SCRPStatus Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001995

Applicant Information

Applicant FRN 0004213724 Applicant Address 870-C William Hilton Parkway

Applicant Name Hargray Communications Grc Applicant City Hilton Head Island

Applicant Email trey.judy@htc.hargray.com Applicant State SC

Applicant Phone 8436861210 Applicant ZIP Code 29938

Contact Information

Is the contact the same as the contact listed on the Application Request for Funding Allocation? If not, please list below.

Contact Name Lori Lewellyn Contact Address 18 Gibbet Rd

Contact Email | Iori.lewellyn@htc.hargray.com | Contact City | Bluffton

Contact Phone 5853298122 Contact State SC

Contact ZIP Code 29910

2023-10-08

^{*}Indicate which deadline you are meeting with this filing.

Explanation of Effort and Availability of Commercial Equipment

*Provide an explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.

My company has continued to conducted work on the removal of covered equipment. To date, we have replaced equipment for approximately 2,500 residential and commercial customers. We now have about 30% completion on our backbone network which was due to equipment delay. Our 1st destruction of equipment will be within the next 2 weeks. We anticipate migration issues of customer homes as access is needed into each. We have also been delayed with third party fibers from vendors like STI and Resurgence to complete our new backbone network so we can move traffic over. This cost was more than anticipated and work is still being finished.

*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

Key pieces of Ciena equipment are still missing but coming in slowly. We were able to begin installation in our sites, but no site is complete due to missing equipment.

* If there is additional information relevant to the preceding questions or that you believe the Commission should be aware of, please include the information below.

Hargray is approximately 25% finished with the removal, 0% finished with Disposal and 20% finished with the Replacement but has not yet completed it. Timeline Deviation: Due to long lead times for equipment, our timeline shifted as noted in our last 90-day update. We are still in the process of revising our timeline to more accurately reflect the project, pending receipt of the remaining material.

ProgramCompliance
*Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.
Yes No
*Indicate whether recipient has permanently removed from its communications network all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipients application request for funding.
Yes No
If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?
25
*Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.
Yes No
If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?
20
*Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.
Yes No
If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed?
0
*Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.
Yes No

*The filer has indicated no to a question in this section, please provide additional information.	

Certifications

*By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:

(1) The Certifying Official is authorized to submit this status report on behalf of the abovenamed filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by the filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812). (2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders mayresult in thedenial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.

Certifier Information

Certifier

Signature Travis Marlow Certifier Phone 913-522-9185

Certifier Name Travis Marlow Certifier Email travis.marlow@cableone.biz

Certifier Title VP, Product Technology

Date Signed 2023-09-25