

**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 Telecom Management, Inc. dba Pioneer Long Distance to Detariff Services and make other changes related to the Implementation of Case No. 10-1010-TP-ORD )  
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 )  
 )

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

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

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

Name of Registrant(s) Telecom Management, Inc.

DBA(s) of Registrant(s) Pioneer Long Distance

Address of Registrant(s) 39 Darling Ave., South Portland ME 04106

Company Web Address http://www.pioneertelephone.com

Regulatory Contact Person(s) Kevin Photiades

Phone (207) 766-7803 Fax (877) 554-1009

Regulatory Contact Person's Email Address kphotiades@pioneertelephone.com

Contact Person for Annual Report Kevin Photiades

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

Consumer Contact Information Kevin Photiades

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.

<b>Carrier Type</b>	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input 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 checked="" 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. (filing replacement tariff rather than revisions)
<input checked="" type="checkbox"/>	Exhibit B	The proposed revised tariff pages. (filing replacement tariff rather than revisions)
<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	One-time customer notice of detariffing and related changes consistent with rule 4901:1-06-07 (not applicable – Pioneer does not have any local customers)
<input type="checkbox"/>	Exhibit E	Affidavit that the Customer Notice described in Exhibit C has been sent to Customers. (not applicable – Pioneer does not have any local customers)

**Part III. – Attestation**

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

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**AFFIDAVIT**

***Compliance with Commission Rules***

I am an officer/agent of the applicant corporation, Telecom Management, Inc., 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) September 15, 2011 at (Location) 39 Darling Ave., South Portland ME 04106

(Date) 9/15/11  
  
\*(Signature and Title) \_\_\_\_\_ Regulatory Mgr.

- *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.*

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**VERIFICATION**

I, Kevin Photiades

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.

(Date) 9/15/11  
  
\*(Signature and Title) \_\_\_\_\_ Regulatory Mgr.

.....  
\*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***

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**9/15/2011 10:32:35 AM**

**in**

**Case No(s). 11-5132-TP-ATA**

Summary: Application Detariffing Application, Supporting Documentation and Replacement  
Tariff electronically filed by Kevin Photiades on behalf of Telecom Management, Inc. dba  
Pioneer Long Distance