



9260 E. Stockton Blvd  
Elk Grove, CA 95624

January 27, 2021

Mr. Cayce Hinton, Director  
Office of Industry Development and Market Analysis  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399

Filed Electronically via Florida Public Service Commission website

RE: Annual Eligibility Re-Certification of Lifeline Subscribers  
FCC Form 555

Dear Mr. Hinton:

Frontier Communications of the South, LLC and Frontier Florida, LLC herein after referred to as "Frontier" hereby provides a copy of its Annual Lifeline Eligible Telecommunications Carrier Certification Form in compliance with 47 CFR 54.416 as adopted by the Federal Communication Commission (FCC) in its Lifeline Reform Order, FCC 12-11, released February 6, 2012.

Section 54.416(b) requires eligible telecommunication carriers (ETCs) to annually provide the results of their re-certification efforts performed pursuant to Section 54.410 (f) to the FCC and the Universal Service Administrative Company (USAC). ETCs are also required to provide the results of their re-certification efforts to state commissions and relevant tribal governments.

If you have any questions, please contact me at (916) 686-3588 or by email at [joe.chicoine@ftr.com](mailto:joe.chicoine@ftr.com).

Respectfully Submitted,

/s/ Joe Chicoine

Joe Chicoine  
Sr. Manager, Govt. & External Affairs  
Frontier Communications

Enclosures

cc: L. Lenhart, Frontier  
A. McCall, Frontier

RECEIVED-FPSC  
2021 MAY 24 PM 12:42  
COMMISSION  
CLERK

**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)*

|  |           |   |
|--|-----------|---|
| <u>210328</u>  |           | <u>143001435</u>  |
| Study Area Code (SAC)  |           | Service Provider Identification Number (SPIN)               |
| <i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i> |           |   |
| <u>2020</u>  | <u>FL</u> | <u>Frontier Florida LLC</u>                                 |
| Recertification Year   | State     | ETC Name  |
| <u>N/A</u>   |           | <u>Frontier Communications Corporation</u>                  |
| DBA, Marketing, or Other Branding Name   |           | Holding Company Name  |
| <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>   |           | <i>(If same as ETC name, list "N/A" Do not 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 |
|------------------------------|-----------------------|
| -- See attached worksheet -- |                       |

**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       No

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

| <b>P</b>          | <b>Q</b>                              |
|-------------------|---------------------------------------|
| 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.

JCM  
Initial \_\_\_\_\_

**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 |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| A. | 124 | 94  | 31  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 249        |
| B. | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0          |
| C. | 124 | 94  | 31  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 249        |

**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.

|    | 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. | 124 | 94  | 31  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 249        |

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

USAC

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. | 63  | 45  | 10  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 118        |

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. | 61  | 49  | 21  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 131        |

**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.

Initial \_\_\_\_\_

**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 \_\_\_\_\_

**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

**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 \_\_\_\_\_

| <b>M = (G+K)</b>  | <b>N = (D+F+I)</b>   | <b>O = M/N*100</b>   |
|---|--|--|
| <b>Total number of subscribers de-enrolled as a result of recertification</b> | <b>Total number of subscribers ETC is responsible for recertifying</b> | <b>Percent of subscribers due for recertification who were de-enrolled</b> |
| <b>118</b>  | <b>249</b>   | <b>47.39%</b>  |

**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 C. Matushek Director – Acctg

Signature of Officer

jessica.matushek@ftr.com

Email Address of Officer

Christine Burke

Person Completing This Certification Form

Jessica C. Matushek Director – /

Printed Name and Title of Officer

Jan 25, 2021

Date

585-777-6719

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 Sylvania Lake Inc.  |
| 154532 | CITIZENS TELECOMMUNICATIONS COMPANY OF NY      |
| 154533 | CITIZENS TELECOMMUNICATIONS COMPANY OF NY      |
| 154534 | CITIZENS TELECOMMUNICATIONS COMPANY OF NY      |
| 170149 | Frontier Communications of Breezewood LLC      |
| 170151 | 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 | Rhineland Tel Co                               |
| 330912 | Frontier Communications of Mondovi LLC         |
| 330940 | Rhineland Tel Co                               |
| 330941 | Rhineland Tel Co                               |



**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)*

|  |   |
|--|---|
| 210318   | 143001561   |
| Study Area Code (SAC)  | Service Provider Identification Number (SPIN)               |
| <i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i> |   |
| 2020   | FL  |
| Recertification Year   | State   |
| N/A  | Frontier Communications of the South LLC                    |
| DBA, Marketing, or Other Branding Name   | ETC Name  |
| <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>   | Frontier Communications Corporation                         |
| Holding Company Name   | Holding Company Name  |
| <i>(If same as ETC name, list "N/A" Do not leave blank)</i>  | <i>(If same as ETC name, list "N/A" Do not 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 |
|------------------------------|-----------------------|
| -- See attached worksheet -- |                       |

**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  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

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. | 3   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 5          |

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

USAC

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. | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1          |

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. | 2   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 4          |

**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.

Initial \_\_\_\_\_

**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 \_\_\_\_\_

**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

**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 \_\_\_\_\_

| $M = (G+K)$  | $N = (D+F+I)$   | $O = M/N*100$   |
|--|---|---|
| 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 |
| 1  | 5   | 20.0%   |

**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 - Acctg

Signature of Officer

jessica.matushek@ftr.com

Email Address of Officer

Christine Burke

Person Completing This Certification Form

Jessica Matushek Director - Acc

Printed Name and Title of Officer

Jan 25, 2021

Date

585-777-6719

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 Sylvania Lake Inc.  |
| 154532 | CITIZENS TELECOMMUNICATIONS COMPANY OF NY      |
| 154533 | CITIZENS TELECOMMUNICATIONS COMPANY OF NY      |
| 154534 | CITIZENS TELECOMMUNICATIONS COMPANY OF NY      |
| 170149 | Frontier Communications of Breezewood LLC      |
| 170151 | 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 | Rhineland Tel Co                               |
| 330912 | Frontier Communications of Mondovi LLC         |
| 330940 | Rhineland Tel Co                               |
| 330941 | Rhineland Tel Co                               |

