



6849 Peachtree Dunwoody Road  
Bldg. B-3, Suite 200, Atlanta, Georgia 30328  
phone: 770-569-2105, fax: 770-410-1608  
internet: [www.jsitel.com](http://www.jsitel.com), e-mail: [lchase@jsitel.com](mailto:lchase@jsitel.com)

June 20, 2017

**VIA ELECTRONIC FILING**

Carlotta S. Stauffer, Commission Clerk  
Office of the Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Blvd  
Tallahassee, FL 32399

*Re: Docket 170132-TP -- 2018 State certification §54.313 and §54.314, annual reporting requirements for high-cost recipients, and certification of support for eligible telecommunications carriers*

Dear Ms. Stauffer:

In accordance with 47 CFR § 54.313 and § 54.314 and on behalf of Knology of Florida, Inc. (SAC 219904) enclosed are the 2017 FCC Form 481 and Knology of Florida's affidavit that attests the company will only use the federal high-cost support it receives for the purposes outlined in statute.

Knology of Florida requests that the Florida Public Service Commission file the annual certifications regarding federal high-cost support with the FCC and Universal Service Administrative Company (USAC) pursuant to 47 CFR § 54.314.

Should you have any questions, please do not hesitate to call me at 770-569-2105.

Sincerely,

A handwritten signature in black ink that reads 'Lans Chase'.

Lans Chase  
Staff Director – Regulatory Affairs  
John Staurulakis, Inc.  
[lchase@jsitel.com](mailto:lchase@jsitel.com)

Enclosures

cc: Arlene Morgan, Knology of Florida, Inc.

State of Georgia                    )  
  )  
Troup County                        )                   Florida Public Service Commission 2017  
  )                   ETC Certification to the FCC for 2018 Federal  
  )                   Universal Service Support

**Affidavit of Knology of Florida d/b/a WOW! Internet, Cable and Phone**

I, Bruce Schoonover, Jr., being of lawful age duly sworn, on my oath and under penalty of perjury, state that I am the Director of Knology of Florida d/b/a WOW! Internet, Cable and Phone (“Company”) and that I am authorized to execute this affidavit on behalf of the Company, study area code 219904, and the facts set forth in this affidavit are accurate to the best of my knowledge, information and belief.

The Company hereby certifies that:

- 1) All federal universal service support, including Interstate Access Support, was used in the preceding calendar year and will be used in the coming calendar year only for the provision, maintenance, and upgrading of facilities and services for which the support is intended.

FURTHER AFFIANT SAYETH NOT.



Dated this 20<sup>th</sup> day of June, 2017.

Bruce Schoonover, Jr.  
Director – Regulatory Compliance  
WOW! Internet, Cable and Phone  
1241 O.G. Skinner Drive  
West Point, Georgia 31833

Subscribed and Sworn to before me this 20<sup>th</sup> day of June, 2017.



Cathy S. Rambo  
Notary Public  
State of Georgia  
Troup County



**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                          |
|---|--------------------------|
| <010> Study Area Code   | 219904                   |
| <015> Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <020> Program Year  | 2018                     |
| <030> Contact Name: Person USAC should contact with questions about this data         | Melissa Hoek             |
| <035> Contact Telephone Number:<br>Number of the person identified in data line <030> | 7066346762 ext.          |
| <039> Contact Email Address:<br>Email of the person identified in data line <030>     | melissa.hoek@wowinc.com  |
| Form Type   | 54.313 and 54.422        |

**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 219904

<015> Study Area Name KNOWLOGY OF FLORIDA, INC.

<020> Program Year 2018

<030> Contact Name - Person USAC should contact regarding this data Melissa Hoek

<035> Contact Telephone Number - Number of person identified in data line <030> 7066346762 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> melissa.hoek@wowinc.com

<210> For the prior calendar year, were there any reportable voice service outages? Yes

| <220>                        | <a>               | <b1>              | <b2>            | <b3>            | <b4>                         | <c1>                      | <c2>                               | <d>   | <e>  | <f>                       | <g>                     | <h> |
|------------------------------|-------------------|-------------------|-----------------|-----------------|------------------------------|---------------------------|------------------------------------|---|--|---------------------------|-------------------------|-----|
| NORS Reference Number        | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
| -- See attached worksheet -- |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |
|                              |                   |                   |                 |                 |                              |                           |                                    |   |  |                           |                         |     |

**(300) Unfulfilled Service Request  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                         |
|---|-------------------------|
| <010> Study Area Code   | 219904                  |
| <015> Study Area Name   | KNOLGY OF FLORIDA, INC. |
| <020> Program Year  | 2018                    |
| <030> Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek            |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.         |
| <039> Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com |

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)  
\_\_\_\_\_  
Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)  
\_\_\_\_\_  
Name of Attached Document

(400) Number of Complaints per 1,000 customers  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |  |                          |  |
|-------|--|--------------------------|--|
| <010> | Study Area Code  | 219904                   |  |
| <015> | Study Area Name  | KNOLOGY OF FLORIDA, INC. |  |
| <020> | Program Year   | 2018                     |  |
| <030> | Contact Name - Person USAC should contact regarding this data  | Melissa Hoek             |  |
| <035> | Contact Telephone Number - Number of person identified in data line<br><030>   | 7066346762 ext.          |  |
| <039> | Contact Email Address - Email Address of person identified in data line<br><030>   | melissa.hoek@wowinc.com  |  |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.       | Offered only fixed voice |  |
| <410> | Complaints per 1000 customers for fixed voice  | 0 . 0                    |  |
| <420> | Complaints per 1000 customers for mobile voice   |                          |  |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. |                          |  |
| <440> | Complaints per 1000 customers for fixed broadband  |                          |  |
| <450> | Complaints per 1000 customers for mobile broadband   |                          |  |

**(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |  |                          |
|-------|--|--------------------------|
| <010> | Study Area Code  | 219904                   |
| <015> | Study Area Name  | KNOLOGY OF FLORIDA, INC. |
| <020> | Program Year   | 2018                     |
| <030> | Contact Name - Person USAC should contact regarding this data                              | Melissa Hoek             |
| <035> | Contact Telephone Number - Number of person identified in data line <030>                  | 7066346762 ext.          |
| <039> | Contact Email Address - Email Address of person identified in data line <030>              | melissa.hoek@wowinc.com  |
| <500> | Certify compliance with applicable service quality standards and consumer protection rules | Yes                      |
|       |  | 219904FL510 .pdf         |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance  |                          |
| <515> | Certify compliance with applicable minimum service standards                               |                          |

**(600) Functionality in Emergency Situations  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                          |
|---|--------------------------|
| <010> Study Area Code   | 219904                   |
| <015> Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <020> Program Year  | 2018                     |
| <030> Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <039> Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com  |
| <600> Certify compliance regarding ability to function in emergency situations      | Yes                      |
| <610> Descriptive document for Functionality in Emergency Situations                | 219904FL610.pdf          |





**(710) Broadband Price Offerings  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                          |
|---|--------------------------|
| <010> Study Area Code   | 219904                   |
| <015> Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <020> Program Year  | 2018                     |
| <030> Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <039> Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com  |

<711>

| <a1>  | <a2>            | <b1>             | <b2>                 | <c>                 | <d1>                                      | <d2>                                    | <d3>                 | <d4>  |
|-------|-----------------|------------------|----------------------|---------------------|---|---|----------------------|---|
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached <i>{select}</i> |
|       |                 |                  |                      |                     |   |   |                      |   |
|       |                 |                  |                      |                     |   |   |                      |   |
|       |                 |                  |                      |                     |   |   |                      |   |
|       |                 |                  |                      |                     |   |   |                      |   |
|       |                 |                  |                      |                     |   |   |                      |   |
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|       |                 |                  |                      |                     |   |   |                      |   |
|       |                 |                  |                      |                     |   |   |                      |   |
|       |                 |                  |                      |                     |   |   |                      |   |
|       |                 |                  |                      |                     |   |   |                      |   |



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                          |
|---|--------------------------|
| <010> Study Area Code   | 219904                   |
| <015> Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <020> Program Year  | 2018                     |
| <030> Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <039> Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com  |

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
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|  |
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|   |  |
|---|--|
| <b>(1000) Voice and Broadband Service Rate Comparability Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 219904                   |
| <015> | Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <020> | Program Year  | 2018                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com  |

<1000>      Voice services rate comparability certification      Yes

<1010>      Attach detailed description for voice services rate comparability compliance

---

Name of Attached Document

<1020>      Broadband comparability certification

<1030>      Attach detailed description for broadband comparability compliance

---

Name of Attached Document

|  |  |
|--|--|
| <b>(1100) No Terrestrial Backhaul Reporting<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 219904                   |
| <015> | Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <020> | Program Year  | 2018                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com  |

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

|  |  |
|--|--|
| <b>(1200) Terms and Condition for Lifeline Customers</b><br><b>Lifeline</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 219904                   |
| <015> | Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <020> | Program Year  | 2018                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com  |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.wowway.com/experience/terms-and-conditions/south/lifeline-assistance-program>

“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

|  |   |
|--|---|
| <b>(2005) Price Cap Carrier Additional Documentation</b>                                   | FCC Form 481  |
| <b>Data Collection Form</b>  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | July 2013   |

|  |                          |
|--|--------------------------|
| <b>&lt;010&gt; Study Area Code</b>   | 219904                   |
| <b>&lt;015&gt; Study Area Name</b>   | KNOLOGY OF FLORIDA, INC. |
| <b>&lt;020&gt; Program Year</b>  | 2018                     |
| <b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>                       | Melissa Hoek             |
| <b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>     | 7066346762 ext.          |
| <b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b> | melissa.hoek@wowinc.com  |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

|   |   |   |
|---|---|---|
| <b>&lt;2011&gt;</b> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <b>&lt;2022&gt;</b> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <b>&lt;2023&gt;</b> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <b>&lt;2024A&gt;</b> Round 2 Recipient of Incremental Support?  | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> |
| <b>&lt;2024B&gt;</b> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.   | <input style="width: 100%; height: 20px;" type="text"/> | Name of Attached Document Listing Required Information  |
| <b>&lt;2025A&gt;</b> Round 2 Recipient of Incremental Support?  | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> |
| <b>&lt;2025B&gt;</b> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).   | <input style="width: 100%; height: 20px;" type="text"/> | Name of Attached Document Listing Required Information  |
| <b>&lt;2015&gt;</b> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)  | <input style="width: 100%; height: 20px;" type="text"/> |   |



**(2005) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 219904                   |
| <015> | Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <020> | Program Year  | 2018                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com  |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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.

(3009) Progress Report on 5 Year Plan  
Carrier certifies to 54.313(f)(1)(iii)

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}

(3010B) Please Provide Attachment Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

(3012B) Please Provide Attachment Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached PDF, 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) with 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)

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 Borrowers

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and/or audit opinion 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) with Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information

|   |   |
|---|---|
| <b>(3005) Rate Of Return Carrier Additional Documentation (Continued)</b> | FCC Form 481  |
| <b>Data Collection Form</b>   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|   | July 2013   |

|  |                         |
|--|-------------------------|
| <b>&lt;010&gt; Study Area Code</b>   | 219904                  |
| <b>&lt;015&gt; Study Area Name</b>   | KNOLGY OF FLORIDA, INC. |
| <b>&lt;020&gt; Program Year</b>  | 2018                    |
| <b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>                       | Melissa Hoek            |
| <b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>     | 7066346762 ext.         |
| <b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b> | melissa.hoek@wowinc.com |

**Financial Data Summary**

|   |                      |
|---|----------------------|
| (3027) Revenue                          | <input type="text"/> |
| (3028) Operating Expenses               | <input type="text"/> |
| (3029) Net Income                       | <input type="text"/> |
| (3030) Telephone Plant In Service(TPIS) | <input type="text"/> |
| (3031) Total Assets                     | <input type="text"/> |
| (3032) Total Debt                       | <input type="text"/> |
| (3033) Total Equity                     | <input type="text"/> |
| (3034) Dividends                        | <input type="text"/> |

|       |   |                         |
|-------|---|-------------------------|
| <010> | Study Area Code   | 219904                  |
| <015> | Study Area Name   | KNOLGY OF FLORIDA, INC. |
| <020> | Program Year  | 2018                    |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.         |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.com |

**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

**If yes to 4003A, please provide a response for 4003B.**

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information

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**Broadband Deployment Locations – FCC 14-98 (paragraph 80)**

**4004a.** Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. Name of Attached Document Listing Required Information

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**4004b.** Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. Name of Attached Document Listing Required Information

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|   |  |
|---|--|
| <b>Certification - Reporting Carrier<br/>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   | 219904                   |
| <b>&lt;015&gt;</b> | Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <b>&lt;020&gt;</b> | Program Year  | 2018                     |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <b>&lt;039&gt;</b> | Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.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: KNOLOGY OF FLORIDA, INC.   |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 06/15/2017                           |
| Printed name of Authorized Officer: Bruce Schoonover  |   |
| Title or position of Authorized Officer: Vice-President Reg Comp  |   |
| Telephone number of Authorized Officer: 7066453966 ext.   |   |
| Study Area Code of Reporting Carrier: 219904  | Filing Due Date for this form: 07/03/2017 |
| 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.  |   |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>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   | 219904                   |
| <b>&lt;015&gt;</b> | Study Area Name   | KNOLOGY OF FLORIDA, INC. |
| <b>&lt;020&gt;</b> | Program Year  | 2018                     |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | Melissa Hoek             |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 7066346762 ext.          |
| <b>&lt;039&gt;</b> | Contact Email Address - Email Address of person identified in data line <030> | melissa.hoek@wowinc.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   |                                |
|---|--------------------------------|
| <p>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.</p> |                                |
| 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: |
| <small>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.</small>   |                                |

**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  |                                |
|---|--------------------------------|
| <p>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.</p> |                                |
| Name of Reporting Carrier:  |                                |
| Name of Authorized Agent Firm:  |                                |
| Signature of Authorized Agent or Employee of Agent:   | Date:                          |
| Name of Authorized Agent Employee:  |                                |
| 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: |
| <small>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.</small>   |                                |

## Attachments





**Knology of Florida, Inc.’s demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

Knology of Florida, Inc. (“Knology”) hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Knology is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: (1) Filing of Service Schedules pursuant to the requirements of Florida Administrative Code § 25-4.0341 and Florida Statutes, Title XXVII, Chapter 364 Telecommunications Companies, 364.04, which disclose rates to customers; (2) adherence to Florida state consumer protection requirements governing telephone providers for Compliance with Anti-Slamming Procedures as adopted in Florida Administrative Code § 25-4.118; and (3) compliance with CPNI as identified in Florida Statutes Title XXVII, Chapter 364, 364.24, Red

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Knology is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in 47 CFR § 8.3. The company furthermore will comply with all requirements set forth in the 2015 Open Internet Order when it becomes effective.

**Knology of Florida's demonstration of ability to function in emergency situations for voice and broadband services:**

Knology of Florida, Inc. ("Knology") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)<sup>1</sup>. Knology's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). Knology can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Knology to manage traffic spikes throughout its network, as emergency situations require. In addition, Knology has redundancy for connectivity purposes *via* additional routes and electronic equipment for voice and broadband services.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Knology has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as Knology has access to fuel. Company complies with the FCC's backup power requirements, effective October 16, 2015.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."



