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

COMPETITIVE CARRIERS HIGH COST DATA SUBMISSION

| (1) Quarterly Submission Date: | | | | | | | | |
|---|---------------------|--|----------------------------|------------|-------------------------|----------------------------|---|--|
| (2) USAC Service Provider Identification Nu |] | Do Not Write in this Area: For Administrator's Use Only | | | | | | |
| (3) Company Study Area Code: (First time file | ers leave blank and | d 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 da | ata submissio | n: | | | | - | |
| (7) Mailing Address: | | | | | | | | |
| (8) Contact Name: | | | | (9) Title: | | | | |
| (10) Telephone Number: | | | | | | | | |
| (11) E-mail Address: | | | | | | | | |
| | | | | 1 45= | . = | 1 | | |
| (12) Mechanism for which you are requesti | ng support: | | (13) Lines Reported as of: | Original | rpe 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 | | | | |
| I) Study Area Name: | | | 0 | | | | |
| 13) Lines Reported as of: | | | | | | | |
| .4) Type of Filing: | | | | | | | |
| .ine Count Data for Path 1, 2 & 3 Carriers There carrier reports both UNEs and facilities based lines in the same SAC or disagonylete 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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| se an additional sheet if necessary. | • | | | | | | |

HCL & LSS Line Count Worksheet Page 2

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: | | | | | 1 | | | |
| (14) Type of Filing: | | | | | | | | |
| | • | | | | 4 | | | |
| Line Count Date for Dath 1, 2 C 2 County | | | | | | | | |
| 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 |
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Use an additional sheet if necessary.

ICLS Line Count Worksheet Page 3

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: | | | | | |
| | | | | l | |
| | | | | | |
| | | | | | |
| 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 |
| . , | | | | , , | |
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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 Complete one row for each Incumbent Carrier Area Served. Zone 1 Zone 2 Zone 4 Zone 3 (42) Residence & Single Line Business (44) Residence & Single Line Business (46) Residence & Single Line Business (48) Residence & Single Line Business (40) Incumbent Carrier SAC (41) ETC Designation (43) Multi-line Business (45) Multi-line Business (47) Multi-line Business (49) Multi-line Business (50) Total Lines (39) Incumbent Carrier Name

Use an additional sheet if necessary.

FCC Form 525 OMB Control No. 3060-0986 LINBUNDI ED NETWORK EL EMENTS REPORTING

| | | | | ONDONDEED NET | WORK ELEWIEN IS KEPU | TING | | | | |
|---|---|--|--|--|---|---|---|---|--|--|
| 2) USAC Service Provider Identifica | ation Number (SPIN): | | | | | 0 | | Do Not Write in this Area: For Administrator's Use Only | | |
| 3) Company Study Area Code: | | | | | | 0 | | To Administrator's Ose Only | | |
| 4) Study Area Name: | | | | | | 0 | | | | |
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| Complete one worksheet for each stu | dy area of a Path 1 rural incumbent c ching price per minute and number of | arrier in which the competitive carrier i | is reporting lines and uses unbundled | network elements ("UNEs") to serve t | the reported lines. The competitive car | rier must separately identify the numbe | er of UNE loops; UNE price per loop; any p | port and vertical services costs included in the UN | IE loop price; number of loops receiving | |
| 51) Incumbent Carrier Name: | | Switching fillinutes. | | | | | | | | |
| 52) Incumbent Carrier Study | | | | | | | | | | |
| | | ncumbent Carrier Study Areas | <u> </u> | | | | | | | |
| (53) UNE Zone | | Port Cost | | 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 stu cone per disaggregation zone on a se | dy area of a Path 2 or Path 3 rural inc eparate row. The competitive carrier i | cumbent carrier in which the competition must separately identify the number of | ve carrier is reporting lines and uses u UNE loops; UNE price per loop; any p | nbundled network elements ("UNEs") port and vertical services costs include | to serve the reported lines. For each ed in the UNE loop price; number of lo | incumbent study area, list the name of ops receiving UNE switching service, ti | each disaggregation zone. If the disaggre ne UNE switching price per minute and nu | egation zone includes more than one UNE zone, mber of switching minutes. | please report the lines in each UNE | |
| | | th 3 rural incumbent carrier s | | | | | | | | |
| (63) UNE Z | | | 64) Disaggregation Zone Nam | ie | (65) UN | IE 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 | | | | | |
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| | | | | | Ports | | | | | |
| | | No. of loops w/ Vertical Services | | | | | | | | |
| | | | | | No. of loops w/ switching | | | | | |
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| | | 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 | | | | | |
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UNE Agreement Information Page 6

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

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 | | onsibilities include ensuring the accuracy of the ac | ctual line count data reporte | ed 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

FCC Form 525

High Cost Support Mechanism Competitive Carrier Line Count Report 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: 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 | | | | | | | | | | |
| | | | | | | | | | | |
| 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 fine the United States Code, 18 U.S.C. § 1001. | e 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 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: Name of Authorized Agent: Signature of authorized agent or employee of agent: Printed name of authorized agent or employee of agent: Title or position of authorized agent or employee of agent: Telephone number of authorized agent: (Filing Due Date for this form Study Area Code of Reporting CETC (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-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 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 seg.

Notice Page 9