

(3000) Rate of Return Carrier Additional Documentation  
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  | 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

|   |  |
|---|--|
| <b>Certification - Reporting Carrier</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|                    |   |                         |
|--------------------|---|-------------------------|
| <b>&lt;010&gt;</b> | Study Area Code   | 199018                  |
| <b>&lt;015&gt;</b> | Study Area Name   | Cox Virginia Telcom LLC |
| <b>&lt;020&gt;</b> | Program Year  | 2015                    |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | Jay Bradbury            |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 4042699190 ext.         |
| <b>&lt;039&gt;</b> | 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 Virginia Telcom LLC  |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 06/19/2014                           |
| 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: 199018  | 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<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                         |
|---|-------------------------|
| <010> Study Area Code   | 199018                  |
| <015> Study Area Name   | Cox Virginia 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