The Public Utilities Commission of Ohio TELECOMMUNICATIONS RETAIL SERVICE OFFERING FORM

For Non-BLES Carriers

Per the Commission's 01/19/2011 "Implementation Order" in Case No. 10-1010-TP-ORD (Effective: 01/20/2011)

Company Name AccessLine Communications, Corp.
Company Address 11201 SE 8th Street, Bellevue WA 98004
Company Web Address http://www.accessline.com
Regulatory Contact Person Michael Fischer Phone 2066541028 Fax 2066541028
Regulatory Contact Person's Email Address mfischer@accessline.com
Contact Person for Annual Report Valorie Norwood Phone 2065159042 Fax 2065159042
Consumer Contact Information Michael Fischer Phone 2066541028 Fax 2066541028
TRF Docket NoTP-TRF
I. Company Type (Check all applicable):
□ Non-BLES CLEC □ IXC □ Other (explain)
II. Services offered (Check all applicable):
■ Toll services (intrastate)
□ Local Exchange Service (i.e., residential or business bundles)
■ Other (explain) Hosted Conference
III. Tariffed Provisions/Services (To the extent offered, check all applicable and attach tariff pages):
□ Toll Presubscription
□ Intrastate Special and Switched Access Services to Carriers (facilities-based local carriers only)*
□ N-1-1 Service
□ Pole Attachment and Conduit Occupancy
Pay Telephone Access Lines
□ Inmate Operator Service
□ Telephone Relay Service
*Access service tariffs shall be maintained separately and are subject to the Commission's carrier-to-carrier

rules found in Chapter 4901:1-7, Ohio Administrative Code.

Part IV. - Attestation

Carrier hereby attests to its compliance with pertinent entries and orders issued by the Commission.

I am an officer/agent of the carrier/telephone company, Michael Fischer , and am authorized to make statements on it behalf.
(Name)
I understand that Telephone companies have certain responsibilities to its customers under the Telecommunications Rules (Ohio Adm. Code 4901:1-6). These responsibilities include: warm line service; not committing unfair or deceptive acts and practices; truth in billing requirements; and slamming and preferred carrier freeze requirements. We will comply with the rules of the state of Ohio and understand that non-compliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.
I declare under penalty of perjury that the foregoing is true and correct. St. VP Social Operation (Signature and Title)
(Date)