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January 29, 2026

VIA ELECTRONIC FILING

Ms. Sallie Tanner
Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, Georgia 30334-9052

Re: Docket No. 36946 - FCC Form 555 - Administration of Lifeline Assistance Program for Low-Income Consumers; Charter Fiberlink-Georgia, LLC

Dear Ms. Tanner:

Pursuant to 47 C.F.R. § 54.416, attached please find a copy of FCC Form 555, "Annual Lifeline Eligible Telecommunications Carrier Certification Form", for Charter Fiberlink-Georgia, LLC for the 2025 reporting period. The FCC has instructed Lifeline providers to provide a copy to the relevant state commissions as appropriate.

Thank you for your assistance and please let us know if you have any questions.

Very truly yours,

FRIEND, HUDAK & HARRIS, LLP

Susan J. Berlin

Attch.

cc: Charter Fiberlink-Georgia, LLC

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)

229037
Study Area Code (SAC)

143027345
Service Provider Identification Number (SPIN)

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for **each SAC** that provides Lifeline service).*

2025
Recertification Year

GA
State

Charter Fiberlink-Georgia, LLC
ETC Name

DBA, Marketing, or Other Branding Name
(If same as ETC name, list "N/A" Do not leave blank)

CC Fiberlink LLC
Holding Company Name
(If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs? Yes X 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
259052	Charter Fiberlink - Alabama, LLC
549038	Time Warner Cable Information Services (California), LLC
549027	Time Warner Cable Information Services (California), LLC
219026	Bright House Networks Information Services (Florida), LLC
349047	Charter Fiberlink - Illinois, LLC
329035	Time Warner Cable Information Services (Indiana), LLC
269060	Time Warner Cable Information Services (Kentucky), LLC
279056	Charter Fiberlink LA-CCO, LLC
119011	Time Warner Cable Information Services (Massachusetts), LLC
319053	Charter Fiberlink - Michigan, LLC
429051	Charter Fiberlink - Missouri, LLC
129011	Time Warner Cable Information Services (New Hampshire), LLC
499028	Time Warner Cable Information Services (New Mexico), LLC
159027	Time Warner Cable Information Services (New York), LLC
239039	Time Warner Cable Information Services (North Carolina), LLC
309026	Time Warner Cable Information Services (Ohio), LLC
539021	Charter Fiberlink OR-CCVII, LLC
179037	Time Warner Cable Information Services (Pennsylvania), LLC

249037	Time Warner Cable Information Services (South Carolina), LLC
299039	Charter Fiberlink-Tennessee, LLC
449097	Time Warner Cable Information Services (Texas), LLC
149014	Charter Fiberlink VT-CCO, LLC
199029	Charter Fiberlink VA-CCO, LLC
529031	Charter Fiberlink WA-CCVII, LLC
339064	Charter Fiberlink CCO, LLC

Initial Certification *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial MRM

Annual Recertification Results

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: __ state Lifeline administrator X National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial MRM

No Subscribers Certification *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial MRM

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes __ No X

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

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
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.

Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Michael R. Moore	Michael R. Moore - Group VP, Law - Telephone Regulatory
Signature of Officer	Printed Name and Title of Officer
michael.moore@charter.com	01-28-2026
Email Address of Officer	Date
Tommy Johnson	3143949855
Person Completing This Certification Form	Contact Phone Number