REQUEST TO ESTABLISH DOCKET (Please type or print. File original with CLK.)					
Date:	6/12/20	23			
1. From Division / Staff:		Staff:	Office Of Industry Development And Markey Analysis/S. Nave 5.0		
2. OPR: IDM					
3. OCR:	GCL				
4. Suggested Docket Title:			2024 State certification under 47 requirements for high-cost recip telecommunications carriers.	<u>C.F.R. §54.313 and §54.314, annual reporting pients and certification of support for eligible</u>	
5. Program/Module/Submod			ule Assignment:	A19, B11	
6. Sugges	ted Docl	ket Mailing	g List		
a. Provide NAMES/ACI		MES/ACR	ONYMS, if registered company	➢ Provided as an Attachment	
Company if applicat		Parties (include a see attach	address, if different from MCD): ned	Representatives (name and address):	
				rs (match representatives to companies)	
Company if applicat			d persons, if any, address, if different from MCD):	Representatives (name and address):	
7. Check o			oorting documentation attached	To be provided with Recommended ion Contraction Contr	
Comments	s:				

S,N

Company Code	Company Complete Name		
TL710	Frontier Florida LLC		
TL712	ITS Telecommunications Systems, LLC d/b/a Blue Stream Fiber		
TL715	Northeast Florida Telephone Company d/b/a NEFCOM		
TL716	Windstream Florida, LLC		
TL718	Quincy Telephone Company d/b/a TDS Telecom		
TL719	Consolidated Communications of Florida Company		
TL727	CenturyLink of Florida, Inc.		
TL731	Smart City Telecommunications LLC d/b/a Smart City Telecom		
TL732	Frontier Communications of the South, LLC		
TX215	Knology of Florida, Inc. d/b/a WOW! Internet, Cable and Phone		
TX631	Bright House Networks Information Services (Florida), LLC		

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