3:53

RECEIVED-FPSC

Re: FCC Form 481, Carrier Annual Reporting Data Collection Form

Dear Ms. Stauffer:

Pursuant to section 54.313(i) of the Federal Communications Commission's ("FCC's") rules,¹ BellSouth Telecommunications, LLC d/b/a AT&T Florida hereby provides a copy of its FCC Form 481, Carrier Annual Reporting Data Collection Form that it filed with the FCC on or before June 27, 2014. All eligible telecommunication carriers that receive high-cost and/or low income support must file Form 481 with the FCC in order to continue receiving such support by July 1.

The collection of data and information contained in FCC Form 481 is done pursuant to the FCC's authority in section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254, and sections 54.313 and 54.422 of the Commission's rules, 47 C.F.R. §§ 54.313 and 54.422. The FCC anticipates that state commissions will use the data contained in carriers' FCC Form 481 filings to develop their section 54.314 certifications.²

The Company's 481 filing contains confidential information. Accordingly, the Company also submits for filing its Petition seeking confidential treatment of such material.

If you have any questions concerning this matter please call me to discuss. I can be reached at 850-577-5553.

Sincerely,


MaryRose Sirianni

¹ 47 C.F.R. § 54.313(i).

² See 47 C.F.R. § 54.314(a); *Connect America Fund*, WC Docket No. 10-90 et al., Report and Order and Further Notice of Proposed Rulemaking, 26 FCC Rcd 17663, ¶ 612 (2011).

<010>	Study Area Code	215191
<015>	Study Area Name	SOUTHERN BELL-FL
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Anisa Latif
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2024573068 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	al7161@att.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input type="text" value="0"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	<input type="text" value="0.38"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="text" value="0.13"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">LINE 510 Description_Service Quality and Consumer Protection.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">Line 600_610 ATT_Preparedness_Statement_-_Standard.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; padding: 2px;">Line 1000 and 1010.pdf</div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	215191
<015> Study Area Name	SOUTHERN BELL-FL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035> Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	a17161@att.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	215191
<015> Study Area Name	SOUTHERN BELL-FL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035> Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	a17161@att.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	215191
<015>	Study Area Name	SOUTHERN BELL-FL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	a17161@att.com

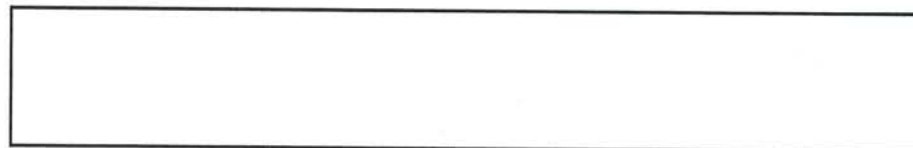
<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	215191
<015>	Study Area Name	SOUTHERN BELL-FL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	al7161@att.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP <http://cpr.att.com/pdf/f1/g003.pdf>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	215191
<015>	Study Area Name	SOUTHERN BELL-FL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	a17161@att.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	215191
<015>	Study Area Name	SOUTHERN BELL-FL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	a17161@att.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

[Empty box for document listing]

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

[Empty box for document listing]

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)
(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

[Empty box for document listing]

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

[Empty box for document listing]

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	215191
<015>	Study Area Name	SOUTHERN BELL-FL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	al7161@att.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	SOUTHERN BELL-FL
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/26/2014
Printed name of Authorized Officer:	JERRIE KERTZ
Title or position of Authorized Officer:	SVP - NETWORK OPERATIONS, PLANNING AND SUPPORT
Telephone number of Authorized Officer:	2147574630 ext.
Study Area Code of Reporting Carrier:	215191 Filing Due Date for this form: 07/01/2014
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.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	215191
<015> Study Area Name	SOUTHERN BELL-FL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035> Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	a17161@att.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ 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 annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<small>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.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<small>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.</small>	

Attachments

Confidential Exhibit

**REDACTED – FOR PUBLIC
DISCLOSURE**

Line 200 – Service Outage
Reporting (Voice) Data
Collection Form

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 215191
 <015> Study Area Name SOUTHERN BELL-FL
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Anisa Latif
 <035> Contact Telephone Number - Number of person identified in data line <030> 2024573068 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> a17161@att.com

<701> Residential Local Service Charge Effective Date

1/1/2014

 <702> Single State-wide Residential Local Service Charge

--

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
FL	Belle Glade		FR	20.21	0.0	0.0	0.0	20.21
FL	Cedar Key		FR	20.21	0.0	0.0	0.0	20.21
FL	Chiefland		FR	20.21	0.0	0.0	0.0	20.21
FL	Chipley		FR	20.21	0.0	0.0	0.0	20.21
FL	Cross City		FR	20.21	0.0	0.0	0.0	20.21
FL	Old Town		FR	20.21	0.0	0.0	0.0	20.21
FL	Pahokee		FR	20.21	0.0	0.0	0.0	20.21
FL	Vernon		FR	20.21	0.0	0.0	0.0	20.21
FL	Bunnell		FR	20.21	0.0	0.0	0.0	20.21
FL	Fernandina Bch.		FR	20.21	0.0	0.0	0.0	20.21
FL	Flagler Beach		FR	20.21	0.0	0.0	0.0	20.21
FL	Graceville		FR	20.21	0.0	0.0	0.0	20.21
FL	Lake City		FR	20.21	0.0	0.0	0.0	20.21
FL	New Symrna		FR	20.21	0.0	0.0	0.0	20.21
FL	Oak Hill		FR	20.21	0.0	0.0	0.0	20.21
FL	Palatka		FR	20.21	0.0	0.0	0.0	20.21
FL	Palm Coast		FR	20.21	0.0	0.0	0.0	20.21
FL	Pierson		FR	20.21	0.0	0.0	0.0	20.21
FL	Pomona Park		FR	20.21	0.0	0.0	0.0	20.21
FL	Welaka		FR	20.21	0.0	0.0	0.0	20.21
FL	Yankeetown		FR	20.21	0.0	0.0	0.0	20.21

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 215191
 <015> Study Area Name SOUTHERN BELL-FL
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 <035> Contact Telephone Number - Number of person identified in data line <030> 2024573068 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> a17161@att.com

<701> Residential Local Service Charge Effective Date
 <702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
FL	Big Pine Key		FR	20.21	0.0	0.0	0.0	20.21
FL	Brooksville		FR	20.21	0.0	0.0	0.0	20.21
FL	DeLand		FR	20.21	0.0	0.0	0.0	20.21
FL	DeLeon Springs		FR	20.21	0.0	0.0	0.0	20.21
FL	Hawthorne		FR	20.21	0.0	0.0	0.0	20.21
FL	Islamorada		FR	20.21	0.0	0.0	0.0	20.21
FL	Key Largo		FR	20.21	0.0	0.0	0.0	20.21
FL	Key West		FR	20.21	0.0	0.0	0.0	20.21
FL	Lynn Haven		FR	20.21	0.0	0.0	0.0	20.21
FL	Marathon		FR	20.21	0.0	0.0	0.0	20.21
FL	Micanopy		FR	20.21	0.0	0.0	0.0	20.21
FL	N. Key Largo		FR	20.21	0.0	0.0	0.0	20.21
FL	Panama City		FR	20.21	0.0	0.0	0.0	20.21
FL	Panama City Bch.		FR	20.21	0.0	0.0	0.0	20.21
FL	Sugarloaf Key		FR	20.21	0.0	0.0	0.0	20.21
FL	Sunny Hills		FR	20.21	0.0	0.0	0.0	20.21
FL	Trenton		FR	20.21	0.0	0.0	0.0	20.21
FL	Vero Beach		FR	20.21	0.0	0.0	0.0	20.21
FL	Weekiwachee		FR	20.21	0.0	0.0	0.0	20.21
FL	Youngstown		FR	20.21	0.0	0.0	0.0	20.21
FL	Archer		FR	21.0	0.0	0.0	0.0	21.0

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 215191
 <015> Study Area Name SOUTHERN BELL-FL
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Anisa Latif
 <035> Contact Telephone Number - Number of person identified in data line <030> 2024573068 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> a17161@att.com

<701> Residential Local Service Charge Effective Date 1/1/2014
 <702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
FL	Bronson		FR	21.0	0.0	0.0	0.0	21.0
FL	Cantonment		FR	21.0	0.0	0.0	0.0	21.0
FL	Daytona Beach		FR	21.0	0.0	0.0	0.0	21.0
FL	DeBary		FR	21.0	0.0	0.0	0.0	21.0
FL	Dunnellon		FR	21.0	0.0	0.0	0.0	21.0
FL	Ft. Pierce		FR	21.0	0.0	0.0	0.0	21.0
FL	Gainesville		FR	21.0	0.0	0.0	0.0	21.0
FL	Jensen Beach		FR	21.0	0.0	0.0	0.0	21.0
FL	Keystone Hts.		FR	21.0	0.0	0.0	0.0	21.0
FL	Newberry		FR	21.0	0.0	0.0	0.0	21.0
FL	Sebastian		FR	21.0	0.0	0.0	0.0	21.0
FL	Stuart		FR	21.0	0.0	0.0	0.0	21.0
FL	Titusville		FR	21.0	0.0	0.0	0.0	21.0
FL	Eau Gallie		FR	21.0	0.0	0.0	0.0	21.0
FL	Gulf Breeze		FR	21.0	0.0	0.0	0.0	21.0
FL	Havana		FR	21.0	0.0	0.0	0.0	21.0
FL	Hobe Sound		FR	21.0	0.0	0.0	0.0	21.0
FL	Holley-Navarre		FR	21.0	0.0	0.0	0.0	21.0
FL	Jay		FR	21.0	0.0	0.0	0.0	21.0
FL	Melbourne		FR	21.0	0.0	0.0	0.0	21.0
FL	Milton		FR	21.0	0.0	0.0	0.0	21.0

(700) Price Offerings including Voice Rate Data
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<039>	Contact Email Address - Email Address of person identified in data line <030>	a17161@att.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
FL	Munson		FR	21.0	0.0	0.0	0.0	21.0
FL	Pace		FR	21.0	0.0	0.0	0.0	21.0
FL	Pensacola		FR	21.0	0.0	0.0	0.0	21.0
FL	Port St. Lucie		FR	21.0	0.0	0.0	0.0	21.0
FL	Cocoa		FR	21.0	0.0	0.0	0.0	21.0
FL	Cocoa Beach		FR	21.0	0.0	0.0	0.0	21.0
FL	Baldwin		FR	21.0	0.0	0.0	0.0	21.0
FL	Delray Beach		FR	21.0	0.0	0.0	0.0	21.0
FL	Yulee		FR	21.0	0.0	0.0	0.0	21.0
FL	Boca Raton		FR	21.0	0.0	0.0	0.0	21.0
FL	Green Cove Spg.		FR	21.0	0.0	0.0	0.0	21.0
FL	Jacksonvl. Bch.		FR	21.0	0.0	0.0	0.0	21.0
FL	Jupiter		FR	21.0	0.0	0.0	0.0	21.0
FL	Maxville		FR	21.0	0.0	0.0	0.0	21.0
FL	Middleburg		FR	21.0	0.0	0.0	0.0	21.0
FL	Orange Park		FR	21.0	0.0	0.0	0.0	21.0
FL	Ponte Vedra		FR	21.0	0.0	0.0	0.0	21.0
FL	West Palm Beach		FR	21.0	0.0	0.0	0.0	21.0
FL	Boynton Beach		FR	21.0	0.0	0.0	0.0	21.0
FL	Jacksonville		FR	21.0	0.0	0.0	0.0	21.0
FL	St. Johns		FR	21.0	0.0	0.0	0.0	21.0

(800) Operating Companies**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Anisa Latif
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024573068 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	al7161@att.com
<810>	Reporting Carrier	AT&T Florida
<811>	Holding Company	AT&T Inc.
<812>	Operating Company	BellSouth Telecommunications LLC

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	AT&T CORP	549004	AT&T Corp.
	AT&T MOBILITY PUERTO RICO, INC.	639005	AT&T Mobility
	AT&T MOBILITY, LLC	199009	AT&T Mobility
	AT&T MOBILITY, LLC	259908	AT&T Mobility
	AT&T MOBILITY, LLC	399015	AT&T Mobility
	AT&T MOBILITY, LLC	529910	AT&T Mobility
	AT&T MOBILITY, LLC	539010	AT&T Mobility
	BELLSOUTH TELECOMMUNICATIONS, LLC	215191	AT&T Florida
	BELLSOUTH TELECOMMUNICATIONS, LLC	225192	AT&T Georgia
	BELLSOUTH TELECOMMUNICATIONS, LLC	235193	AT&T North Carolina
	BELLSOUTH TELECOMMUNICATIONS, LLC	245194	AT&T South Carolina
	BELLSOUTH TELECOMMUNICATIONS, LLC	255181	AT&T Alabama
	BELLSOUTH TELECOMMUNICATIONS, LLC	265182	AT&T Kentucky
	BELLSOUTH TELECOMMUNICATIONS, LLC	275183	AT&T Louisiana
	BELLSOUTH TELECOMMUNICATIONS, LLC	285184	AT&T Mississippi
	BELLSOUTH TELECOMMUNICATIONS, LLC	295185	AT&T Tennessee
	CRICKET COMMUNICATIONS, INC.	409034	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	459009	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	549009	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	469012	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	579006	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	229023	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	479014	Cricket Communications

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<810>	Reporting Carrier	AT&T Florida
<811>	Holding Company	AT&T Inc.
<812>	Operating Company	BellSouth Telecommunications LLC

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	CRICKET COMMUNICATIONS, INC.	349028	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	329017	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	419025	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	269035	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	189008	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	429012	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	239027	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	379024	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	499014	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	559014	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	159025	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	309011	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	439053	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	539009	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	179017	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	249001	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	299024	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	449065	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	509008	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	199017	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	529017	Cricket Communications
	CRICKET COMMUNICATIONS, INC.	339035	Cricket Communications
	GEORGIA RSA#8 PARTNERSHIP	229014	Allied Wireless (relinquished 5/20/2014)

(800) Operating Companies
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<810> Reporting Carrier AT&T Florida
<811> Holding Company AT&T Inc.
<812> Operating Company BellSouth Telecommunications LLC

<813>	<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
	ILLINOIS BELL TELEPHONE COMPANY	345070	AT&T Illinois
	INDIANA BELL TELEPHONE COMPANY, INC.	325080	AT&T Indiana
	MICHIGAN BELL TELEPHONE COMPANY	315090	AT&T Michigan
	NEVADA BELL TELEPHONE COMPANY	555173	AT&T Nevada
	NEW CINGULAR WIRELESS PCS, LLC	209012	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	269905	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	279010	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	289912	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	319026	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	339920	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	389015	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	409004	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	449022	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	479006	AT&T Mobility
	NEW CINGULAR WIRELESS PCS, LLC	619004	AT&T Mobility
	PACIFIC BELL TELEPHONE COMPANY	545170	AT&T California
	SOUTHWESTERN BELL TELEPHONE COMPANY	405211	AT&T Arkansas
	SOUTHWESTERN BELL TELEPHONE COMPANY	415214	AT&T Kansas
	SOUTHWESTERN BELL TELEPHONE COMPANY	425213	AT&T Missouri
	SOUTHWESTERN BELL TELEPHONE COMPANY	435215	AT&T Oklahoma
	SOUTHWESTERN BELL TELEPHONE COMPANY	445216	AT&T Texas
	THE OHIO BELL TELEPHONE COMPANY	305150	AT&T Ohio
	THE SOUTHERN NEW ENGLAND TELEPHONE CO.	135200	AT&T Connecticut

