

**The Public Utilities Commission of Ohio**  
**TELECOMMUNICATIONS APPLICATION FORM for**  
**DETARIFFING AND RELATED ACTIONS**

Per the Commission's 01/19/2011 "Implementation Order" in Case No. 10-1010-TP-ORD  
 (Effective: 01/20/2011 through 05/20/2011)

In the Matter of the Application of Teleconnect Long  
Distance Services and Systems Company, P.U.C.O. Tariff  
No. 4

TRF Docket No. 90-\_\_\_\_\_

Case No. \_\_\_\_ - \_\_\_\_ - **TP - ATA**

NOTE: Unless you have reserved a Case No. leave the "Case No." fields BLANK.

to Detariff Services and make other changes related to the  
 Implementation of Case No. 10-1010-TP-ORD

Name of Registrant(s) Teleconnect Long Distance Services and Systems Company, P.U.C.O. Tariff No. 4  
 DBA(s) of Registrant(s) \_\_\_\_\_

Address of Registrant(s) 600 Hidden Ridge, Irving, TX 75038

Company Web Address www.verizon.com

Regulatory Contact Person(s) Todd Colquitt

Phone 614-723-4408

Fax \_\_\_\_\_

Regulatory Contact Person's Email Address todd.colquitt@onc.verizon.com

Contact Person for Annual Report Haleh Davary

Phone 415-228-1072

Address (if different from above) 201 Spear Street, 9th Floor, San Francisco, CA 94105

Consumer Contact Information \_\_\_\_\_

Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

### Part I - Tariffs

Please indicate the Carrier Type and the reason for submitting this form by checking the boxes below.

NOTE: All cases are ATA process cases, tariffs are effective the day they are filed, and remain in effect unless the Commission acts to suspend.

Carrier Type	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> CTS
Tariff for Basic Local Exchange Service (BLES) and/or other services required to be tarified pursuant to 4901:1-6-11(A); detariffing of all other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other changes required by Chapter 4901:1-6 (Describe in detail in Exhibit C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part II - Exhibits

Note that the following exhibits are required for all filings using this form.

Included	Identified As:	Description of Required Exhibit:
<input checked="" type="checkbox"/>	Exhibit A	The existing affected tariff pages.
<input checked="" type="checkbox"/>	Exhibit B	The proposed revised tariff pages.
<input checked="" type="checkbox"/>	Exhibit C	Narrative summarizing all changes proposed in the application, and/or other information intended to assist Staff in the review of the Application.
<input type="checkbox"/>	Exhibit D <i>Not Applicable</i>	One-time customer notice of detariffing and related changes consistent with rule 4901:1-06-07 (N/A)
<input type="checkbox"/>	Exhibit E	Affidavit that the Customer Notice described in Exhibit C has been sent to Customers.

**Part III - Attestation**

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

**AFFIDAVIT*****Compliance with Commission Rules***

I am an officer/agent of the applicant corporation, Todd Colquitt, and am authorized to make this statement on its behalf.  
(Name)

I attest that these tariffs comply with all applicable rules for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules, as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance 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.

Executed on (Date) \_\_\_\_\_ at (Location) \_\_\_\_\_

\*(Signature and Title) \_\_\_\_\_

(Date) 4/15/11

- This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.

**VERIFICATION**

I, Todd Colquitt

verify that I have utilized the Telecommunications Application Form for Detariffing and Related Actions provided by the Commission and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

\*(Signature and Title) \_\_\_\_\_

(Date) 4/15/11

\*Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.

***Send your completed Application Form, including all required attachments as well as the required number of copies, to:***

**Public Utilities Commission of Ohio  
Attention: Docketing Division  
180 East Broad Street, Columbus, OH 43215-3793**

***Or***

***Make such filing electronically as directed in Case No 06-900-AU-WVR***