			REQUEST TO ESTABL (Please type or print. File or		
Date:	4/11/20	22			
1. From Division / Sta		Staff:	Office of Industry Development and Market Analysis/E. Wooten EW		
2. OPR: IDM					
3. OCR: GCL					
4. Suggested Docket Titl		et Title:	2023 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/Su		e/Submo	dule Assignment:	A19, B11	
6. Sugges	sted Doc	ket Mailin	g List		
a. Provide NA		AMES/ACRONYMS, if registered company		Provided as an Attachment	
Company if applica		Parties (include See attac	address, if different from MCD):	Representatives (name and address):	
b. Pro	ovide CO	MPLETE	NAME AND ADDRESS for all othe	rs (match representatives to companies)	
Company if applica			ed persons, if any, address, if different from MCD):	Representatives (name and address):	
7. Check o		🗌 Sup	porting documentation attached	To be provided with Recommendation	
				VED-FPSC IN AN ID: 37 MISSION CLERK	

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		
TL732	Frontier Communications of the South, LLC		
TX215	Knology of Florida, Inc. d/b/a WOW! Internet, Cable and Phone		