

RECEIVED-FPSC

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COMMISSION
CLERK

Martin Corcoran
Director, Regulatory Affairs
7401 Florida Boulevard
Baton Rouge, LA 70805-4639
(404) 269-5556 (voice)
(225) 930-2498 (fax)
martin.corcoran@cox.com



Via Express Mail

July 10, 2014

Florida Public Service Commission
Attn: Ms. Ann Cole
Office of the Commission Clerk
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0870

RE: **Cox Florida Telcom, L.P. ("Cox") - TA027**
Annual Reporting for Eligible Telecommunications Carriers Receiving Low-Income Support:
FCC Form 481 – Carrier Annual Reporting Data Collection Form

Dear Ms. Cole:

In accordance with federal and state ETC requirements, enclosed please find a copy of Cox's Carrier Annual Reporting Data Collection Form (FCC Form 481), filed pursuant to C.F.R § 54.422.

Should you have any questions about Cox's FCC Form 481 filing or require additional information, please do not hesitate to contact me.

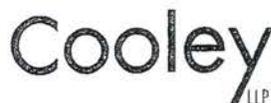
Respectfully submitted,

Leslie McLaughlin
Analyst, Regulatory Affairs

Enclosure

- COM _____
- AFD _____
- APA _____
- ECO _____
- ENG _____
- GCL _____
- IDM _____
- TEL 3 _____
- CLK _____

cc: Bob Casey, Public Utilities Supervisor
Beth W. Salak, Director of Telecommunications
Martin J. Corcoran, Director, Regulatory Affairs, Cox
Jay Bradbury, Director, Regulatory Operations, Cox



STAMP & RETURN

J.G. Harrington
T: +1 202 776 2818
jgharrington@cooley.com

BY HAND DELIVERY

June 24, 2014

Marlene H. Dortch, Esquire
Office of the Secretary
Federal Communications Commission
445 12th Street, S.W.
Suite TW-A325
Washington, D.C. 20554

Accepted/Files

JUN 24 2014

Federal Communications Commission
Office of the Secretary

RE: Cox Communications, Inc. and Its Affiliates
WC Docket Nos. 10-90 and 11-42
2013 Form 481 Filings
Request for Confidentiality

Dear Ms. Dortch:

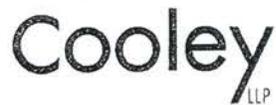
Cox Communications, Inc. (Cox), by its attorney and pursuant to Section 0.459 of the Commission's rules,¹ hereby requests that the Commission afford confidential treatment to designated portions of the attached Form 481 reports being filed on behalf of affiliates of Cox.

This request is limited to specific information relating to unfulfilled service requests, customer complaints and outages contained in three of the fourteen reports being filed by Cox.² Cox requests confidentiality on two grounds. First, the information contained in these exhibits is commercially sensitive to Cox. The reports include specific information on the number of times Cox denied service to customers and how it determines when it can provide service, how often customers complained and the origins, extents and resolution of service outages. This information would be valuable to competitors that could use it in devising marketing plans and other competitive responses to Cox. As a consequence, Cox does not release any of this information to the public and takes specific steps to maintain the security of this information within the company.

Second, this information already is treated as confidential by the other entities receiving it, including the Universal Service Administrative Company and the relevant state regulators. Disclosure of this information would affect the other entities' ability to obtain relevant data from

¹ 47 C.F.R. § 0.459.

² The affected reports concern Cox Georgia Telcom, LLC, Cox Louisiana Telcom, LLC and Cox Oklahoma Telcom, LLC. The confidential information is in lines 300 and 410 and the attachment concerning Cox's process for considering service requests of the reports for each of these entities and in the table on page 15 of the reports for Cox Louisiana Telcom and Cox Oklahoma Telcom.



Marlene H. Dortch, Esq.
June 24, 2014
Page Two

the companies they regulate because they would know any data they filed would be subject to disclosure at the Commission. Further, outage data already is treated as confidential by the Commission when it is submitted to the Commission's Network Outage Reporting System.

Each of these grounds is sufficient under Section 0.457(d) of the Commission's rules³ to maintain the confidentiality of the designated section of the Section 54.313 report. For these reasons, Cox requests that the Commission maintain the confidentiality of the designated portions of Cox's Form 481 reports.

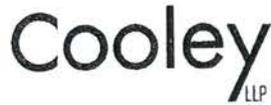
Please inform me if any questions should arise in connection with this request.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "J.G. Harrington".

J.G. Harrington
Counsel to Cox Communications, Inc.

³ 47 C.F.R. § 0.457(d).



J.G. Harrington
T: +1 202 776 2818
jgharrington@cooley.com

BY HAND DELIVERY

CONFIDENTIAL – NOT FOR PUBLIC INSPECTION

June 24, 2014

Marlene H. Dortch, Esquire
Office of the Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

**RE: Cox Communications, Inc. and Its Affiliates
WC Docket Nos. 10-90 and 11-42
2014 Form 481 Filings**

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's rules Cox Communications, Inc. ("Cox"), by its attorney, hereby submits its Form 481 reports for 2014 for the affiliates listed below.

Filings are being submitted on behalf of the following entities:

- Cox Arizona Telcom, LLC (SPIN 143014467, SAC 459012)
- Cox Arkansas Telcom, LLC (SPIN 143022568, SAC 409029)
- Cox California Telcom, LLC (SPIN 143000014, SAC 549017)
- Cox Connecticut Telcom, LLC (SPIN 143016029, SAC 139001)
- Cox Florida Telcom LP (SPIN 143002897, SAC 219019)
- Cox Georgia Telcom, LLC (SPIN 143008929, SAC 229011)
- Cox Iowa Telcom, LLC (SPIN 143018824, SAC 359019)
- Cox Kansas Telcom, LLC (SPIN 143006715, SAC 419021)
- Cox Louisiana Telcom, LLC (SPIN 143016765, SAC 279011)
- Cox Nebraska Telcom II, LLC (SPIN 143015410, SAC 379001)
- Cox Nevada Telcom, LLC (SPIN 143017743, SAC 559017)
- Cox Oklahoma Telcom, LLC (SPIN 143005575 SAC 439003)
- Cox Rhode Island Telcom, LLC (SPIN 143-17674, SAC 589001)
- Cox Virginia Telcom, LLC (SPIN 143000013, SAC 199018)



Marlene H. Dortch, Esq.
June 24, 2014
Page Two

These filings were submitted to the Universal Service Administrative Company via electronic filing on June 19, 2014 and on June 20 (as to Georgia, Louisiana, and Oklahoma) and will be submitted to the state regulators in the states served by these companies on or before July 1, 2014.

Please inform me if any questions should arise in connection with this submission.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "J.G. Harrington".

J.G. Harrington
Counsel to Cox Communications, Inc.

Attachments (14)

Cox Florida Telcom, LLC

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telecom LP
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
--	----------------------------------	----------------------------------

			(check box when complete)	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<210>	<input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410>	Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<420>	Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<510>		<i>(attached descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<610>		<i>(attached descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>		<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" 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>		<i>(check to indicate certification)</i>		
<2005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		<i>(check to indicate certification)</i>		
<3005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" 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	219019
<015>	Study Area Name	Cox Florida Telecom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) <input type="radio"/> <input type="radio"/>
<111>	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 documents(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		<input type="checkbox"/>
<114> Report how much universal service (USF) support was received		<input type="checkbox"/>
<115> How (USF) was used to improve service quality		<input type="checkbox"/>
<116> How (USF) was used to improve service coverage		<input type="checkbox"/>
<117> How (USF) was used to improve service capacity		<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.		<input type="checkbox"/>

(900) Tribal Lands 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	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.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)
<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); width: 100%; height: 100%;"></div>

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3050-0985/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.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	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.cox.com/residential/phone/lifeline.cox>

"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 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.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 FCC Form 481
Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0815
July 2013

<010> Study Area Code 219019
 <015> Study Area Name Cox Florida Telcom LP
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Jay Bradbury
 <035> Contact Telephone Number - Number of person identified in data line <030> 4042699190 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.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))
 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))
 Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held RCR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) Yes No
 (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
 Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No) 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
 Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 981 OMB Control No. 3050-0582/OMB Control No. 3060-0619 July 2015
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<010> Study Area Code	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.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: Cox Florida Telcom LP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/19/2014
Printed name of Authorized Officer: Jolava Philpott	
Title or position of Authorized Officer: Vice President, Regulatory Affairs	
Telephone number of Authorized Officer: 4042690983 ext.	
Study Area Code of Reporting Carrier: 219019	Filing Due Date for this form: 06/30/2014
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	PCC Form 481 OMB Control No. 3060-0046/UMS Control No. 3060-0815 July 2013
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<010> Study Area Code	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.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: _____
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.	

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: _____
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.	