## e-FILING REPORT COVER SHEET



# COMPANY NAME:

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? No Yes If yes, submit a redacted public version (or a cover letter) by email. Submit the confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.
Select report type: RE (Electric) RG (Gas) RW (Water) RT (Telecommunications) RO (Other, for example, industry safety information)
Did you previously file a similar report?   No Yes, report docket number:
Report is required by:  Statute Order Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket) Other (For example, federal regulations, or requested by Staff)
Is this report associated with a specific docket/case?   No   Yes, docket number:
List Key Words for this report. We use these to improve search results.
Send the completed Cover Sheet and the Report in an email addressed to <a href="PUC.FilingCenter@state.or.us">PUC.FilingCenter@state.or.us</a>
Send confidential information, voluminous reports, or energy utility Results of Operations Reports to PUC Filing Center, PO Box 1088, Salem, OR 97308-1088 or by delivery service to 201 High Street SE Suite 100, Salem, OR 97301.

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

532416		143004786
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2019	OR	Frontier Communications Northwest Inc.
Recertification Year	State	ETC Name
N/A		Frontier Communications Corporation
(If same as ETC name, list "N	ther Branding Name //A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N	//A" Do <u>not</u> leave blank)	
es the reporting compa vide a list of all ETCs that are	"A" Do not leave blank)  The properties of the reporting ETC, and the reporting ETC, and the reporting ETC, and the reporting ETC, and the Communications And the Rection 3(2) of	(If same as ETC name, list "N/A" Do not leave blank)

## ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes O

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

## **Initial Certification** All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	jcm	
1111111111		

## **Minimum Service Level**

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial jcm

#### **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Α.	138	164	156	154	140	148	137	169	157	175	161	192	1891
	130	104	150	154	140	140	137	109	157	175	101	192	1091
В.	4	1	1	2	2	3	3	1	4	2	3	1	27
C.	134	163	155	152	138	145	134	168	153	173	158	191	1864

## **Recertification Methods**

## State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

\_\_\_\_\_

## **ETC Direct Contact**

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

Repor	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

#### Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	134	163	155	152	138	145	134	168	153	173	158	191	1864

J.	Name of third	l party	administrator	used to	verify	subscriber	eligibility:
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OTAP Admin

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	7	4	11	9	2	1	4	2	10	2	4	1	57

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	127	159	144	143	136	144	130	166	143	171	154	190	1807

## **Certification:**

## **Recertification Method: Database**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

#### **Recertification Method: ETC**

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial .	
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## **Recertification Method: Third Party**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial jcm
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#### No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

## Initial \_\_\_\_\_

M = (G+K)	$\mathbf{N} = (\mathbf{D} + \mathbf{F} + \mathbf{I})$	O = M/N*100		
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled		
57	1864	3.06%		

## **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Jessica Matushek Director Accounting

Signature of Officer

jessica.matushek@ftr.com

Email Address of Officer

Christine Burke

Person Completing This Certification Form

Jessica Matushek Director Accor

Printed Name and Title of Officer

Jan 30, 2020

Date

5857776719

Contact Phone Number

# **Affiliated ETCs**

SAC	Name
135200	The Southern New England Telephone Company
150072	Frontier Communications of AuSable Valley Inc.
150100	Frontier Communications of New York Inc.
150110	OGDEN TELEPHONE COMPANY
150121	Frontier Telephone of Rochester Inc.
150122	Frontier Communications of Seneca Gorham Inc.
150128	Frontier Communications of Sylvan Lake Inc.
154532	CITIZENS TELECOMMUNICATIONS COMPANY OF N
154533	CITIZENS TELECOMMUNICATIONS COMPANY OF N
154534	CITIZENS TELECOMMUNICATIONS COMPANY OF N
170149	Frontier Communications of Breezewood LLC
170152	Frontier Communications of Canton LLC
170161	Commonwealth Telephone Company
170168	Frontier Communications of Pennsylvania LLC
170178	Frontier Communications of Lakewood LLC
170194	Frontier Communications of Oswayo River LLC
200271	CITIZENS MOUNTAIN STATE TEL
204338	Citizens Mountain State Tel
204339	Citizens Mountain State Tel
205050	Frontier West Virginia Inc.
210318	Frontier Communications of the South LLC
210328	Frontier Florida LLC
220362	Frontier Communications of Fairmount LLC
220387	Frontier Communications of Georgia LLC
230479	Frontier Communications of the Carolinas Inc.
230509	Frontier Communications of the Carolinas Inc.
240479	Frontier Communications of the Carolinas Inc.
240526	Frontier Communications of the Carolinas Inc.
250301	Frontier Communications Lamar County LLC
250306	Frontier Communications of Alabama LLC
250318	Frontier Communications of the South LLC
280460	Frontier Communications of Mississippi Inc.
290580	CITIZENS TEL OF VOLUNTEER STATE
294336	CITIZENS TEL OF TENNESSEE LLC
300615	Frontier North Inc.
300682	Frontier Communications of Michigan Inc.
310682	Frontier Communications of Michigan Inc.
310695	Frontier North Inc.
313033	Frontier Midstates Inc.
320750	Frontier Communications of Indiana Inc.
320772	Frontier North Inc.
320779	Frontier North Inc.
320828	Frontier Communications of Thorntown Inc.
323034	Frontier Midstates Inc.
330870	RHINELANDER TEL CO
330886	Frontier North Inc.
330891	Rhinelander Tel Co
330912	Frontier Communications of Mondovi LLC
330940	Rhinelander Tel Co
2207.0	Rhinelander Tel Co

# **Affiliated ETCs**

SAC	Name
330944	Frontier Communications - St. Croix LLC
330964	Frontier Communications of Wisconsin LLC
330967	Frontier Communications of Viroqua LLC
340998	Frontier Communications of DePue Inc.
341011	Frontier Communications of Lakeside Inc.
341015	Frontier North Inc.
341036	Frontier North Inc.
341038	Frontier Communications of Illinois Inc.
341055	Frontier Communications - Midland Inc.
341061	Frontier Communications of Mt. Pulaski Inc.
341067	Frontier Communications of Orion Inc.
341073	Frontier Communications - Prairie Inc.
341079	Frontier Communications - Schuvler Inc.
341183	CITIZENS TEL OF ILLINOIS INC
343035	Frontier Communications of the Carolinas Inc.
351127	Frontier Communications of Iowa Inc
361123	CITIZENS TEL OF MINNESOTA
361367	Frontier Communications of Minnesota Inc.
367123	CITIZENS TEL OF MINNESOTA
371128	CITIZENS TEL OF NEBRASKA
442080	Frontier Southwest Incorporated
442154	Frontier Southwest Incorporated
452172	CITIZENS UTILITIES RURAL TEL CO
452302	Frontier Communications of the Southwest Inc.
454426	CITIZENS UTILITIES CO
454449	NAVAJO COMM CO
472416	Frontier Communications Northwest Inc.
474427	CITIZENS TELECOMM CO OF IDAHO
484322	CITIZENS TELECOMM CO OF MONTANA
494449	NAVAJO COMM CO
504429	CITIZENS TELECOMM CO OF UTAH
504449	NAVAJO COMM CO
522416	Frontier Communications Northwest Inc.
522449	Frontier Communications Northwest Inc.
532416	Frontier Communications Northwest Inc.
533401	CITIZENS TELECOMM CO OF OREGON
541863	Frontier Communications of the Southwest Inc.
542302	Frontier California Inc.
542308	CITIZENS TELECOMM CO OF CA
542315	CITIZENS TELECOMM CO OF CA
542319	Frontier California Inc.
542344	CITIZENS TELECOMM CO OF CA. Frontier Communica
543402	CITIZENS TELECOMM CO OF CA
544342	CITIZENS TELECOMM CO OF CA
552302	Frontier Communications of the Southwest Inc.
554431	CITIZENS TEL COMPANY
554432	CITIZENS TEL COMPANY
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