

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	419021
<015> Study Area Name	Cox Kansas Telcom, LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@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

**Cox Louisiana Telcom, LLC**

<010> Study Area Code	279011
<015> Study Area Name	COX LOUISIANA TELCOM LLC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Jay Bradbury
<035> Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com

**ANNUAL REPORTING FOR ALL CARRIERS**

54.313 Completion Required	54.422 Completion Required
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		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210> [ ] <- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	[ ]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	2790111a310.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	[ ]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<510> 2790111a510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<610> 2790111a610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> [ ]	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110> [ ]	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

<b>(100) Service Quality Improvement Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <input type="radio"/> <input type="radio"/>

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 check these boxes below to confirm that the attached documents(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	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>









<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@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:

- <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.

Select (Yes, No, NA)

**(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	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box 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
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<010> Study Area Code	279011
<015> Study Area Name	COX LOUISIANA TELCOM LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@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.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	279011
<015>	Study Area Name	COX LOUISIANA TELCOM LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

CHECK the boxes below 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))
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

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

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

**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 Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation** FCC Form 481  
**Data Collection Form** 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 2015  
 <030> Contact Name - Person USAC should contact regarding this data Jay Bradbury  
 <035> Contact Telephone Number - Number of person identified in data line <030> 4042699190 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@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)  Yes  No  
 (3014) If yes, does your company file the RUS annual report (Yes/No)  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)  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 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

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	279011
<015> Study Area Name	COX LOUISIANA TELCOM LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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 06/20/2014
Printed name of Authorized Officer: Joiava Philpott	
Title or position of Authorized Officer: Vice President, Regulatory Affairs	
Telephone number of Authorized Officer: 4042690983 ext.	
Study Area Code of Reporting Carrier: 279011	Filing Due Date for this form: 06/30/2014
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	2015
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@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 2015  
 <030> Contact Name - Person USAC should contact regarding this data Jay Bradbury  
 <035> Contact Telephone Number - Number of person identified in data line <030> 4042699190 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@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





**Cox Serviceability Process Flow**

Form 481 – Line 310

**REDACTED FOR PUBLIC INSPECTION**

## **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.<sup>1</sup> These features allow Cox to maintain service even when there are substantial power outages within its service area.<sup>2</sup>

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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<sup>1</sup> Cox has implemented a program for replacement of the backup batteries to ensure that customers do not experience unexpected loss of service.

<sup>2</sup> 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.

**Cox Nebraska Telcom, LLC**

<010> Study Area Code	379001
<015> Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Jay Bradbury
<035> Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100>	Service Quality Improvement Reporting <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<200>	Outage Reporting (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<210>	<input type="checkbox"/> <-- check box if no outages to report	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<300>	Unfulfilled Service Requests (voice) <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<310>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right; font-size: small;">(attach descriptive document)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<320>	Unfulfilled Service Requests (broadband) <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<330>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right; font-size: small;">(attach descriptive document)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<420>	Mobile <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<450>	Mobile <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<500>	Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right; font-size: small;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<510>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right; font-size: small;">(attached descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<600>	Functionality in Emergency Situations <span style="float: right; font-size: small;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<610>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right; font-size: small;">(attached descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<700>	Company Price Offerings (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<710>	Company Price Offerings (broadband) <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<800>	Operating Companies and Affiliates <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> <span style="float: right; font-size: small;">(if yes, complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1000>	Voice Services Rate Comparability <span style="float: right; font-size: small;">(check to indicate certification)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right; font-size: small;">(attach descriptive document)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1100>	Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/> <span style="float: right; font-size: small;">(if not, check to indicate certification)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1110>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1200>	Terms and Condition for Lifeline Customers <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

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

<2000>	<span style="float: right; font-size: small;">(check to indicate certification)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<2005>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	<span style="float: right; font-size: small;">(check to indicate certification)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<3005>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	