

June 26, 2024

Lynn M. Retz, Secretary Kansas Corporation Commission 1500 SW Arrowhead Rd Topeka, KS 66604

Re: In the Matter of Certification of Compliance with Section 254(e) of the Federal

Telecommunications Act of 1996 and Certification of Appropriate Use of Kansas

Universal Service Fund Support Docket No. 24-GIMT-612-GIT

Dear Ms. Retz:

Cox Kansas Telcom, LLC respectfully submits for filing the Section 254(e) certification required by the Commission to be filed in Docket No. 24-GIMT-612-GIT.

Should you have any questions, please contact me via email at <a href="mailto:Jennifer.tate@coxinc.com">Jennifer.tate@coxinc.com</a> or Leslie McLaughlin at <a href="mailto:Leslie.mclaughlin@coxinc.com">Leslie.mclaughlin@coxinc.com</a>.

Respectfully,

Jennifer Tate

Sr. Regulatory Analyst

Cox Kansas Telcom, LLC

Enclosure

# THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

Before Commissioners:  Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner						
In the Matter of Certification of with Section 254(e) of the Fede Telecommunications Act of 19 Certification of Appropriate Us Universal Service Fund Support	eral 96 and se of Kansas	) ) ) Do	cket No. 24-G	HMT-612-GIT	• ·	
FEDERAL HI FCC I and KANSA	ECTION 254(e) GH-COST UN Docket Reference S UNIVERSAI (Please type all Federal and	IVERSAL S ce: CC Dock L SERVICE or print legib	ERVICE SUP et No. 96-45 FUND SUPPO bly)	ORT		
1. My title	is Vic	e President of G	Sovernment & Reg	ulatory Affairs	of	
Cox Kansas Telcom, LL	.C (Con	mpany/Cooper	rative). In this ca	apacity, I am in	a position	
of authority to direct how federal h	igh-cost Universa	l Service Fund	(USF), includir	ng Legacy or Fro	ozen high-	
cost Loop support (HCL/FHCS),	Safety Valve su	pport (SVS),	Connect Ameri	ca Cost Model	(CACM)	
support, Connect America Fund	(CAF I/CAF II) s	upport, Altern	ative Connect	America Cost N	Model (A-	
CAM/ACAM II) support, Rural	,				`	
(RDOF) support, and/or Kansas U	•					
· · · · · · · · · · · · · · · · · · ·	ox Kansas Telco		Company/Coope		·	
made in this certification.		(5	empuny edepe		3 <b></b>	
	x Kansas Telcom,	II C	(Company/Co	operative) was	named as	
				,		
an Eligible Telecommunic	ations Carrier (E.I	C) by the Kai	isas Corporatioi	n Commission (	`	
		04.00\( (7.5)			federal	
support purposes in Docke	et No.	21-COXT-24	5-ETC	by orde	er dated	
May 20, 2021 and KU	JSF support purp	oses in Docke	t No	N/A	by order	

dated N/A .

### Docket No. 24-GIMT-612-GIT Attachment 1

	3.	By this affidavit, I c	ertify t	hat all fede	eral high-cost	t USF, incli	iding HCL,	FHCS, SVS,	CAF
I/CAF	II,	A-CAM/ACAM	II,	RBE,	RDOF,	and/or	KUSF	received	by
	Cox Kar	nsas Telcom, LLC	(Co	mpany/Co	operative) w	as used in	the proceed	ding calendar	year
<b>2023</b> a	nd will b	e used in the new cale	endar y	ear <u>2025</u> (	only for the p	provision, n	naintenance	, and upgradi	ng of
facilitie	es and se	rvices for which the	suppo	ort is inter	nded, consist	ent with S	ection 254	(e) of the Fe	deral
Teleco	nmunica	tions Act, and/or Kan	sas sta	tutes and k	CC requirer	nents.			
I certify	under p	enalty of perjury unde	er the l	aws of the	state of Kan	sas that the	foregoing	is true and co	rrect.
(Pursua	int to Kar	n. Stat. Ann. 53-601.)			Signature	87	enf		
					Curt Stamp				
				Ī	Printed/Type	d Name			
				I	Executed on	June 25,	2024	_ date.	
				I	Email addres	s: curt.star	mp@coxinc	.com	

All CETCs must complete this form to receive certification for its use of additional pages, if necessary. If you have any questions, please email the					ements. Please attach
additional pages, it necessary. If you have any questions, please email in	ie RCC Stat	r at s.garrentorkee.ks.g	ov and in bhagaile	ACC.AS.gov.	
	Data Year	2023			
			1		uer.
		AMOUNT FOR KANSAS	ALLOCATION PERCENT	CODE (see Notes)	AMOUNT FOR FUSF AREAS (INCLUDE SWBT/AT&T Area if support is received for the
FUSF WORKING LOOPS/LINEAverage No. Customers		A	В	С	area) D=AxB
NEW INVESTMENTS:  1. SWITCHING 2. OUTSIDE PLANT (LOCAL LOOPS, CELL SITES)(1) SUBTOTAL NEW INVESTMENTS  EXPENSES: 3. SWITCH MAINTENANCE 4. OUTSIDE PLANT MAINTENANCE 5. NETWORK SUPPORT 6. ADMINISTRATIVE EXPENSE SUBTOTAL EXPENSES  A. TOTAL CASH EXPENDITURES ASSD WITH USF  B. CERTIFIED FUSE RECEIPTS FOR CETCS B1. Frozen High Cost Support B2. Mobility Fund Support B3. Rural Broadband Experiments Fund B4. CAF II Support B5. Rural Digital Opportunity Fund B5. Total Certified Federal USF Receipts		\$ - \$	100.00% 100.00%		\$ - S
C. DO EXPENDITURES EXCEED FUSF RECEIPTS? (negative number means FUSF exceeds Expenditures)	Yes	\$		Yes	\$
Notes:  1) Exclude the cost of transport between switches (dial-tone and/or tandem).  2) Allocation Codes (describe how the costs are allocated): [the following are a a Based on number of switched MOUs from USF supported cell sites. b. Based on actual expenditures at USF cell sites. An allocation of USF area to (i.e. 200,000 investment at Cell Site A, which serves 80% USF supported area, c. Based on percent of USF served areas to all areas.	o total served	area is applied at each	cell site.		
Contact Nam	ne:	lennifer Tate	Title:	Sr. Regulat	tory Analyst
Phone No	).:	678.645.0222	E-Mail:	jennifer.t	ate@cox.inc.com

### **Narrative Report for New Investments**

ETC Certification for Use of **USF** Support Provided to the Kansas Corporation Commission

Company Name:	Cox Kansas Telcom, L.L.C.	
Data Year:	2023	

Town or Exchange	Description of Improvement	Cash Investment	Allocation %	Notes	Amount Used in the USF Supported Areas
A	В	С	D	E	F= C x D
CBG 201730080003	Fiber build to 48 un/underserved homes	\$	100%		♠
Subtotal		\$			\$
Total		\$			\$

NOTES:

This total amount should match the New Investment Subtotal on the USF Certification Form - Attachment 2a LINES (245 & 255). For CETCs, this amount should match the

Contact: Jennifer Tate Phone No.: 678.645.0222

Title: Sr. Regulatory Analyst E-Mail: jennifer.tate@coxinc.com

## **Narrative Report for New Investments**

ETC Certification for Use of **USF** Support Provided to the Kansas Corporation Commission

Carrier Name:	Cox Kansas Telcom, L.L.C.	Supplementa
Data Year:	2023	Pages

Town or Exchange	Description of Improvement	Cash Investment	Allocation %	Notes	in the USF Supported Areas
Α	В	С	D	E	F= C x D
A A	B  B  B	Investment	% D	Notes E	Areas F= C x D
Subtotal		\$ -			\$ -

# Annual ETC Certification of Requirements Imposed by the Commission in Docket Number 06-GIMT-446-GIT

1. Did your company experience any outage in the prior calendar year, as that term is defined in 47 C.F.R. § 4.5, of at least 30 minutes in duration for each service area in which an Eligible Telecommunications Carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect: (i) at least 10% of the end users served in a designated service area; or (ii) a 911 specialty facility as defined in 47 C.F.R. § 4.5(e)? **(Yes/No)** . **IF YES, PLEASE COMPLETE THE FOLLOWING:** 

(Yes/ <mark>No</mark> )	o) IF YES, PLEASE COMPLETE THE FOLLOWING:					
Date and time of Onset of the Outage	Description of the Outage and its Resolution	Particular services affected	Geographic Areas Affected	Steps Taken to Prevent a Similar Situation in the Future	Number of Customers Affected	

(If necessary, please provide additional pages.)

recipient's service ar please explain how			•		
customers.					
N/A					
					,
<b>3.</b> Please provide the prior calendar year.	laints per 1,0	000 connect	ions (fixed	or mob	oile) in the

#### 24-GIMT-612-GIT Attachment 5

4. A wireline ETC must certify that it is in compliance with the Commission's quality of service standards and a wireless ETC must certify that it is in compliance with the CTIA Code. Please complete the following, as applicable to your company:

# QUALITY OF SERVICE <u>WIRELINE</u> ANNUAL CERTIFICATION KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is VP - Govt. & Regulatory Affa	airs of the Cox Kansas Telcom, LLC	(Company/
Cooperative). In this capacity, I am in a position	on of authority to certify whether	the Company/
Cooperative is complying with required qu	ality of service standards.	I am binding
Cox Kansas Telcom, LLC (Company/Cooperative	e) to the statements made in this cer	tification.
2. By this affidavit, I certify that	Cox Kansas Telcom, LLC (Company/ Co	ooperative) is in
compliance with the Commission's quality of service	ce standards as adopted in Docket N	Io. 191,206-U.
I certify under penalty of perjury under the	laws of the state of Kansas that the f	oregoing is true
and correct. (Pursuant to Kan.	Stat. Ann. 53-601.)	Executed
on <u>June 25, 2024</u> (date).	Signature Tong	
	Curt Stamp	
	Printed/Typed Name	
	ce: 06-GIMT-446-GIT r print legibly)	
1. My title is	of the	(Company/
Cooperative). In this capacity, I am in a position		
Cooperative is complying with required qu	ality of service standards.	I am binding
(Company/Cooperative) to	the statements made in this certific	ation.
2. By this affidavit, I certify that	(Company/ C	ooperative) is in
compliance with the CTIA Code.		
I certify under penalty of perjury under the	laws of the state of Kansas that the f	oregoing is true
and correct. (Pursuant to Kan. Stat. Ann. 53-601.)	Executed on	(date).
	Signature	
	Print / Typed Name	

2 of 4

**5.** Each ETC must certify that it will be able to function in an emergency as set forth in 47 C.F.R  $\S$  54.202(a)(2).

# ABILITY TO FUNCTION IN AN EMERGENCY ANNUAL CERTIFICATION KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is <u>VP - Govt</u>	t. & Regulatory Affairs of the Cox Kansas Telcom, LLC
(Company/ Cooperative). In this capa	acity, I am in a position of authority to certify whether the
Company/ Cooperative is able	to function in an emergency. I am binding
Cox Kansas Telcom, LLC (Compar	ny/Cooperative) to the statements made in this certification.
2. By this affidavit, I co	ertify thatCox Kansas Telcom, LLC (Company
Cooperative) is capable of functioning	in an emergency.
I certify under penalty of perju	ary under the laws of the state of Kansas that the foregoing
is true and correct. (Pursuar	nt to Kan. Stat. Ann. 53-601.) Executed or
June 25, 2024 (date).	Signature
	Curt Stamp
	Printed / Typed Name

**6.** 47 U.S.C. § 214(e)(1)(B) requires every ETC to advertise its services (including Lifeline services) throughout the service area for which it has been designated "using media of general distribution." **Please complete the following:** 

Name of Media	Type of Media	Geographic Areas Reached	Dates Published
N/A			
		1	

(If necessary, please attach additional pages.)

7. A competitive ETC must certify that it offers a local usage plan comparable to that of
the incumbent LEC. Please provide a description of the local usage plan(s) that is
comparable to that of the incumbent LEC and complete the certification.
Cox is currently building its infrastructure to these areas and does not yet have any
customers to serve and is still developing its usage plans.
COMPARABLE LOCAL USAGE PLAN ANNUAL CERTIFICATION
KCC Docket Reference: 06-GIMT-446-GIT (Please type or print legibly)
(Trease type of print region)
1. My title is <u>VP - Govt. &amp; Regulatory Affairs</u> of the <u>Cox Kansas Telcom, LLC</u>
(Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the
Company/ Cooperative offers a local usage plan comparable to that of the incumbent. I am binding
Cox Kansas Telcom, LLC (Company/Cooperative) to the statements made in this certification.
2. By this affidavit, I certify that Cox Kansas Telcom, LLC (Company,
Cooperative) offers a local usage plan comparable to that of the incumbent.
I certify under penalty of perjury under the laws of the state of Kansas that the foregoing
is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed or
June 25, 2024 (date).
Signature
Curt Stamp
Printed/Typed Name