FCC Form 525 OMB Control No. 3060-0986 [Month] 2025 Not approved by OMB

# **COMPETITIVE CARRIERS HIGH COST DATA SUBMISSION**

| (1) Quarterly Submission Date:               |                          |                                   |                      |                         |                           |   |  |
|--|--------------------------|-----------------------------------|----------------------|-------------------------|---------------------------|---|--|
| (2) USAC Service Provider Identification     | Number (SPIN):           |                                   |                      |                         |                           |   | Do Not Write in this Area:<br>For Administrator's Use Only |
| (3) Company Study Area Code: (First time     | filers leave blank and a | Study Area Code will be assigned) |                      |                         |                           |   |  |
| (4) Study Area Name:                         |                          |                                   |                      |                         |                           |   |  |
| (5) Company Legal Name:                      |                          |                                   |                      |                         |                           |   |  |
| (6) Filer 499 ID:                            |                          |                                   |                      |                         |                           |   |  |
| Check Box if this is a new address/contact f | rom a previous data      | a submission:                     | ]                    |                         |                           |   |  |
| (7) Mailing Address:                         |                          |                                   |                      |                         |                           |   |  |
| (8) Contact Name:                            |                          |                                   | (9) Title:           |                         |                           |   |  |
| (10) Telephone Number:                       |                          |                                   |                      |                         |                           |   |  |
| (11) E-mail Address:                         |                          |                                   |                      |                         |                           |   |  |
|  |                          |                                   |                      |                         |                           |   |  |
| (12) Mechanism for which you are reques      | sting support:           | (13) Lines Reported as of:        | (14) Typ<br>Original | e of Filing<br>Revision | (15) Worksheet to Complet | e |  |
| High Cost Loop Support (HCL)                 |                          |                                   |                      |                         | Complete HCL and LSS      |   |  |
| Local Switching Support (LSS)                |                          |                                   |                      |                         | Complete HCL and LSS      |   |  |
| Interstate Common Line Support (ICLS)        |                          |                                   |                      |                         | Complete ICLS Worksheet   |   |  |
| High Cost Model Support (HCM)                |                          |                                   |                      |                         | Complete HCM Worksheet    |   |  |
| Interstate Access Support (IAS)              |                          |                                   |                      |                         | Complete IAS Worksheet    |   |  |

Competitive Carrier Information Page 1

# HIGH COST LOOP (HCL) AND LOCAL SWITCHING SUPPORT (LSS) LINE COUNT WORKSHEET

|   |                               |                         |                          |                                  |                            |  | Do Not Write in this Area:  |
|---|-------------------------------|-------------------------|--------------------------|----------------------------------|----------------------------|--|---|
| (2) USAC Service Provider Identification Number (SPIN):   |                               |                         | 0                        |                                  |                            |  | For Administrator's Use Only  |
| (3) Company Study Area Code:  |                               |                         | 0                        |                                  |                            |  |   |
| (4) Study Area Name:  |                               |                         | 0                        |                                  |                            |  |   |
| (13) Lines Reported as of:  |                               |                         |                          |                                  |                            |  |   |
| (14) Type of Filing:  |                               |                         |                          |                                  |                            |  |   |
|   |                               |                         |                          |                                  | •                          |  |   |
| Line Count Data for Path 1, 2 & 3 Carriers Where carrier reports both UNEs and facilities based lines in the same SA Complete one row for each disaggregation zone. | C or disaggregatio            | on zone, carrier s      | shall list UNEs i        | n a separate row.                |                            |  |   |
| (16) Incumbent Carrier Name   | (17) Incumbent<br>Carrier SAC | (18) ETC<br>Designation | (19) Path<br>Designation | (20) Disaggregation Zone<br>Name | (21) Wire Center CLLI Code | (22) Total Number of<br>Lines in Service | (23) Were any lines provided through UNEs?<br>If yes, please fill out the UNE Agreement<br>Information. |
|   |                               |                         |                          |                                  |                            |  |   |
|   |                               |                         |                          |                                  |                            |  |   |
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|   |                               |                         |                          |                                  |                            |  |   |

Use an additional sheet if necessary.

#### FCC Form 525 High Cost Support Mechanism Competitive Carrier Line Count Report

### INTERSTATE COMMON LINE SUPPORT (ICLS) LINE COUNT WORKSHEET

| (2) USAC Service Provider Identification Number (SPIN): | 0                             |                         |                       |                                  |                               |  | Do Not Write in this Area:<br>For Administrator's Use Only |  |
|---|-------------------------------|-------------------------|-----------------------|----------------------------------|-------------------------------|--|--|--|
| (3) Company Study Area Code:                            |                               |                         | 0                     |                                  |                               |  |  |  |
| (4) Study Area Name:                                    |                               |                         | 0                     |                                  |                               |  |  |  |
| (13) Lines Reported as of:                              |                               |                         |                       |                                  |                               |  |  |  |
| (14) Type of Filing:                                    |                               |                         |                       |                                  |                               |  |  |  |
|   |                               |                         |                       |                                  | _                             |  |  |  |
| Line Count Data for Path 1, 2 & 3 Carriers              |                               |                         |                       |                                  |                               |  | -  |  |
| Complete one row for each disaggregation zone.          | (                             | (01) ===0               |                       | (20) 21                          |                               | an                                       |  |  |
| (24) Incumbent Carrier Name                             | (25) Incumbent<br>Carrier SAC | (26) ETC<br>Designation | (27) Path Designation | (28) Disaggregation<br>Zone Name | (29) Wire Center CLLI<br>Code | (30) Residence & Single<br>Line Business | (31) Multi-line<br>Business                                | (32) Total Number of<br>Lines in Service |
|   |                               |                         |                       |                                  |                               |  |  |  |
|   |                               |                         |                       |                                  |                               |  |  |  |
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Use an additional sheet if necessary.

ICLS Line Count Worksheet

# FCC Form 525 High Cost Support Mechanism Competitive Carrier Line Count Report

FCC Form 525 OMB Control No. 3060-0986 [Month] 2025 Not approved by OMB

# HIGH COST MODEL (HCM) LINE COUNT WORKSHEET

| (2) USAC Service Provider Identification Number (SPI |    |                                  | 0                       |                            |                       | Do Not Write in this Area:<br>For Administrator's Use Only |
|--|----|----------------------------------|-------------------------|----------------------------|-----------------------|--|
| (3) Company Study Area Code:                         |    |                                  | 0                       |                            |                       |  |
| (4) Study Area Name:                                 |    |                                  | 0                       |                            |                       |  |
| (13) Lines Reported as of:                           |    |                                  |                         |                            |                       |  |
| (14) Type of Filing:                                 |    |                                  |                         |                            |                       |  |
|  |    |                                  |                         |                            |                       |  |
|  |    |                                  |                         |                            |                       |  |
|  |    |                                  |                         |                            |                       |  |
| Complete one row for each Wire Center.               |    |                                  |                         |                            |                       |  |
| (33) Incumbent Carrier Nar                           | ne | (34)<br>Incumbent<br>Carrier SAC | (35) ETC<br>Designation | (36) Wire Center CLLI Code | (37) Wire Center Name | (38) Total Lines   |
| (55)   |    |                                  |                         |                            | ,                     | (co) rotal   |
|  |    |                                  |                         |                            |                       |  |
|  |    |                                  |                         |                            |                       |  |
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|  |    |                                  |                         |                            |                       |  |

Use an additional sheet if necessary.

HCM Line Count Worksheet

Do Not Write in this Area: For Administrator's Use Only

# INTERSTATE ACCESS SUPPORT (IAS) LINE COUNT WORKSHEET

| (2) USAC Service Provider Identification Number (SPIN | 0     |
|---|-------|
| (3) Company Study Area Code:                          | 0     |
| (4) Study Area Name:                                  | 0     |
| (13) Lines Reported as of:                            | #REF! |
| (14) Type of Filing:                                  | #REF! |

|                                    | Number of Lines               |             |                  |                 |                  |                 |                  |                 |                  |                 |                  |
|------------------------------------|-------------------------------|-------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|
| Complete one row for each Incumber | Zone 1 Zone 2                 |             |                  | e 2             | Zone 3 Zone 4    |                 |                  | ie 4            |                  |                 |                  |
|                                    |                               |             | (42) Residence & |                 | (44) Residence & |                 | (46) Residence & |                 | (48) Residence & |                 |                  |
|                                    | (40) Incumbent<br>Carrier SAC | (41) ETC    | Single Line      | (43) Multi-line | Single Line      | (45) Multi-line | Single Line      | (47) Multi-line | Single Line      | (49) Multi-line |                  |
| (39) Incumbent Carrier Name        | Carrier SAC                   | Designation | Business         | Business        | Business         | Business        | Business         | Business        | Business         | Business        | (50) Total Lines |
|                                    |                               |             |                  |                 |                  |                 |                  |                 |                  |                 |                  |
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Use an additional sheet if necessary.

IAS Line Count Worksheet

Do Not Write in this Area: For Administrator's Use Only

# FCC Form 525 High Cost Support Mechanism Competitive Carrier Line Count Report

UNBUNDLED NETWORK ELEMENTS REPORTING

(2) USAC Service Provider Identification Number (SPIN):

| (3) Company Study Area Code:                                       |  |   |                                      |  | 0  |  |  |   |   |  |
|--|--|---|--------------------------------------|--|--|--|--|---|---|--|
| (4) Study Area Name:   |  |   |                                      |  |  | 0  |  |   |   |  |
|  |  |   |                                      |  |  |  |  |   |   |  |
| Complete one worksheet for each                                    | ch study area of a Path 1 rural inc                | rumbent carrier in which the comp<br>witching service, the UNE switchin | etitive carrier is reporting lines a | nd uses unbundled network elen                                       | nents ("UNEs") to serve the reporte                                      | ed lines. The competitive carrier i                                    | must separately identify the number of   | UNE loops; UNE price per loop; any port   | and vertical services costs                                     |  |
|  |  | witching service, the ONE switchin                                      | ig price per minute and number       | or switching minutes.  |  |  |  |   |   |  |
| (51) Incumbent Carrier Na  | ame:   |   |                                      |  |  |  |  |   |   |  |
| (52) Incumbent Carrier St  | tudy Area Code:                                    |   |                                      |  |  |  |  |   |   |  |
|  |  | Rural Incumbent Carrier   |                                      |  |  |  |  |   |   |  |
| (53) UNE Zone  | Loops w/c  | Port Cost   | Loops                                | w/ Ports   | Vertical   |  |  | Switching   |   |  |
|  | (54) No. of Loops                                  | (55) Price per loop   | (56) No. of ports                    | (57) Price/port  | Services   | (59) Price for vertical services<br>on each loop                       | (60) No. of loops with switching   | (61) No. of switching minutes   | (62) Price/minute   |  |
| Zone 1   |  |   |                                      |  |  |  |  |   |   |  |
| Zone 2   |  |   |                                      |  |  |  |  |   |   |  |
| Zone 3   |  |   |                                      |  |  |  |  |   |   |  |
|  |  |   |                                      |  |  |  |  |   |   |  |
| Zone 4   |  |   |                                      |  |  |  |  |   |   |  |
| one UNE zone, please report the<br>per minute and number of switch | e lines in each UNE zone per disa<br>hing minutes. | aggregation zone on a separate ro                                       | w. The competitive carrier mus       | ing lines and uses unbundled nei<br>t separately identify the number | twork elements ("UNEs") to serve to<br>of UNE loops; UNE price per loop; | he reported lines. For each incur<br>any port and vertical services co | mbent study area, list the name of eaci<br>sts included in the UNE loop price; nur | n disaggregation zone . If the disagg<br>nber of loops receiving UNE switching se | regation zone includes more than rvice, the UNE switching price |  |
|  |  | 2 and Path 3 rural incumbe  |                                      |  | (GE) LIN   | IE tumo  | (CC) Ougatity  | (67) Price  | (CO) Minutes  |  |
| (63) UNE 2   | Zone Name  | (04)  | ) Disaggregation Zone Na             | anie   | (65) UN  | ¥⊏ type  | (66) Quantity  | (67) Price  | (68) Minutes  |  |
|  |  |   |                                      |  | Loops without port costs Ports   |  |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ Vertical Service   | oe .   |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ switching  |  |  |   |   |  |
|  |  |   |                                      |  | Loops without port costs   |  |  |   |   |  |
|  |  |   |                                      |  | Ports  |  |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ Vertical Service   | es   |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ switching  |  |  |   |   |  |
|  |  |   |                                      |  | Loops without port costs   |  |  |   |   |  |
|  |  |   |                                      |  | Ports  |  |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ Vertical Servic  | es   |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ switching  |  |  |   |   |  |
|  |  |   |                                      |  | Loops without port costs Ports   |  |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ Vertical Service   | es   |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ switching  |  |  |   |   |  |
|  |  |   |                                      |  | Loops without port costs   |  |  |   |   |  |
|  |  |   |                                      |  | Ports  |  |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ Vertical Servic  | es   |  |   |   |  |
|  |  |   |                                      |  | No. of loops w/ switching  |  |  |   |   |  |
|  |  |   |                                      |  |  |  |  |   |   |  |

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FCC Form 525 OMB Control No. 3060-0986 [Month] 2025 Not approved by OMB

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 525 ON ITS OWN BEHALF:

| Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 525, Line Count Report for Competitive Carriers, on Behalf of Reporting Carrier |           |   |  |         |                        |                                 |  |  |  |  |
|--|-----------|---|--|---------|------------------------|---------------------------------|--|--|--|--|
| I certify that I am an officer or employee of FCC Form 525; and, to the best of my know  |           |   |  | -       | racy of the actual lin | e count data reported on        |  |  |  |  |
| Name of Reporting Carrier: 0   |           |   |  |         |                        |                                 |  |  |  |  |
| Service Provider Identification Number:  | )         |   |  |         |                        |                                 |  |  |  |  |
| Signature of authorized officer or employee:   |           |   |  |         |                        | Date:                           |  |  |  |  |
| Printed name of authorized officer or employe  | e:        |   |  |         |                        |                                 |  |  |  |  |
| Title or position of authorized officer or emplo   | /ee:      |   |  |         |                        |                                 |  |  |  |  |
| Telephone number of authorized officer or em   | ployee: ( | ) | -  | ext.    |                        |                                 |  |  |  |  |
| Study Area Code of Reporting CETC  | 0         |   | Filing Due Date for thi (mm/dd/yyyy)                     | is form |                        |                                 |  |  |  |  |
| Persons willfully making false statements  |           |   | e or forfeiture under the C<br>the United States Code, 1 |         |                        | S.C. §§ 502, 503(b), or fine or |  |  |  |  |

Certification-Reporting Carrier Page 7

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 525 ON THE CARRIER'S BEHALF:

| Certification of Officer or Employee to Authorize an Agent to File FCC Form 525, Line Count Report for Competitive Carriers, on Behalf o Reporting Carrier |            |   |                                |  |                         |                         |  |  |  |
|--|------------|---|--------------------------------|--|-------------------------|-------------------------|--|--|--|
| I certify that (Name of Agent) Form 525 on behalf of the reporting ca the accuracy of the actual line count d authorized agent is accurate.                |            |   |                                | e of the reporting carrier                           |                         | include ensuring        |  |  |  |
| Name of Authorized Agent:  |            |   |                                |  |                         |                         |  |  |  |
| Name of Reporting Carrier: 0   |            |   |                                |  |                         |                         |  |  |  |
| Service Provider Identification Number:  |            |   |                                | 0  |                         |                         |  |  |  |
| Signature of authorized officer or employee:   |            |   |                                |  | Dat                     | e:                      |  |  |  |
| Printed name of authorized officer or employ   | ee:        |   |                                |  |                         |                         |  |  |  |
| Title or position of authorized officer or emplo   | oyee:      |   |                                |  |                         |                         |  |  |  |
| Telephone number of authorized officer or er   | nployee: ( | ) | -                              | ext.   |                         |                         |  |  |  |
| Study Area Code of Reporting CETC  | 0          |   | Filing Due Dat<br>(mm/dd/yyyy) | e for this form                                      |                         |                         |  |  |  |
| Persons willfully making false statements  |            |   |                                | er the Communications Act<br>Code, 18 U.S.C. § 1001. | t of 1934, 47 U.S.C. §§ | 502, 503(b), or fine or |  |  |  |

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File FCC Form 525, Line Count Report for Competitive Carriers, on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the information reported on FCC Form 525 on behalf of the reporting carrier; I have provided the line count data reported herein based on actual line count data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. I also certify that I will provide copies of the line count filing to the reporting carrier within 15 days.

Name of Reporting Carrier:

O

Name of Authorized Agent:

Signature of authorized agent or employee of agent:

Title or position of authorized agent or employee of agent:

Title or position of authorized agent or employee of agent:

Telephone number of authorized agent:

- ext.

Study Area Code of Reporting CETC

O

Filing Due Date for this form
(mm/dd/yyyy)

Persons willfully making false statements on this form can be punished by file 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.

Certification-Agent Page 8

# FCC Form 525 High Cost Support Mechanism

Competitive Carrier Line Count Form

FCC Form 525 OMB Control No. 3060-0986 [Month] 2025, Not approved by OMB

NOTICE: Sections 54.307(b) and 54.802(a) of the Federal Communications Commission's rules requires all competitive eligible telecommunications carriers to provide line count information to USAC, the universal service Administrator, in order to be eligible to receive support. Pursuant to Sections 54.307(c) and 54.802(a), this information must be submitted by support mechanism on a quarterly basis in accordance with the incumbent carrier's line count reporting schedule. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. The data in the form will be used to calculate the amount of support, if any, that each reporting carrier is eligible to receive from the High Cost support mechanisms.

We have estimated that each response to this collection of information will take, on average, 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PPM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0986). We also will accept your comments via the Internet if you send them to PRA@FCC.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0986.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine High Cost support amounts for competitive eligible telecommunications carriers. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you are not eligible to receive support under the High Cost support mechanisms, 47.C.F.R. §§ 54.307 and 54.802.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.