

COMPETITIVE CARRIERS HIGH COST DATA SUBMISSION

| | |
|---------------------------------------|--|
| (1) Quarterly Submission Date: | |
|---------------------------------------|--|

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

(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 from a previous data submission:

| | | | |
|-------------------------------|--|-------------------|--|
| (7) Mailing Address: | | | |
| (8) Contact Name: | | (9) Title: | |
| (10) Telephone Number: | | | |
| (11) E-mail Address: | | | |

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

| (12) Mechanism for which you are requesting support: | (13) Lines Reported as of: | (14) Type of Filing | | (15) Worksheet to Complete |
|--|----------------------------|---------------------|----------|----------------------------|
| | | Original | Revision | |
| 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 |

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

| | | |
|---|---|--|
| (2) USAC Service Provider Identification Number (SPIN): | 0 | Do Not Write in this Area: 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 SAC or disaggregation zone, carrier shall list UNEs in a separate row. Complete one row for each disaggregation zone.

| (16) Incumbent Carrier Name | (17) Incumbent Carrier SAC | (18) ETC Designation | (19) Path Designation | (20) Disaggregation Zone Name | (21) Wire Center CLLI Code | (22) Total Number of Lines in Service | (23) Were any lines provided through UNEs? If yes, please fill out the UNE Agreement Information. |
|-----------------------------|----------------------------|----------------------|-----------------------|-------------------------------|----------------------------|---------------------------------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Use an additional sheet if necessary.

INTERSTATE COMMON LINE SUPPORT (ICLS) LINE COUNT WORKSHEET

| | | | | | | | | |
|---|----------------------------|----------------------|-----------------------|-------------------------------|----------------------------|---------------------------------------|---|---------------------------------------|
| (2) USAC Service Provider Identification Number (SPIN): | 0 | | | | | | Do Not Write in this Area: For Administrator's Use | |
| (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. | | | | | | | | |
| (24) Incumbent Carrier Name | (25) Incumbent Carrier SAC | (26) ETC Designation | (27) Path Designation | (28) Disaggregation Zone Name | (29) Wire Center CLLI Code | (30) Residence & Single Line Business | (31) Multi-line Business | (32) Total Number of Lines in Service |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Use an additional sheet if necessary.

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

FCC Form 525
 OMB Control No. 3060-0986
 June 2009

HIGH COST MODEL (HCM) LINE COUNT WORKSHEET

| | | |
|---|---|--|
| (2) USAC Service Provider Identification Number (SPI) | 0 | Do Not Write in this Area: 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 Name | (34) Incumbent Carrier SAC | (35) ETC Designation | (36) Wire Center CLLI Code | (37) Wire Center Name | (38) Total Lines |
|-----------------------------|----------------------------|----------------------|----------------------------|-----------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Use an additional sheet if necessary.

INTERSTATE ACCESS SUPPORT (IAS) LINE COUNT WORKSHEET

| | | |
|--|-------|--|
| (2) USAC Service Provider Identification Number (SPIN) | 0 | Do Not Write in this Area: For Administrator's Use Only |
| (3) Company Study Area Code: | 0 | |
| (4) Study Area Name: | 0 | |
| (13) Lines Reported as of: | #REF! | |
| (14) Type of Filing: | #REF! | |

Complete one row for each Incumbent Carrier Area Served.

| (39) Incumbent Carrier Name | (40) Incumbent Carrier SAC | (41) ETC Designation | Number of Lines | | | | | | | | (50) Total Lines |
|-----------------------------|----------------------------|----------------------|---------------------------------------|--------------------------|---------------------------------------|--------------------------|---------------------------------------|--------------------------|---------------------------------------|--------------------------|------------------|
| | | | Zone 1 | | Zone 2 | | Zone 3 | | Zone 4 | | |
| | | | (42) Residence & Single Line Business | (43) Multi-line Business | (44) Residence & Single Line Business | (45) Multi-line Business | (46) Residence & Single Line Business | (47) Multi-line Business | (48) Residence & Single Line Business | (49) Multi-line Business | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Use an additional sheet if necessary.

UNBUNDLED NETWORK ELEMENTS REPORTING

| | | |
|---|---|---|
| (2) USAC Service Provider Identification Number (SPIN): | 0 | Do Not Write in this Area: For Administrator's Use Only |
| (3) Company Study Area Code: | 0 | |
| (4) Study Area Name: | 0 | |

Complete one worksheet for each study area of a Path 1 rural incumbent carrier in which the competitive carrier is reporting lines and uses unbundled network elements ("UNEs") to serve the reported lines. The competitive carrier must separately identify the number of UNE loops; UNE price per loop; any port and vertical services costs included in the UNE loop price; number of loops receiving UNE switching service, the UNE switching price per minute and number of switching minutes.

(51) Incumbent Carrier Name: _____

(52) Incumbent Carrier Study Area Code: _____

Please provide the following information for Path 1 Rural Incumbent Carrier Study Areas:

| (53) UNE Zone | Loops w/o Port Cost | | Loops w/ Ports | | Vertical Services | | Switching | | |
|---------------|---------------------|---------------------|-------------------|-----------------|--|---|----------------------------------|-------------------------------|-------------------|
| | (54) No. of Loops | (55) Price per loop | (56) No. of ports | (57) Price/port | (58) No. of loops w/ Vertical Services | (59) Price for vertical services 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 | | | | | | | | | |
| Zone 5 | | | | | | | | | |

Complete one worksheet for each study area of a Path 2 or Path 3 rural incumbent carrier in which the competitive carrier is reporting lines and uses unbundled network elements ("UNEs") to serve the reported lines. For each incumbent study area, list the name of each disaggregation zone. If the disaggregation zone includes more than one UNE zone, please report the lines in each UNE zone per disaggregation zone on a separate row. The competitive carrier must separately identify the number of UNE loops; UNE price per loop; any port and vertical services costs included in the UNE loop price; number of loops receiving UNE switching service, the UNE switching price per minute and number of switching minutes.

Please provide the following information for Path 2 and Path 3 rural incumbent carrier study areas:

| (63) UNE Zone Name | (64) Disaggregation Zone Name | (65) UNE type | (66) Quantity | (67) Price | (68) Minutes |
|--------------------|-------------------------------|-----------------------------------|---------------|------------|--------------|
| | | Loops without port costs | | | |
| | | Ports | | | |
| | | No. of loops w/ Vertical Services | | | |
| | | No. of loops w/ switching | | | |
| | | Loops without port costs | | | |
| | | Ports | | | |
| | | No. of loops w/ Vertical Services | | | |
| | | No. of loops w/ switching | | | |
| | | Loops without port costs | | | |
| | | Ports | | | |
| | | No. of loops w/ Vertical Services | | | |
| | | No. of loops w/ switching | | | |
| | | Loops without port costs | | | |
| | | Ports | | | |
| | | No. of loops w/ Vertical Services | | | |
| | | No. of loops w/ switching | | | |

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 the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data reported on FCC Form 525; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: 0

Service Provider Identification Number: | 0

Signature of authorized officer or employee: | Date:

Printed name of authorized officer or employee:

Title or position of authorized officer or employee:

Telephone number of authorized officer or employee: (| ext.

Study Area Code of Reporting CETC | 0 | Filing Due Date for this form
(mm/dd/yyyy)

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

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 of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on FCC Form 525 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data provided to the authorized agent; and, to the best of my knowledge, the actual line count data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier: 0

Service Provider Identification Number: | 0

Signature of authorized officer or employee: | Date:

Printed name of authorized officer or employee:

Title or position of authorized officer or employee:

Telephone number of authorized officer or employee: (|) - ext.

Study Area Code of Reporting CETC 0 (mm/dd/yyyy) Filing Due Date for this form

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

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: 0

Name of Authorized Agent:

Signature of authorized agent or employee of agent: | Date:

Printed name 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 0 (mm/dd/yyyy) Filing Due Date for this form

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

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

FCC Form 525
OMB Control No. 3060-0986
June 2009

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-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0986). We 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.