Filing Instructions: Mail one (1) original and five (5) copies of completed application materials, including all attachments, to:

Mr. Reece McAlister
Executive Secretary
Georgia Public Service Commission
244 Washington St. SW
Atlanta, GA 30334

Georgia Public Service Commission
244 Washington Street, SW
Atlanta, Georgia 30334-5701

APPLICATION FOR CERTIFICATE OF AUTHORITY TO CONSTRUCT OR OPERATE TELEPHONE LINE, PLANT, OR SYSTEM

I. APPLICANT ADDRESS

NAME OF COMPANY Cablevision Lightpath LLC

ADDRESS: STREET 1111 Stewart Avenue

CITY Bethpage STATE NY ZIP CODE 11714

TEL. NO. (877) 544-4872 FAX NO. ( )

EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS:

NAME Christopher Yost TEL. NO. (303) 956-9050

TITLE General Counsel FAX NO. ( )

E-MAIL christopher.yost@lightpathfiber.com

EMPLOYEE ADDRESS (*IF DIFFERENT FROM ABOVE*):

STREET SAME

CITY STATE ZIP CODE

NOTE: FAILURE TO NOTIFY THE COMMISSION, IN WRITING, WHEN THERE IS A CHANGE IN THE CONTACT PERSON OR ADDRESS(ES) LISTED IN THIS APPLICATION WILL RESULT IN CANCELLATION OF THE APPLICATION OR SUBSEQUENT CERTIFICATE.

II. ATTORNEY OR AGENT ADDRESS

IF APPLICANT IS NOT A GEORGIA CORPORATION, GIVE NAME AND ADDRESS OF AN ATTORNEY OR AGENT IN THE STATE OF GEORGIA UPON WHOM PROCESS MAY BE SERVED IN ANY SUIT AGAINST APPLICANT.

NAME Renee Patterson

NAME OF FIRM Corporation Service Company

ADDRESS: STREET 2 Sun Court, Suite 400

CITY Peachtree Corners STATE Georgia ZIP CODE 30092

TEL. NO. 1-(800) 927-9801 x62704 FAX NO. ( )

III. ORGANIZATION

1. TYPE OF ORGANIZATION: (CHECK ONE)

   [X] LLC

   [ ] INDIVIDUAL

   [ ] PARTNERSHIP

   [ ] CORPORATION

   [ ] MUTUAL OR COOPERATIVE (INC. UNINC.)

   [ ] OTHER (SPECIFY): _____

2. IF APPLICANT IS A CORPORATION OR LIMITED PARTNERSHIP, INSERT THE SEVEN-DIGIT CONTROL NUMBER FROM "CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS" ISSUED BY THE SECRETARY OF STATE OF THE STATE OF **GEORGIA.**

   CONTROL NUMBER: _____

   ATTACH A COPY OF GEORGIA SECRETARY OF STATE CERTIFICATE, MARKED EXHIBIT ___.

3. IF APPLICANT IS A CORPORATION, ATTACH COPY OF CHARTER, MARKED EXHIBIT ___. ALSO ATTACH A LIST OF ALL DIRECTORS AND PRINCIPAL STOCKHOLDERS WITH THE NUMBER OF SHARES HELD BY EACH, MARKED EXHIBIT ___, AND GIVE NAME AND ADDRESSES OF THE FOLLOWING OFFICERS:

   PRESIDENT _____ ADDRESS _____

   V. PRESIDENT _____ ADDRESS _____

   TREASURER _____ ADDRESS _____

   SECRETARY _____ ADDRESS _____

   STATE AND DATE OF INCORPORATION: STATE _____ DATE _____

4. IF APPLICANT IS A PARTNERSHIP OR COOPERATIVE, PROVIDE AN ATTACHMENT, MARKED EXHIBIT ___, WITH NAMES AND ADDRESSES OF PARTNERS, OFFICERS OR MEMBERS.

5. IF APPLICANT IS A SUBSIDIARY, PARENT, OR AFFILIATE OF ANY OTHER COMPANY, REGARDLESS OF TYPE OR INDUSTRY, PROVIDE A CHART, MARKED EXHIBIT A, SHOWING THE RELATIONSHIPS BETWEEN THE APPLICANT AND ALL AFFILIATED COMPANIES.

IV. EXISTING AUTHORITY

1. DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE AN EXISTING CERTIFICATE(S) OF AUTHORITY ISSUED BY THE GEORGIA PUBLIC SERVICE COMMISSION?

   [X] NO

   [ ] YES

   IF YES, CHECK CERTIFICATE TYPE(S) AND INSERT CERTIFICATE NUMBERS:

   [ ] COMPETITIVE LOCAL EXCHANGE SERVICE (CLEC): L-____

   [ ] RESELLER OF LONG DISTANCE (RESALE): R - ____

   [ ] ALTERNATE OPERATOR SERVICE (AOS): A-____

   [ ] INSTITUTIONAL TELECOMMUNICATIONS SERVICE (ITS): P-____

   [ ] PAYPHONE SERVICE PROVIDER (PSP): ____

   [ ] AUTOMATIC DIALING AND ANNOUNCING DEVICE (ADAD): ____

   [ ] TELEPHONE SERVICE OBSERVING EQUIPMENT (TSOE): ____

2. A) DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE CERTIFICATE AUTHORITY IN ANY OTHER STATE OR FEDERAL JURISDICTION(S)?

   [ ] NO

   [X] YES

   IF YES. LIST STATES IN WHICH AUTHORITY HAS BEEN GRANTED: CT, MA, NJ, NY, FL

   B) DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE PENDING APPLICATIONS IN ANY OTHER STATE OR FEDERAL JURISDICTION(S)?

   [ ] NO

   [X] YES

   IF YES, LIST STATES IN WHICH APPLICATIONS ARE PENDING: AZ

   C) HAS THE APPLICANT BEEN DENIED CERTIFICATION IN ANY JURISDICTION?

   [X] NO

   [ ] YES

   IF YES, WHICH STATE(S) OR JURISDICTION(S)? ____

   ATTACH A COPY OF THE ORDER(S) DENYING CERTIFICATION.

V. INTEREXCHANGE SERVICE

1. WHAT CUSTOMER CLASS(ES) DOES THE APPLICANT PROPOSE TO SERVE (CHECK ALL THAT APPLY)?

   [ ] RESIDENTIAL

   [X] BUSINESS

   [ ] OTHER: _____

2. WHAT SERVICES WILL THE APPLICANT PROVIDE (CHECK ALL THAT APPLY)?

   [ ] MESSAGE TELECOMMUNICATIONS SERVICE (MTS)/ DIRECT DISTANCE DIALING (DDD)

   [ ] WIDE AREA TELECOMMUNICATIONS SERVICE (WATS)

   [X] PRIVATE LINE

   [ ] CALLING CARD

   [ ] TRAVEL CARD

   [ ] DEBIT OR PRE-PAID CARD (PROVIDE A WORKING DEBIT CARD WITH APPLICATION MATERIALS)

   [ ] TOLL LINE (GENERALLY ONLY APPLIES TO INCUMBENT LOCAL EXCHANGE CARRIERS)

   [X] OTHER: Facilities-Based Local Exchange and Long Distance Service

3. IF PROVIDING TOLL LINE SERVICE, ANSWER THE FOLLOWING:

   (A) EXCHANGES BETWEEN WHICH TOLL LINE OPERATES: _____

   _____

   (B) NAME OF ALL EXCHANGES WHICH RECEIVE INTEREXCHANGE SERVICE THROUGH THIS TOLL LINE:

   _____

   (C) LOCATION OF TOLL STATIONS, IF ANY: _____

   (D) TOTAL LENGTH OF LINE INCLUDING SPURS: _____

   (E) GENERAL ROUTE OF TOLL LINE: _____

4. TARIFFS FOR INTEREXCHANGE SERVICES ARE NO LONGER REQUIRED. DOES THE COMPANY WISH TO MAINTAIN AN INTEREXCHANGE SERVICES TARIFF WITH THE GEORGIA PUBLIC SERVICE COMMISSION?

   [ ] NO

   [X] YES

   IF YES, ATTACH AN **INTEREXCHANGE SERVICES TARIFF**, MARKED EXHIBIT _B_, WHICH INCLUDES THE RATES, TERMS, AND CONDITIONS FOR ALL SERVICES.

5. AN ACCESS SERVICES TARIFF MUST BE FILED WITH THE GEORGIA PUBLIC SERVICE COMMISSION IN ORDER TO PROVIDE ACCESS SERVICES (SEE O.C.G.A. § 46-5-166(e)). DOES THE COMPANY INTEND TO PROVIDE ACCESS SERVICES?

   [ ] NO

   [X] YES

   IF YES, ATTACH AN **ACCESS SERVICES TARIFF**, MARKED EXHIBIT _C_, WHICH INCLUDES THE RATES, TERMS, AND CONDITIONS FOR ALL SERVICES.

VI. FACILITIES-BASED SERVICE

1. IF AUTHORITY SOUGHT IS FACILITIES-BASED, ANSWER THE FOLLOWING:

A) AUTHORITY REQUESTED (CHECK ALL THAT APPLY):

[X] CONSTRUCTION OF NEW FACILITIES

[X] ACQUISITION OF FACILITIES (LEASE OR PURCHASE)

[ ] PRIVATE LINE SERVICE

B) IF ACQUIRING FACILITIES FROM ANOTHER CARRIER, PLEASE PROVIDE DESCRIPTION AND MAPS.

Possible lease of facilities from other telecom providers in the greater Atlanta metro area, including Fulton, Cobb, Clayton, DeKalb, Rockdale, Newton, and Butts Counties

C) DO YOU CURRENTLY HAVE FACILITIES DEPLOYED IN GEORGIA?

[X] NO

[ ] YES

IF YES:

PLEASE PROVIDE MAPS INDICATING THE LOCATION(S) OF FACILITIES (E.G., SWITCHES, FIBER, ETC.). HOW ARE THESE FACILITIES CURRENTLY BEING UTILIZED?

D) WHAT FACILITIES DO YOU PROPOSE TO DEPLOY IN GEORGIA? (PROVIDE DESCRIPTION AND MAPS)

High capacity conduit and fiber optic telecommunications services. Initial services in the greater Atlanta metro area, including Fulton, Cobb, Clayton, DeKalb, Rockdale, Newton, & Butts Counties.

2. PROVIDE BREAKDOWN OF ALL COSTS ASSOCIATED WITH THE FACILITIES TO BE DEPLOYED IN GA.

Lightpath does not have specific billed costs at this time but has allocated $40 million for Georgia.

VII. TECHNICAL CAPABILITY

1. PROVIDE RESUMES AND/OR PROFILES OF THE APPLICANT'S MANAGEMENT TEAM, MARKED EXHIBIT D. DESCRIBE EACH TEAM MEMBER'S TECHNICAL QUALIFICATIONS, WHICH INCLUDE ANY RELEVANT WORK EXPERIENCE, EDUCATION, AND TRAINING.

2. DESCRIBE MECHANISM BY WHICH APPLICANT INTENDS TO BILL FOR SERVICES. APPLICANT'S NAME MUST APPEAR ON END-USER'S BILL.

   Lightpath submits invoices to customers on a monthly basis showing the charges incurred and providing payment information and options. The Lightpath name is clearly identified at the top of the invoice. Customers have the option to receive paper or paperless invoices.

3. DETAIL THE PROCESSES BY WHICH THE COMPANY PROPOSES TO HANDLE CUSTOMER SERVICE ORDERS, INQUIRIES, AND COMPLAINTS. CUSTOMER SERVICE MUST OPERATE DURING NORMAL BUSINESS HOURS (i.e., 9:00 AM - 5:00 PM, or similar) MONDAY-FRIDAY; DURING NON-BUSINESS HOURS, CUSTOMERS SHOULD BE ABLE TO LEAVE MESSAGES VIA VOICEMAIL OR A MESSAGE SERVICE. DESCRIBE HOW THE APPLICANT WILL COMPLY WITH THIS REQUIREMENT. LIST TELEPHONE NUMBERS THAT WILL BE USED FOR CUSTOMER SERVICE. APPLICANT MUST PROVIDE A TOLL-FREE NUMBER WHEREUPON INQUIRIES AND COMPLAINTS CAN BE SERVED.

Our New Customer Welcome Packet includes the Customer Care information as the first item:

Area	Details	Contact Information
Customer Care Group	General inquiries, support services, Portal assistance, disconnects, and general billing questions	Email: care@lightpathfiber.com Call: 1-866-611-3434

As well as the Network Management Center Escalation List for customer service issue:

Network Management Center Escalation List

Lightpath Network Management Center
A trouble ticket for your Lightpath services can be opened by contacting the Network Management Center (NMC) at 1-866-611-3434. If your trouble is not resolved, please follow the appropriate escalation procedure path below. For the fastest response, please call:

1st Level Point of Contact
NMC Trouble Reporting
866-611-3434

2nd Level Point of Contact (2 Hours)
On-Duty Shift Manager
516-803-8260
NMCmanager@lightpathfiber.com

3rd Level Point of Contact (4 Hours)
Arthur Scott, Director NMC
516-803-6074 (office)
516-526-6914 (mobile)
Arthur.Scott6@lightpathfiber.com

4th Level Point of Contact (6 Hours)
Mike Sharpe, VP Network Control Ctr/Cst Svc
516-803-8070 (office)
203-217-3399 (mobile)
Michael.Sharpe@lightpathfiber.com

5th Level Point of Contact (8 Hours) Herb Boynton,
SVP of Operations 774-249-5354 (mobile)
Herbert.Boynton@lightpathfiber.com

4. PLEASE STATE WHETHER THE APPLICANT HAS EXPERIENCED CUSTOMER COMPLAINTS LODGED WITH ANY JURISDICTION'S REGULATORY AGENCY OR ATTORNEY GENERAL'S OFFICE FROM ANY NUMBER OF CUSTOMERS REPRESENTING MORE THAN 0.5% OF ALL CUSTOMERS SERVED BY THE APPLICANT WITHIN SUCH JURISDICTION.

[X] NO

[ ] YES

IF YES:

PLEASE STATE THE NAME (INCLUDING CONTACT PERSON) OF EACH REGULATORY AGENCY OR ATTORNEY GENERAL'S OFFICE, DESCRIBE THE NATURE OF THE COMPLAINTS, EXPLAIN WHETHER AND HOW SUCH COMPLAINTS HAVE BEEN RESOLVED, AND STATE YOUR PLANS TO PREVENT SUCH COMPLAINTS FROM OCCURING AGAIN.

VIII. FINANCIAL CAPABILITY

1. PROVIDE THE MOST RECENT CERTIFIED REPORT ON THE EXAMINATION OF APPLICANT'S FINANCIAL STATEMENTS ALONG WITH BUSINESS PLAN ASSUMPTIONS. IF APPLICANT DOES NOT HAVE CERTIFIED FINANCIAL REPORTS PROVIDE THIS COMMISSION WITH CERTIFIED DOCUMENTATION OF FUNDS TO BE USED FOR CAPITALIZATION.

   See Attached Exhibit E

2. IS APPLICANT PRESENTLY INVOLVED IN ANY LITIGATION?

   [ ] NO

   [X] YES

   IF YES, PLEASE DESCRIBE IN DETAIL: Haid v. Cablevision Lightpath LLC et al.
   SDNY No. 1:23-cv-07114

   Lawsuit filed by former employee alleging age discrimination

3. DOES THE APPLICANT AGREE TO FILE FINANCIAL REPORTS ON AN ANNUAL BASIS WITH THE COMMISSION AFTER CERTIFICATION IS GRANTED?

   [ ] NO

   [X] YES

AFFIDAVIT 1 - VERACITY OF APPLICATION AND AGREEMENT TO COMPLY WITH GEORGIA LAWS AND AGENCY RULES/ORDERS

Name: Christopher Yost

Company: Cablevision Lightpath LLC

Title Position: General Counsel

Address: 1111 Stewart Avenue, Bethpage, New York 11714

Tel. No. (877) 544-4872

THE INDIVIDUAL NAMED ABOVE (HEREINAFTER, "APPLICANT") PERSONALLY APPEARED BEFORE THE UNDERSIGNED, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS. THE APPLICANT, AFTER FIRST BEING DULY SWORN, DEPOSES AND CERTIFIES THAT HE OR SHE HAS READ THE APPLICATION AND KNOWS THE CONTENTS THEREOF, AND THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF.

APPLICANT FURTHER AGREES TO ABIDE BY ALL APPLICABLE LAWS UNDER THE STATE OF GEORGIA, AS CODIFIED IN THE OFFICIAL CODE OF GEORGIA ANNOTATED; ALL APPLICABLE RULES AND REGULATIONS OF THE GEORGIA PUBLIC SERVICE COMMISSION; AND ALL FINDINGS, CONCLUSIONS, TERMS, AND CONDITIONS SET FORTH IN PERTINENT COMMISSION ORDERS.

UNDER PENALTIES OF PERJURY, APPLICANT DECLARES THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH, MY APPLICATION MAY BE CAUSE FOR DENIAL OR LOSS OF CERTIFICATE.

Signature of Affiant

March 28, 2024
Date

Subscribed and sworn before me this

28th day of March, 2024.

(NOTARY PUBLIC)

(SEAL)

AMY E. ROWE
Notary Public
State of Colorado
Notary ID # 20104020272
My Commission Expires 05-22-2027

GPSC FORM 600-1, Revised: 08/17/2015
Electronic Version

AFFIDAVIT 2 – UNIVERSAL ACCESS FUND

The Applicant hereby acknowledges that participation and compliance with the Universal Access Fund (UAF) requirements developed by the Georgia Public Service Commission, as mandated in the Telecommunications and Competition Act of 1995 (O.C.G.A. 46-5-160 and O.C.G.A. 46-5-167), will be complied with.

That Applicant further acknowledges that compliance with the requirements of the UAF is necessary to receive and maintain an active Certificate of Authority to provide telecommunications service in Georgia.

The Applicant also agrees to file quarterly reports for quarters subsequent to the effective date of certification including any portion of the quarter when certificated, in conformance with the instructions attached hereto (see "Addendum – Universal Access Fund") with the full understanding that not to do so may result in revocation of this same certificate. This attested to by signature below of proper authorized company official.

Cable Vision Light and Power, LLC
(COMPANY)

(SIGNATURE)

Subscribed and sworn before me this

28th day of March, 2024.

(NOTARY PUBLIC)

(SEAL)

AMY E. ROWE
Notary Public
State of Colorado
Notary ID # 20104020272
My Commission Expires 05-22-2027

AFFIDAVIT 3 – FAMILY VIOLENCE SHELTER CONFIDENTIALITY ACT

Personally appeared before me, an officer duly authorized to administer oaths, Christopher Yost, who, after being duly sworn, deposes and says that he or she is General Counsel of Applicant, certified telephone service provider or directory information provider.

1.

I make this affidavit on the basis of my personal knowledge.

2.

I have read the May 13, 2005 Order and the August 30, 2005 Amendatory Order in Georgia Public Service Commission ("Commission") Docket No. 19553-U, Implementation of Senate Bill 147, the Family Violence Shelter Confidentiality Act of 2004 (O.C.G.A. § 46-5-7). I have also read the Commission Staff Memorandum dated May 1, 2007 (see "Addendum – Family Violence Shelter Confidentiality Act") that summarizes the requirements under O.C.G.A. § 46-5-7 and the Commission orders issued pursuant to that Code Section of providers of telephone service in the State of Georgia or any other entity that publishes, disseminates, or otherwise provides telephone directory information or listings of telephone subscribers in the State of Georgia.

3.

The Applicant agrees that it will satisfy the minimum requirements set forth in the Commission orders and Staff Memorandum referenced in paragraph 2 of this affidavit to protect the confidentiality of the location and address of family violence shelters in the State of Georgia.

4.

Pursuant to O.C.G.A. § 46-5-7, the Applicant submits this affidavit as its plan to protect the confidentiality of the location and address of family violence shelters in the State of Georgia.

FURTHER AFFIANT SAITH NOT.

Cablevision Lightpath LLC
(COMPANY)

(SIGNATURE)

Subscribed and sworn before me this
28th day of March, 2024.

(NOTARY PUBLIC)

(SEAL)

AMY E. ROWE
Notary Public
State of Colorado
Notary ID # 20104020272
My Commission Expires 05-22-2027