fidium

July 2, 2026

Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

Re: Consolidated Communications of Florida Company (TL719) – Compliance with 47 CFR §54.313 and §54.314

Dear Secretary:

Enclosed please find Consolidated Communications of Florida Company's affidavit in support of its use of federal universal service funds and to facilitate certification by the Florida Public Service Commission to the Federal Communications Commission as contemplated in 47 C.F.R. §54.314.

If you have any questions regarding this filing, please contact me at the email address below.

Sincerely,

Beth Westman

Beth Westman
Sr. Regulatory Services Specialist
Consolidated Communications
beth.westman@fidium.com
207-535-4249

AFFIDAVIT

BEFORE ME, the undersigned authority appeared David R. Herrick, who deposed and said:

1. My name is David R. Herrick. I am employed by Consolidated Communications of Florida Company, LLC (the "Company") as its SVP and Chief Accounting Officer. I am authorized to give this affidavit on behalf of the Company. This affidavit is being given to support the **Florida** Public Service Commission's certification as contemplated in 47 C.F.R. §54.314.

2. The Company hereby certifies that the federal high-cost universal service support the Company received in the previous year and will receive in coming year was and will be used for the services and functionalities outlined in 47 C.F.R. §54.101(a), and that it will only use the federal high-cost support it receives for the provision, maintenance and upgrading of facilities and services for which such support is intended, consistent with section 254(e) of the Act.

FURTHER AFFIANT SAYETH NOT.

Signature

SVP and Chief Accounting Officer
Title

STATE OF CALIFORNIA

COUNTY OF SUTTER

Acknowledged before me, a notary public, this 22ND day of JUNE, 2026, by _____, as _____ for Consolidated Communications of Florida Company, who is personally known to me or produced identification and who did take an oath.

_____
Notary

SEE ATTACHED
06-22-2026
VGUPTA

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of SUTTER)

On 06-22-2026 *Date* before me, VANNI GUPTA - Notary Public, *Here Insert Name and Title of the Officer*

personally appeared DAVID R. HERRICK *Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

VANNI GUPTA
COMM. # 2540169
NOTARY PUBLIC - CALIFORNIA
SUTTER COUNTY
COMM. EXPIRES DEC. 27, 2029

Signature VGUPTA
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit
Document Date: 06-22-2026 Number of Pages: 1
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☑ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____