FCC Form 525 OMB Control No. 3060-0986 January 2005

COMPETITIVE CARRIERS HIGH COST DATA SUBMISSION

(1) Quarterly Submission Date:						
(2) USAC Service Provider Identification Nu	ımber (SPIN):					Do Not Write in this Area: For Administrator's Use Only
(3) Company Study Area Code: (First time file	ers 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	m a previous data submissi	on:]			
(7) Mailing Address:						
(8) Contact Name:			(9) Title:			
(10) Telephone Number:			-	•		
(11) E-mail Address:						
(12) Mechanism for which you are requesti	ng support:	(13) Lines Reported as of:	(14) Typ Original	e of Filing Revision	(15) Worksheet to Complete	
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

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

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 disag Complete one row for each disaggregation zone.	gregation zone, carr	ier shall list UNEs	in a separate row				
(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.
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Use an additional sheet if necessary.							

HCL & LSS Line Count Worksheet

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 th For Administrator	nis Area: '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.								
(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

HIGH COST MODEL (HCM) 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:						
					•	
Complete one row for each Wire Center.						
(33) Incumbent Carrier Name	1	(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.

HCM Line Count Worksheet Page 4

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

FCC Form 525 High Cost Support Mechanism 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										
e one row for each Incumbent	Carrier Area Serv	red.	Zone 1 Zone 2				Zor	ne 3	Zon	e 4		
(39) Incumbent Carrier Name	(40) Incumbent Carrier SAC		(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	(50) Total L	

Use an additional sheet if necessary.

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FCC Form 525 High Cost Support Mechanism FCC Form 525 OMB Control No. 3060-0986

				UNBUNDLED NE	TWORK ELEMENTS REPO	DRTING			
(2) USAC Service Provider Identific	cation 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			
						- U			
Complete one worksheet for each stu UNE switching service, the UNE swit	ıdy area of a Path 1 rural incumbent c ching price per minute and number of	carrier in which the competitive carrier if switching minutes.	is reporting lines and uses unbundle	d network elements ("UNEs") to serve	the reported lines. The competitive ca	arrier must separately identify the numb	er of UNE loops; UNE price per loop; any	port and vertical services costs included in the U	JNE loop price; number of loops receiving
(51) Incumbent Carrier Name									
(52) Incumbent Carrier Study	Area Code:								
		Incumbent Carrier Study Areas	S:						
(53) UNE Zone	Loops w/o	Port Cost	Loops	w/ Ports		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									
	unturere of a Dath 2 or Dath 2 or and in			unburglish actually alexante (III INF)	m to come the constant fines. For each		6 di 16 th di		
zone per disaggregation zone on a s	eparate row. The competitive carrier i	must separately identify the number of	UNE loops; UNE price per loop; any	port and vertical services costs inclu	ded in the UNE loop price; number of l	loops receiving UNE switching service,	the UNE switching price per minute and r	regation zone includes more than one UNE zone number of switching minutes.	e, please report the lines in each ONE
Please provide the following	information for Path 2 and Pa	ath 3 rural incumbent carrier s	tudy areas:						
(63) UNE 2	Zone Name	(0	64) Disaggregation Zone Nar	ne	(65) UI	NE 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				
					Loops without port costs				
			Ports						

UNE Agreement Information Page 6

No. of loops w/ Vertical Services No. of loops w/ switching

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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 re best of my knowledge, the information reported		nsibilities inc	lude ensuring the accuracy of the actua	I line count data reporte	d on FCC Form 525; and, to the		
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.							

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 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. I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on									
data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.									
Name of Authorized Agent:									
Name of Reporting Carrier: 0									
Coming Dravides Identification Number									
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 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 fithe United States Code, 18 U.S.C. § 1001.	ne or imprisonment under Title 18 of								

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 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:

Telephone number of authorized agent or employee of agent:

Telephone number of authorized agent or employee of agent:

Telephone number of authorized agent or employee of agent:

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Certification-Agent Page 8

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

FCC Form 525 OMB Control No. 3060-0986 January 2005

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 also will accept your comments via the Internet if you send them to Judith-B.Herman@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.

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