

**Stephanie D. Marsh**  
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Little Rock, AR 72212  
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January 22, 2026

Clerk's Office  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399

Filed Electronically

Re: FCC Form 555-Annual Lifeline Eligible Telecommunications Carrier  
Certification Form

Dear Sir or Madam:

Attached, please find a copy of the Windstream Telecommunications Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555); the originals were filed with the Universal Service Administrative Company and the FCC via online submission on January 21, 2026, and January 22, 2026, respectively.

Pursuant to Section 54.410 of the Federal Communications Commission's rules, the annual reporting requirements and certifications for the following Windstream Study Area Codes 210336 and 219027 in the state of Florida.

Should you have any questions regarding this submission, please contact me at (501) 748-7897 or via email at [stephanie.d.marsh@windstream.com](mailto:stephanie.d.marsh@windstream.com).

Sincerely,

*Stephanie D. Marsh*

Stephanie D. Marsh

Attachments

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

**Deadline: January 31st (Annually)**

210336	143030766
Study Area Code (SAC)	Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>	
2025	FL
Recertification Year	State
Windstream Communications, LLC	
ETC Name	
Windstream Holdings, Inc.	
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do not leave blank)</i>	Holding Company Name <i>(If same as ETC name, list "N/A" Do not leave blank)</i>

**Does the reporting company have affiliated ETCs? Yes  No**

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

Affiliated ETC's SAC	Affiliated ETC's Name
219027	Windstream Communications, LLC

**Initial Certification** *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial TL

**Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

*Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.*

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from:    state Lifeline administrator   X   National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial TL

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial

## ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes  No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

## Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Tim Loken

\_\_\_\_\_  
Signature of Officer

Tim.P.Loken@windstream.com

\_\_\_\_\_  
Email Address of Officer

Stephanie D. Marsh

\_\_\_\_\_  
Person Completing This Certification Form

Tim Loken - Director

\_\_\_\_\_  
Printed Name and Title of Officer

01-21-2026

\_\_\_\_\_  
Date

501-748-7897

\_\_\_\_\_  
Contact Phone Number

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**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

**Deadline: January 31st (Annually)**

219027	143033358
Study Area Code (SAC)	Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>	
2025	FL
Recertification Year	State
Windstream Communications, LLC	ETC Name
Windstream Services, LLC	Holding Company Name
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do not leave blank)</i>	<i>(If same as ETC name, list "N/A" Do not leave blank)</i>

**Does the reporting company have affiliated ETCs? Yes  No**

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Affiliated ETC's SAC	Affiliated ETC's Name
210336	Windstream Communications, LLC

**Initial Certification** *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial TL

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Initial TL

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial

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## Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Tim Loken

\_\_\_\_\_  
Signature of Officer

Tim.P.Loken@windstream.com

\_\_\_\_\_  
Email Address of Officer

Stephanie D. Marsh

\_\_\_\_\_  
Person Completing This Certification Form

Tim Loken - Director

\_\_\_\_\_  
Printed Name and Title of Officer

01-21-2026

\_\_\_\_\_  
Date

501-748-7897

\_\_\_\_\_  
Contact Phone Number