



2116 S. 17th Street • Mattoon IL 61938

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Filed Date: 01/28/2025  
State Corporation Commission  
of Kansas

January 28, 2025

Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, KS 66604

RE: In the Matter of the Lifeline Re-Certification Filing of Consolidated Communications of Missouri Company as required by Commission Order dated March 27, 2012, in Docket No. 10-GIMT-658-GIT.

Dear Secretary:

Attached please find a copy of the Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555) for Consolidated Communications of Missouri Company as filed with the Universal Service Administrative Company (USAC) and with the Federal Communications Commission (FCC) on January 22, 2025.

Please contact me at [beth.westman@consolidated.com](mailto:beth.westman@consolidated.com) with any questions or concerns regarding this filing.

Sincerely,

A handwritten signature in blue ink that reads "Beth Westman".

Beth Westman  
Senior Regulatory Services Specialist  
Consolidated Communications  
[beth.westman@consolidated.com](mailto:beth.westman@consolidated.com)  
207-535-4249

**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)**

421472	143030854	
Study Area Code (SAC)	Service Provider Identification Number (SPIN)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for <b>each SAC</b> that provides Lifeline service).</i>		
2024	MO	Consolidated Communications of Missouri Company
Recertification Year	State	ETC Name
		Consolidated Communications, Inc.
DBA, Marketing, or Other Branding Name <small>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</small>	Holding Company Name <small>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</small>	

**Does the reporting company have affiliated ETCs? Yes  No**

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

Affiliated ETC's SAC	Affiliated ETC's Name
100004	Consolidated Communications of Maine Company
100015	Consolidated Communications of Maine Company
100025	Consolidated Communications of Maine Company
103313	Consolidated Communications of Maine Company
105111	Consolidated Communications of Northern New England Company
125113	Consolidated Communications of Northern New England Company
143331	Consolidated Communications of Northland Company
145115	Consolidated Communications of Vermont Company, LLC
150073	Berkshire Telephone Company
150078	Chautaucqua & Erie Telephone Corporation
150084	Taconic Telephone Corp
170145	Consolidated Communications of Pennsylvania Company , LLC
170185	Consolidated Communications of Pennsylvania Company , LLC
170193	Consolidated Communications of Pennsylvania Company , LLC
210291	Consolidated Communications of Florida Company
210329	Consolidated Communications of Florida Company
210339	Consolidated Communications of Florida Company
341004	Consolidated Communications of Central Illinois Company

341009	Consolidated Communications of Central Illinois Company
341037	Consolidated Communications of Illinois Company
341065	Consolidated Communications of Central Illinois Company
361375	Consolidated Communications of Minnesota Company
361427	Consolidated Communications of Minnesota Company
411835	Consolidated Communications of Kansas Company
431981	Consolidated Communications of Oklahoma Company
442072	Consolidated Communications of Fort Bend Company
442109	Consolidated Communications of Texas Company
461835	Consolidated Communications of Kansas Company
462192	Consolidated Communications of Colorado Company
462204	Consolidated Communications of Colorado Company
542334	Consolidated Communications of California Company
549012	Consolidated Communications Enterprise Services, Inc.

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

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

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

Initial     MJS    

**Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

*Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.*

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from:  state Lifeline administrator  National Verifier

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

Initial     MJS    

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support 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(s) listed on this form

Initial     MJS

## 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. 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  No

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

G	H
Month	Subscribers De-Enrolled for Non-Usage
<b>January</b>	
<b>February</b>	
<b>March</b>	
<b>April</b>	
<b>May</b>	
<b>June</b>	
<b>July</b>	
<b>August</b>	
<b>September</b>	
<b>October</b>	
<b>November</b>	
<b>December</b>	
<b>Total Subscribers</b>	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.

## Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Michael Shultz

\_\_\_\_\_  
Signature of Officer

michael.shultz@consolidated.com

\_\_\_\_\_  
Email Address of Officer

Robert Tice

\_\_\_\_\_  
Person Completing This Certification Form

Michael Shultz - Sr. Vice President

\_\_\_\_\_  
Printed Name and Title of Officer

01-22-2025

\_\_\_\_\_  
Date

9135683326

\_\_\_\_\_  
Contact Phone Number