

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	6/4/14	Docket No.:	DOCKET NO. 140119-TP
1. From Division / Staff:	TEL		
2. OPR:	Fogleman, Williams <i>[Handwritten initials]</i>		
3. OCR:	Teitzman		
4. Suggested Docket Title:	2015 State certification §54.313 and §54.314, annual reporting requirements for high-cost recipients, and certification of support for eligible telecommunications carriers.		
5. Program/Module/Submodule Assignment:	A19, B11		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TL716	Windstream Florida, Inc.		
TL732	Frontier Communications of the South, LLC		
TL719	GTC, Inc. d/b/a Fairpoint Communications		
TL712	ITS Telecommunications System, Inc.		
TL715	NEFCOM		
TL718	TDS Telecom		
TL731	Smart City Telecom		
TL720	BellSouth Telecommunications d/b/a AT&T Southeast		
TL710	Verizon Florida LLC		
TL727	Embarq Florida, Inc. d/b/a CenturyLink		
TX215	Knology of FL, Inc. d/b/a WOW! Internet, Cable and Phone		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input type="checkbox"/> Supporting Documentation Attached		<input checked="" type="checkbox"/> To be provided with Recommendation
Comments:			