~			REQUEST TO ESTABL (Please type or print. File ori		
Date:	5/27/20	21			
1. From Division / S		Staff:	Office Of Industry Development And Market Analysis/E. Wooten		
2. OPR: IDM					
3. OCR:	GCL				
4. Suggested Docket Title: 2022 State certification under 47 C.F.R. §54.313 and §54.314, annual reporting requirements for high-cost recipients and certification of support for eligible telecommunications carriers.					
5. Program/Module/Submod			lule Assignment:	A19, B11	
6. Suggested Docket Mailing List					
a. Provide NAMES/ACRONYMS, if			ONYMS, if registered company	☐ Provided as an Attachment	
if applicable:		Parties (include address, if different from MCD): See attached		Representatives (name and address):	
		MDI ETE	NAME AND ADDRESS for all other	re (match representatives to companies)	
b. Provide COMPLETE NAME AND ADDRESS for all others (match representatives to companies) Company Code, Interested persons, if any,					
if applica			address, if different from MCD):	Representatives (name and address):	
Ain				COMMISSION CLEXX	
7. Check	one:	☐ Supp	porting documentation attached		
Comment	s:				

Company Code		Company Complete Name		
TL710		Frontier Florida LLC		
	TL712	ITS Telecommunications Systems, Inc. d/b/a ITS 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		
	TL720	BellSouth Telecommunications, LLC d/b/a AT&T Florida d/b/a AT&T Southeast		
	TL727	Embarq Florida, Inc. d/b/a CenturyLink		
	TL731	Smart City Telecommunications LLC d/b/a Smart City Telecom		
	TL 732	Frontier Communications of the South, LLC		
	TX215	Knology of Florida, Inc. d/b/a WOW! Internet, Cable and Phone		