			REQUEST TO ESTABL (Please type or print. File or		
Date:	5/23/20	18			
1. From Division / Staff:		Staff:	Office Of Industry Development And Market Analysis/E. Wooten $EW$		
2. OPR: IDM					
3. OCR: GCL					
4. Suggested Docket Title:		ket Title:	2019 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/Submo		e/Submo	dule Assignment:	A19, B11	
6. Sugges	sted Doc	ket Mailin	ig List		
a. Provide NA		AMES/ACRONYMS, if registered company		Provided as an Attachment	
Company if applica	ble:	See attac		Representatives (name and address):	
Company if applica	Code,	Intereste	ed persons, if any, address, if different from MCD):	Representatives (name and address):	
7. Check		🗌 Sup	porting documentation attached	To be provided with Recommendation	
				EIVED-FPSC 23 PH 1:58 0LERK	

Company Code	Company Complete Name		
TL710	Frontier Florida LLC		
TL712	ITS Telecommunications Systems, Inc.		
TL715	Northeast Florida Telephone Company d/b/a NEFCOM		
TL716	Windstream Florida, LLC		
TL718	Quincy Telephone Company d/b/a TDS Telecom		
TL719	GTC, Inc. d/b/a Consolidated Communications/GTC		
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		
TL732	Frontier Communications of the South, LLC		
TX215	Knology of Florida, Inc. d/b/a WOW! Internet, Cable and Phone		