# COMPETITIVE CARRIERS HIGH COST DATA SUBMISSION

(1) Quarterly Submission Date:					
(2) USAC Service Provider Identification Nu	Do Not Write in this Art For Administrator's Use	ea: e 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 submission:				
(7) Mailing Address:					
(8) Contact Name:		(9) Title:			
(10) Telephone Number:					
(11) E-mail Address:					

(10) Machanian for which you are requesting support.	(12) Lines Departed as of	(14) Type of Filing		(1E) Workshoot to Complete	
(12) Mechanism for which you are requesting support:	(13) Lines Reported as of:	Original	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	

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

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

## 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	v.			
(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.

#### 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	is 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
				1	4		4	

#### FCC Form 525 High Cost Support Mechanism HIGH COST MODEL (HCM) LINE COUNT WORKSHEET

						Do Not Write in this Area:
(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:						
(13) Lines Reported as of:			0			
(14) Type of Filing:						
Complete one row for each Wire Center.						
	(34)	Incumbent	(35) FTC			
(33) Incumbent Carrier Name	Ca	Incumbent arrier SAC	(35) ETC Designation	(36) Wire Center CLLI Code	(37) Wire Center Name	(38) Total Lines

# FCC Form 525 High Cost Support Mechanism 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 Onl	v
(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				
Complete one row for each Incumbent Carr	rier Area Serv	ved.	Zon	e 1		ne 2	Zor	ie 3	Zoi	ne 4	
(39) Incumbent Carrier Name	(40) Incumbent Carrier SAC	(41) ETC Designation	(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 Lines
		<b>3</b>									
Use an additional sheet if necessary.											

				High	FCC Form 525 n Cost Support Mechanism			C	FCC Form 52 OMB Control No. 3060-098
				UNBUNDLED N	ETWORK ELEMENTS REP	ORTING			
USAC Service Provider Identifi	fication Number (SPIN):					0		Do Not Write in this Area: For Administrator's Use Only	
Company Study Area Code:						0		i of y diministration of order only	
Study Area Name:									
Study Area Name.						0			
eiving UNE switching service, the ) Incumbent Carrier Name ) Incumbent Carrier Study	e UNE switching price per minute and ne: ly Area Code:	number of switching minutes.		d network elements ("UNEs") to se	erve the reported lines. The competitive	carrier must separately identify the num	ber of UNE loops; UNE price per loop; an	y port and vertical services costs included in the	UNE loop price; number of loops
	g information for Path 1 Rural								
(53) UNE Zone		o Port Cost		w/ Ports	(58) No. of loops w/ Vertical	I Services (59) Price for vertical services on		Switching	
	(54) No. of Loops	(55) Price per loop	(56) No. of ports	(57) Price/port	Services	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									
				unbundled network elements ("UN y port and vertical services costs ir	NEs") to serve the reported lines. For ea ncluded in the UNE loop price; number o	ch incumbent study area, list the name f loops receiving UNE switching service	of each disaggregation zone. If the disagg the UNE switching price per minute and i	gregation zone includes more than one UNE zon number of switching minutes.	e, please report the lines in each UN
	g information for Path 2 and P	1							
(63) UNE	Zone Name		64) Disaggregation Zone Nar	ne		JNE type	(66) Quantity	(67) Price	(68) Minutes
					Loops without port costs Ports				
					No. of loops w/ Vertical Services				
					No. of loops w/ switching				
		1			Loops without port costs				
					Ports				
					No. of loops w/ Vertical Services				
					No. of loops w/ switching				
					Loops without port costs				
					Ports				
		1			No. of loops w/ Vertical Services				

	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		
	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	DE COMDI ETED DV TI		IE AN ACENTIC EI	ILING ECC EODM 525 OM	I THE CARRIER'S BEHALF:
	DE COMPLETED DI T	HE REPORTING CARRIER	IF AN AGENT IS FI		V THE CARRIER 3 DEHALF.

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						
is authorized to submit the information reported on FCC Form 525 on behalf of the reporting carrier, 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.						
lame of Authorized Agent:						
lame of Reporting Carrier: 0						
iervice Provider Identification Number: 0						
ignature of authorized officer or employee: Date:						
rinted name of authorized officer or employee:						
itle or position of authorized officer or employee:						
elephone number of authorized officer or employee: ( ) - ext.						
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 AUTHORIZED AGENT:

E.

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 a	gent:							
Title or position of authorized agent or employee of	agent:							
Telephone number of authorized agent: (	) -	ext.						
Study Area Code of Reporting CETC	0		Filing Due Date for this form (mm/dd/yyyy)					
Persons willfully making false statements on this f	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

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 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.