Cooley LLP

J.G. Harrington
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REDACTED FOR PUBLIC INSPECTION

June 22, 2015

VIA HAND DELIVERY

Marlene H. Dortch, Esquire
Office of the Secretary
Federal Communications Commission
445 12th Street, S.W.
Suite TW-A325
Washington, D.C. 20554

Re: Cox Communications, Inc. and Its Affiliates
WC Docket Nos. 10-90 and 11-42
2015 Form 481 Filings
Request for Confidentiality

Dear Ms. Dortch:

Cox Communications, Inc. (Cox), by its attorney and pursuant to Section 0.459 of the Commission's rules,[1] hereby requests that the Commission afford confidential treatment to designated portions of the attached Form 481 reports being filed on behalf of affiliates of Cox. The confidential version of this submission is being filed with the Secretary's Office and the public version is being filed with the Secretary's Office and via ECFS.

This request is limited to specific information relating to unfulfilled service requests, customer complaints and outages contained in three of the fourteen reports being filed by Cox.[2] Cox requests confidentiality on two grounds. First, the information contained in these exhibits is commercially sensitive to Cox. The reports include specific information on the number of times Cox denied service to customers and how it determines when it can provide service, how often customers complained and the origins, extents and resolution of service outages. This

[1] 47 C.F.R. § 0.459.

[2] The affected reports concern Cox Georgia Telcom, LLC, Cox Louisiana Telcom, LLC and Cox Oklahoma Telcom, LLC. The confidential information is in lines 300 and 410; in the attachment concerning Cox's process for considering service requests; and in the table on page 15 of the reports of the reports for each of these entities.

information would be valuable to competitors that could use it in devising marketing plans and other competitive responses to Cox. As a consequence, Cox does not release any of this information to the public and takes specific steps to maintain the security of this information within the company.

Second, this information already is treated as confidential by the other entities receiving it, including the Universal Service Administrative Company and the relevant state regulators. Disclosure of this information would affect the other entities' ability to obtain relevant data from the companies they regulate because they would know any data they filed would be subject to disclosure at the Commission. Further, outage data already is treated as confidential by the Commission when it is submitted to the Commission's Network Outage Reporting System.

Each of these grounds is sufficient under Section 0.457(d) of the Commission's rules[3] to maintain the confidentiality of the designated section of the Section 54.313 report. For these reasons, Cox requests that the Commission maintain the confidentiality of the designated section of Cox's Section 54.313 report.

Please inform me if any questions should arise in connection with this request.

Respectfully submitted,

J.G. Harrington

Counsel to Cox Communications

[3] 47 C.F.R. § 0.457(d).

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June 22, 2015

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

Re: Cox Communications, Inc. and Its Affiliates
WC Docket Nos. 10-90 11-42 and 14-58
2015 Form 481 Filings

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's rules Cox Communications, Inc. ("Cox"), by its attorney, hereby submits its Form 481 reports for 2015 for the affiliates listed below.

Filings are being submitted on behalf of the following entities:

- Cox Arizona Telcom, LLC (SPIN 143014467, SAC 459012)
- Cox Arkansas Telcom, LLC (SPIN 143022568, SAC 409029)
- Cox California Telcom, LLC (SPIN 143000014, SAC 549017)
- Cox Connecticut Telcom, LLC (SPIN 143016029, SAC 139001)
- Cox Florida Telcom LP (SPIN 143002897, SAC 219019)
- Cox Georgia Telcom, LLC (SPIN 143008929, SAC 229011)
- Cox Iowa Telcom, LLC (SPIN 143018824, SAC 359019)
- Cox Kansas Telcom, LLC (SPIN 143006715, SAC 419021)
- Cox Louisiana Telcom, LLC (SPIN 143016765, SAC 279011)
- Cox Nebraska Telcom II, LLC (SPIN 143015410, SAC 379001)
- Cox Nevada Telcom, LLC (SPIN 143017743, SAC 559017

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- Cox Oklahoma Telcom, LLC (SPIN 143005575 SAC 439003)
- Cox Rhode Island Telcom, LLC (SPIN 143017674, SAC 589001)
- Cox Virginia Telcom, LLC (SPIN 143000013, SAC 199018

These filings were submitted to the Universal Service Administrative Company via electronic filing on June 10, 2015 and will be submitted to the state regulators in the other states served by these companies on or before July 1, 2015 or per applicable local rule.

Please inform me if any questions should arise in connection with this submission.

Respectfully submitted,

J.G. Harrington

Counsel to Cox Communications, Inc.

Attachments (14)

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓
<420>	Mobile 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>		(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>		(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability Certification			
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {*select*}

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Arizona Telcom, LLC
<811>	Holding Company	Cox Communications, Inc.
<812>	Operating Company	Cox Arizona Telcom, LLC

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

(900) Tribal Lands Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Arizona Telcom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 459012 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	459012
<015>	Study Area Name	Cox Arizona Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓
<420>	Mobile 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>		(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>		(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability Certification			
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)		
<3005>		(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {*select*}

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Arkansas Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Arkansas Telcom, LLC

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)
(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
(3023) Underlying information subjected to a review by an independent certified public accountant
(3024) Underlying information subjected to an officer certification.
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Arkansas Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 409029 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓
<420>	Mobile 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>		(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>		(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(If yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability Certification			
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(If not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)		
<3005>		(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {*select*}

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox California Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox California Telcom, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)
(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
(3023) Underlying information subjected to a review by an independent certified public accountant
(3024) Underlying information subjected to an officer certification.
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox California Telcom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 549017 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)		
<200> Outage Reporting (voice)	(complete attached worksheet)		✓
<210> ✓ <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)			
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed 0.0			✓
<420> Mobile 0.0			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>	(attached descriptive document)		✓
<600> Functionality in Emergency Situations	(check to indicate certification)		✓
<610>	(attached descriptive document)		✓
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)		✓
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000> Voice Services Rate Comparability Certification			
<1010>	(attach descriptive document)		
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)		
<2005>	(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)		
<3005>	(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached *{select}*

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Connecticut Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Connecticut Telcom, LLC

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

(900) Tribal Lands Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	139001
<01S>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Connecticut Telcom, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 139001 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓
<420>	Mobile 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>		(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>		(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability Certification			
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)		
<3005>		(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached *{select}*

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Florida Telcom, LP
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Florida Telcom, LP

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)
(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
(3023) Underlying information subjected to a review by an independent certified public accountant
(3024) Underlying information subjected to an officer certification.
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Florida Telcom LP

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 219019 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✓	
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	<-- check box if no outages to report		✓	
<300>	Unfulfilled Service Requests (voice)	Cox Serviceability Process Flow.pdf (attach descriptive document)	✓	
<310>	Detail on Attempts (voice)			
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed		✓	✓
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	Service Quality Standards.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	Functionality in Emergency.pdf	(attached descriptive document)	✓	✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)	✓	
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	
<900>	Tribal Land Offerings (Y/N)? ○ ●	(if yes, complete attached worksheet)	✓	
<1000>	Voice Services Rate Comparability Certification	Yes	✓	
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) ● ○	(if not, check to indicate certification)	✓	
<1110>		(complete attached worksheet)	✓	
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)		
<3005>		(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	○ ●
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)	○ ○

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

-- See attached worksheet

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	16.99

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<C> Total per line Rates and Fees

-- See attached worksheet

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {*select*}

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Georgia Telcom, LLC
<811>	Holding Company	Cox Communications, Inc.
<812>	Operating Company	Cox Georgia Telcom, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)
(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
(3023) Underlying information subjected to a review by an independent certified public accountant
(3024) Underlying information subjected to an officer certification.
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Georgia Telcom, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 229011 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	16.99

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
GA			FR	16.99	0.0	0.0	0.0	16.99

Cox Serviceability Process Flow

Redacted

Redacted

Service Quality Standards & Consumer Protection

Form 481 – Line 510

Cox is committed to meeting all applicable customer service requirements. This commitment is part of a company-wide effort to maintain the highest possible level of customer satisfaction for telephone, cable and Internet services, and is reflected in the J.D. Power awards that Cox Communications has won over since 1996.

As part of its efforts to provide the highest levels of service, Cox focuses on providing quality customer service and a reliable network. Cox strives to meet or exceed the Commission's service objectives articulated in the orders of the commissions of the various states in which it provides service.

An important component of Cox's customer service focus is the use of customer satisfaction surveys. These surveys are always ongoing with regular reviews of the results being translated into customer service improvement efforts. Cox is also furthering its efforts to understand customer satisfaction via the launch of an email based survey for post telephone call reviews.

Cox continues to comply with all mandated consumer protection requirements, including the federal Truth-In-Billing rules, advertising requirements, tariffing obligations and state-specific requirements governing customer notices, late fees, disputes and other consumer issues. Cox believes that it is important to treat all of its customers fairly, not just as a matter of business or legal requirements, but because respect for consumers is essential to the company's relationship with its customers.

Functionality in Emergency Situations

Form 481 – Line 610

Cox has designed its network to be resilient in emergencies. Cox has included back-up power in its network designs to ensure that its customers retain service even when commercial power is unavailable. Cox uses route diversity and other techniques to limit the likelihood that damage to its facilities will cut off service to its customers. Further, Cox's IP-based telephone service includes battery backup in the customer equipment in accordance with industry standards and relevant regulatory requirements.[1] These features allow Cox to maintain service even when there are substantial power outages within its service area.[2]

Cox also is compliant with all relevant 911 and E911 requirements. Where E911 is available in a local community, Cox ensures that all necessary information, including location information and callback data, is provided to the local E911 database and available to the Public Safety Answering Point ("PSAP"). Cox has provided 911 and E911 since it began offering telephone service, and has offered full 911 and E911 capability for both its circuit-switched and IP-based products.

Finally, Cox follows industry standard procedures for addressing traffic spikes within its network, including implementing call gapping when appropriate. In addition, Cox seeks to avoid network congestion issues by monitoring traffic on an on-going basis and sizing its network and interconnection facilities to maintain call blocking below industry standard levels.

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[1] Cox has implemented a program for replacement of the backup batteries to ensure that customers do not experience unexpected loss of service.

[2] Cox prides itself on its exemplary record of service maintenance and service recovery after hurricane or other natural damage to its network throughout its entire US footprint.

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓
<420>	Mobile 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>		(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>		(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability Certification			
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)		
<3005>		(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rate and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service - Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached {*select*}

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Iowa Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Iowa Telcom, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: COX IOWA TELECOM, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 359019 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	359019
<015>	Study Area Name	COX IOWA TELECOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed: 0.0			✓
<420>	Mobile: 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>		(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>		(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability Certification			
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)		
<3005>		(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached *(select)*

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Kansas Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Kansas Telcom, LLC

<813>

<a1>	<a2>	<a3>
Affiliates	SAC	Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Kansas Telcom, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 419021 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	419021
<015>	Study Area Name	Cox Kansas Telcom, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✓	
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	<-- check box if no outages to report		✓	
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	Cox Serviceability Process Flow.pdf (attach descriptive document)	✓	
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed		✓	✓
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	Service Quality Standards.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	Functionality in Emergency.pdf	(attached descriptive document)	✓	✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)	✓	
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	
<900>	Tribal Land Offerings (Y/N)? ○ ●	(if yes, complete attached worksheet)	✓	
<1000>	Voice Services Rate Comparability Certification	Yes	✓	
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) ● ○	(if not, check to indicate certification)	✓	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)		
<3005>		(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ●
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

-- See attached worksheet

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	16.99

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

-- See attached worksheet

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rate and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service - Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached {*select*}

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Louisiana Telcom, LLC
<811>	Holding Company	Cox Communications, Inc.
<812>	Operating Company	Cox Louisiana Telcom, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)
(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
(3023) Underlying information subjected to a review by an independent certified public accountant
(3024) Underlying information subjected to an officer certification.
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: COX LOUISIANA TELCOM LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 279011 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	16.99

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
LA	ALL		FR	16.99	0.0	0.0	0.0	16.99

Cox Serviceability Process Flow

Redacted

Redacted

Service Quality Standards & Consumer Protection

Form 481 – Line 510

Cox is committed to meeting all applicable customer service requirements. This commitment is part of a company-wide effort to maintain the highest possible level of customer satisfaction for telephone, cable and Internet services, and is reflected in the J.D. Power awards that Cox Communications has won over since 1996.

As part of its efforts to provide the highest levels of service, Cox focuses on providing quality customer service and a reliable network. Cox strives to meet or exceed the Commission's service objectives articulated in the orders of the commissions of the various states in which it provides service.

An important component of Cox's customer service focus is the use of customer satisfaction surveys. These surveys are always ongoing with regular reviews of the results being translated into customer service improvement efforts. Cox is also furthering its efforts to understand customer satisfaction via the launch of an email based survey for post telephone call reviews.

Cox continues to comply with all mandated consumer protection requirements, including the federal Truth-In-Billing rules, advertising requirements, tariffing obligations and state-specific requirements governing customer notices, late fees, disputes and other consumer issues. Cox believes that it is important to treat all of its customers fairly, not just as a matter of business or legal requirements, but because respect for consumers is essential to the company's relationship with its customers.

Functionality in Emergency Situations

Form 481 – Line 610

Cox has designed its network to be resilient in emergencies. Cox has included back-up power in its network designs to ensure that its customers retain service even when commercial power is unavailable. Cox uses route diversity and other techniques to limit the likelihood that damage to its facilities will cut off service to its customers. Further, Cox's IP-based telephone service includes battery backup in the customer equipment in accordance with industry standards and relevant regulatory requirements.[1] These features allow Cox to maintain service even when there are substantial power outages within its service area.[2]

Cox also is compliant with all relevant 911 and E911 requirements. Where E911 is available in a local community, Cox ensures that all necessary information, including location information and callback data, is provided to the local E911 database and available to the Public Safety Answering Point ("PSAP"). Cox has provided 911 and E911 since it began offering telephone service, and has offered full 911 and E911 capability for both its circuit-switched and IP-based products.

Finally, Cox follows industry standard procedures for addressing traffic spikes within its network, including implementing call gapping when appropriate. In addition, Cox seeks to avoid network congestion issues by monitoring traffic on an on-going basis and sizing its network and interconnection facilities to maintain call blocking below industry standard levels.

---

[1] Cox has implemented a program for replacement of the backup batteries to ensure that customers do not experience unexpected loss of service.

[2] Cox prides itself on its exemplary record of service maintenance and service recovery after hurricane or other natural damage to its network throughout its entire US footprint.

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓
<420>	Mobile 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>		(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>		(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability Certification			
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {*select*}

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Nebraska Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Nebraska Telcom, LLC

<813>

<a1>	<a2>	<a3>
Affiliates	SAC	Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: COX NEBRASKA TELCOM II, L.L.C.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 379001 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)		
<200> Outage Reporting (voice)	(complete attached worksheet)		✓
<210> ✓ <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)			
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed 0.0			✓
<420> Mobile 0.0			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>	(attached descriptive document)		✓
<600> Functionality in Emergency Situations	(check to indicate certification)		✓
<610>	(attached descriptive document)		✓
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)		✓
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000> Voice Services Rate Comparability Certification			
<1010>	(attach descriptive document)		
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)		
<2005>	(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)		
<3005>	(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached *{select}*

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Nevada Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Nevada Telcom, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Nevada Telcom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 559017 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✓	
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	[ ] <-- check box if no outages to report		✓	
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice) — Cox Serviceability Process Flow.pdf	(attach descriptive document)	✓	
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed		✓	✓
<420>	Mobile 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	Service Quality Standards.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	Functionality in Emergency.pdf	(attached descriptive document)	✓	✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)	✓	
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	✓
<900>	Tribal Land Offerings (Y/N)? ○ ●	(if yes, complete attached worksheet)	✓	
<1000>	Voice Services Rate Comparability Certification	Yes	✓	
<1010>		(attach descriptive document)	✓	
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) ● ○	(if not, check to indicate certification)	✓	
<1110>		(complete attached worksheet)	✓	
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ●
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

-- See attached worksheet --

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	21.0

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

-- See attached worksheet

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached *{select}*

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Oklahoma Telcom, LLC
<811>	Holding Company	Cox Communications, Inc.
<812>	Operating Company	Cox Oklahoma Telcom, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM, LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: COX OKLAHOMA TELCOM, LLC DBA COX BUSINESS SERVICES

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 439003 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM, LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOMA TELCOM,LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	21.0

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
OK	All		FR	21.0	0.0	0.13	0.0	21.13

Cox Serviceability Process Flow

Redacted

Redacted

Service Quality Standards & Consumer Protection

Form 481 – Line 510

Cox is committed to meeting all applicable customer service requirements. This commitment is part of a company-wide effort to maintain the highest possible level of customer satisfaction for telephone, cable and Internet services, and is reflected in the J.D. Power awards that Cox Communications has won over since 1996.

As part of its efforts to provide the highest levels of service, Cox focuses on providing quality customer service and a reliable network. Cox strives to meet or exceed the Commission's service objectives articulated in the orders of the commissions of the various states in which it provides service.

An important component of Cox's customer service focus is the use of customer satisfaction surveys. These surveys are always ongoing with regular reviews of the results being translated into customer service improvement efforts. Cox is also furthering its efforts to understand customer satisfaction via the launch of an email based survey for post telephone call reviews.

Cox continues to comply with all mandated consumer protection requirements, including the federal Truth-In-Billing rules, advertising requirements, tariffing obligations and state-specific requirements governing customer notices, late fees, disputes and other consumer issues. Cox believes that it is important to treat all of its customers fairly, not just as a matter of business or legal requirements, but because respect for consumers is essential to the company's relationship with its customers.

Functionality in Emergency Situations

Form 481 – Line 610

Cox has designed its network to be resilient in emergencies. Cox has included back-up power in its network designs to ensure that its customers retain service even when commercial power is unavailable. Cox uses route diversity and other techniques to limit the likelihood that damage to its facilities will cut off service to its customers. Further, Cox's IP-based telephone service includes battery backup in the customer equipment in accordance with industry standards and relevant regulatory requirements.[1] These features allow Cox to maintain service even when there are substantial power outages within its service area.[2]

Cox also is compliant with all relevant 911 and E911 requirements. Where E911 is available in a local community, Cox ensures that all necessary information, including location information and callback data, is provided to the local E911 database and available to the Public Safety Answering Point ("PSAP"). Cox has provided 911 and E911 since it began offering telephone service, and has offered full 911 and E911 capability for both its circuit-switched and IP-based products.

Finally, Cox follows industry standard procedures for addressing traffic spikes within its network, including implementing call gapping when appropriate. In addition, Cox seeks to avoid network congestion issues by monitoring traffic on an on-going basis and sizing its network and interconnection facilities to maintain call blocking below industry standard levels.

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[1] Cox has implemented a program for replacement of the backup batteries to ensure that customers do not experience unexpected loss of service.

[2] Cox prides itself on its exemplary record of service maintenance and service recovery after hurricane or other natural damage to its network throughout its entire US footprint.

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)		
<200> Outage Reporting (voice)	(complete attached worksheet)		✓
<210> ✓ <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)			
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed 0.0			✓
<420> Mobile 0.0			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>	(attached descriptive document)		✓
<600> Functionality in Emergency Situations	(check to indicate certification)		✓
<610>	(attached descriptive document)		✓
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)		✓
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000> Voice Services Rate Comparability Certification			
<1010>	(attach descriptive document)		
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)		
<2005>	(complete attached worksheet)		
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)		
<3005>	(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached *{select}*

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Rhode Island Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Rhode Island Telcom, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
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<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: COX RHODE ISLAND TELCOM, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 589001 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain .
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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Attachments

FCC Form 481 – Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓
<420>	Mobile 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>		(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>		(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability Certification			
<1010>		(attach descriptive document)		
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)		
<3005>		(complete attached worksheet)		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {*select*}

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<810>	Reporting Carrier	Cox Virginia Telcom, LLC
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Virginia Telcom, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.cox.com/residential/phone/lifeline.cox

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
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<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Virginia Telcom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2015

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: VP, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier: 199018 Filing Due Date for this form: 07/01/2015

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Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
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<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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Attachments