

**KUTAKROCK**

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January 22, 2025

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

Re: Docket No. 25-GIMT-215-CPL: FCC Form 555 – Cox Kansas Telecom, LLC

Dear Ms. Retz:

On behalf of our client Cox Kansas Telecom, LLC (“Cox Kansas”), attached is a copy of the Cox Kansas completed FCC Form 555, Annual Lifeline Eligible Telecommunications Carrier Certification Form, filed with the Universal Service Administrative Company and the Federal Communications Commission. Please contact me if you have any questions concerning this filing.

Sincerely,



Justin Nichols  
Kutak Rock LLP

**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)**

419021 _____		143006715 _____
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 _____	KS _____	Cox Kansas Telcom, LLC _____
Recertification Year	State	ETC Name
		Cox Communications, Inc.
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>		Holding Company Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>

**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
199018	Cox Virginia Telcom, LLC
549017	Cox California Telcom, LLC
439003	Cox Oklahoma Telcom, LLC
459012	Cox Arizona Telcom, LLC
379001	Cox Nebraska Telcom, LLC
279011	Cox Louisiana Telcom, LLC
559017	Cox Nevada Telcom, LLC
409029	Cox Arkansas Telecom, LLC

**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 CS

**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 CS

**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 CS

## 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,

Curt Stamp

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

Curt.Stamp@coxinc.com

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

Melanie Elliott

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

Curt Stamp - VP, Regulatory & Government  
Affairs

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

01-14-2025

\_\_\_\_\_  
Date

6786450126

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