



Margaret Beach-Yousef
Manager – AT&T
430 Bush Street, 5th Floor
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October 26, 2017

Robbin Russell
Public Utilities Commission of Ohio
Rates & Analysis Department
Telecommunications & Technology Division
Utility Specialist
180 East Broad Street
Columbus, Ohio 43215-3793

Re: In the Matter of the Application of AT&T Corp to introduce the Ohio State Cost Recovery Fee in Case No. 17-2062-TP-ATA; 90-9000-TP-TRF; Tariff Revisions Data Request

Dear Mr. Russell,

Attached herein is AT&T Corp.'s amended application in Case No. 17-2062-TP-ATA.

In the amended application, AT&T Corp. rescinds the proposed tariff changes submitted on September 29, 2017 and submits under Revised Exhibit B, a revised tariff page for P.U.C.O. No. 2, Section 2: 1st Revised Page 23. In addition, Revised Exhibit C is slightly modified.

Thank you for your review and assistance in this application. Please contact me if you have any questions.

Sincerely,

Margaret Beach-Yousef
Manager – AT&T
mb3618@att.com

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS FILING FORM

(Effective: 01/20/2011)

This form is intended to be used with most types of required filings. It provides check boxes with rule references for the most common types of filings. It does not replace or supersede Commission rules in any way.

In the Matter of an Amendment to the Original Application) TRF Docket No. 90-9000-TP-TRF
of AT&T Corp. to Introduce the Ohio State Cost Recovery) Case No. 17-2062 -**TP** - ATA
Fee.) NOTE: Unless you have reserved a Case #, leave the "Case No" fields
) BLANK.

Name of Registrant(s) AT&T Corp.
DBA(s) of Registrant(s) N/A
Address of Registrant(s) 430 Bush Street, 5th Floor, San Francisco, CA 94108
Company Web Address www.att.com
Regulatory Contact Person(s) Margaret Beach-Yousef Phone 415-417-5023 Fax 214-486-1580
Regulatory Contact Person's Email Address mb3618@att.com
Contact Person for Annual Report MaryAnn Mackey Phone 216-822-0086
Address (if different from above) _____
Consumer Contact Information Customer CARE Phone 800-222-0300
Address (if different from above) 777 NW Blue Pkwy, Lees Summit, MO 64086
Motion for protective order included with filing? ☐ Yes ☒ No
Motion for waiver(s) filed affecting this case? ☐ Yes ☒ No [Note: Waivers may toll any automatic timeframe.]

Notes:

Section I and II are Pursuant to Chapter [4901:1-6 OAC](#)
Section III – Carrier to Carrier is Pursuant to [4901:1-7 OAC](#), and Wireless is Pursuant to [4901:1-6-24 OAC](#).
Section IV – Attestation

- (1) Indicate the Carrier Type and the reason for submitting this form by checking the boxes below.
- (2) For requirements for various applications, see the identified section of Ohio Administrative Code Section 4901 and/or the supplemental application form noted.
- (3) Information regarding the number of copies required by the Commission may be obtained from the Commission's web site at www.puco.ohio.gov under the docketing information system section, by calling the docketing division at 614-466-4095, or by visiting the docketing division at the offices of the Commission.
- (4) An Incumbent Local Exchange Carrier (ILEC) offering basic local exchange service (BLES) outside its traditional service area should choose CLEC designation when proposing to offer BLES outside its traditional service area or when proposing to make changes to that service.

All Filings that result in a change to one or more tariff pages require, at a minimum, the following exhibits.

Exhibit	Description:
A	The tariff pages subject to the proposed change(s) as they exist before the change(s)
B	The Tariff pages subject to the proposed change(s), reflecting the change, with the change(s) marked in the right margin.
C	A short description of the nature of the change(s), the intent of the change(s), and the customers affected.
D	A copy of the notice provided to customers, along with an affidavit that the notice was provided according to the applicable rule(s).

Section I – Part I - Common Filings

Carrier Type <input type="checkbox"/> Other (explain below)	<input type="checkbox"/> For Profit ILEC	<input type="checkbox"/> Not For Profit ILEC	CLEC
Change terms & conditions of existing BLES	<input type="checkbox"/> ATA 1-6-14(H) (Auto 30 days)	<input type="checkbox"/> ATA 1-6-14(H) (Auto 30 days)	<input type="checkbox"/> ATA 1-6-14(H) (Auto 30 days)
Introduce non-recurring charge, surcharge, or fee to BLES			<input checked="" type="checkbox"/> ATA 1-6-14(H) (Auto 30 days)
Introduce or Increase Late Payment	<input type="checkbox"/> ATA 1-6-14(I) (Auto 30 days)	<input type="checkbox"/> ATA 1-6-14(I) (Auto 30 days)	<input type="checkbox"/> ATA 1-6-14(I) (Auto 30 days)
Revisions to BLES Cap.	<input type="checkbox"/> ZTA 1-6-14(F) (0 day Notice)		
Introduce BLES or expand local service area (calling area)	<input type="checkbox"/> ZTA 1-6-14(H) (0 day Notice)	<input type="checkbox"/> ZTA 1-6-14(H) (0 day Notice)	<input type="checkbox"/> ZTA 1-6-14(H) (0 day Notice)
Notice of no obligation to construct facilities and provide BLES	<input type="checkbox"/> ZTA 1-6-27(C) (0 day Notice)	<input type="checkbox"/> ZTA 1-6-27(C) (0 day Notice)	
Change BLES Rates	<input type="checkbox"/> TRF 1-6-14(F) (0 day Notice)	<input type="checkbox"/> TRF 1-6-14(F)(4) (0 day Notice)	<input type="checkbox"/> TRF 1-6-14(G) (0 day Notice)
To obtain BLES pricing flexibility	<input type="checkbox"/> BLS 1-6-14(C)(1)(c) (Auto 30 days)		
Change in boundary	<input type="checkbox"/> ACB 1-6-32 (Auto 14 days)	<input type="checkbox"/> ACB 1-6-32 (Auto 14 days)	
Expand service operation area			<input type="checkbox"/> TRF 1-6-08(G) (0 day)
BLES withdrawal			<input type="checkbox"/> ZTA 1-6-25(B) (0 day Notice)
Other* (explain)			<input type="checkbox"/> TRF

Section I – Part II – Customer Notification Offerings Pursuant to Chapter [4901:1-6-7 OAC](#)

Type of Notice	Direct Mail	Bill Insert	Bill Notation	Electronic Mail
<input type="checkbox"/> 15-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Notice Sent:				

Section I – Part III –IOS Offerings Pursuant to Chapter [4901:1-6-22 OAC](#)

IOS	Introduce New	Tariff Change	Price Change	Withdraw
<input type="checkbox"/> IOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II – Part I – Carrier Certification - Pursuant to Chapter [4901:1-6-08, 09 & 10 OAC](#)

Certification	ILEC (Out of Territory)	CLEC	Carrier's Not Offering BLES	CESTC	CETC
* See Supplemental form	<input type="checkbox"/> ACE 1-6-08 * (Auto 30- day)	<input type="checkbox"/> ACE 1-6-08 * (Auto 30 day)	<input type="checkbox"/> ACE 1-6-08 * (Auto 30 day)	<input type="checkbox"/> ACE 1-6-10 (Auto 30 day)	<input type="checkbox"/> UNC 1-6-09 * (Non-Auto)

*Supplemental Certification forms can be found on the Commission Web Page.

Section II – Part II – Certificate Status & Procedural

Certificate Status	ILEC	CLEC	Carrier's Not Offering BLES
Abandon all Services		<input type="checkbox"/> ABN 1-6-26 (Auto 30 days)	<input type="checkbox"/> ABN 1-6-26 (Auto 30 days)
Change of Official Name *	<input type="checkbox"/> ACN 1-6-29(B) (Auto 30 days)	<input type="checkbox"/> ACN 1-6-29(B) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-29(C) (0 day Notice)
Change in Ownership *	<input type="checkbox"/> ACO 1-6-29(E) (Auto 30 days)	<input type="checkbox"/> ACO 1-6-29(E) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-29(C) (0 day Notice)
Merger *	<input type="checkbox"/> AMT 1-6-29(E) (Auto 30 days)	<input type="checkbox"/> AMT 1-6-29(E) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-29(C) (0 day Notice)
Transfer a Certificate *	<input type="checkbox"/> ATC 1-6-29(B) (Auto 30 days)	<input type="checkbox"/> ATC 1-6-29(B) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-29(C) (0 day Notice)
Transaction for transfer or lease of property, plant or business *	<input type="checkbox"/> ATR 1-6-29(B) (Auto 30 days)	<input type="checkbox"/> ATR 1-6-29(B) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-29(C) (0 day Notice)

* Other exhibits may be required under the applicable rule(s). ACN, ACO, AMT, ATC, ATR and CIO applications see [the 4901:1-6-29 Filing Requirements on the Commission's Web Page](#) for a complete list of exhibits.

Section III – Carrier to Carrier (Pursuant to [4901:1-7](#)), and Wireless (Pursuant to [4901:1-6-24](#))

Carrier to Carrier	ILEC	CLEC
Interconnection agreement, or amendment to an approved agreement	<input type="checkbox"/> NAG 1-7-07 (Auto 90 day)	<input type="checkbox"/> NAG 1-7-07 (Auto 90 day)
Request for Arbitration	<input type="checkbox"/> ARB 1-7-09 (Non-Auto)	<input type="checkbox"/> ARB 1-7-09 (Non-Auto)
Introduce or change c-t-c service tariffs,	<input type="checkbox"/> ATA 1-7-14 (Auto 30 day)	<input type="checkbox"/> ATA 1-7-14 (Auto 30 day)
Request rural carrier exemption, rural carrier suspension or modification	<input type="checkbox"/> UNC 1-7-04 or 05 (Non-Auto)	
Changes in rates, terms & conditions to Pole Attachment, Conduit Occupancy and Rights- of-Way.	<input type="checkbox"/> UNC 1-7-23(B) (Non-Auto)	
Wireless Providers See 4901:1-6-24	<input type="checkbox"/> RCC [Registration & Change in Operations]	<input type="checkbox"/> NAG [Interconnection Agreement or

Section IV. – Attestation

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

AFFIDAVIT
Compliance with Commission Rules

I am an agent of the applicant corporation, AT&T Corp., and am authorized to make this statement on its behalf.
(Name) Margaret Beach-Yousef

Please Check ALL that apply:

☒ 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 attest that customer notices accompanying this filing form will be sent to affected customers, as specified in Section II, in accordance with Rule 4901:1-6-7, Ohio Administrative Code.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date) October 26, 2017, at (Location) San Francisco, CA

*(Signature and Title) /s/ (Date) October 26, 2017
Margaret Beach-Yousef,
Manager

- *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, Margaret Beach-Yousef verify that I have utilized the Telecommunications Filing Form for most proceedings 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) /s/ Margaret Beach-Yousef, Manager (Date) October 26, 2017

**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

REVISED EXHIBIT B

2. GENERAL REGULATIONS

2.9 PROVISION FOR CERTAIN LOCAL TAXES AND FEES (Continued)

A monthly fee to recover part of the Commercial Activity Tax imposed on the Company by the State of Ohio, per Ohio Revised Code 5751.02, will be billed to the customer by the Company and will appear on the customer's billing statement as the Ohio State Cost Recovery Fee.

(N)
|
(N)

2.10 TELECOMMUNICATIONS RELAY SERVICE

The Company will provide access to a Telecommunications Relay Service (TRS). The service permits telephone communications between hearing and/or speech-impaired individuals who must use a Teletypewriter (TTY) and individuals with normal hearing and speech.

TRS assisted calls are calls completed through the TRS. This service permits hearing and/or speech impaired customers who use a Text Telephone (TT) or its equivalent to communicate with users of ordinary telephones. Communication takes place by relaying conversations (voice to TT and vice versa). These calls are between parties who must communicate by means of a TT and others who communicate by means of an ordinary telephone.

A completed TRS assisted call is rated and billed as a call from the originating telephone number (calling station) to the terminating telephone number (called station).

Direct dialed, calling card, credit/charge cards, AT&T PrePaid Cards and operator assisted calls may be placed through TRS. Cellular calls, conference calls and calls paid by depositing coins in a public or semi-public telephone are not permitted.

Customers may be assessed a charge per line per month to fund the Telecommunications Relay services for the State of Ohio in accordance with section 4901.84 of the Revised Code. This charge shall in no event exceed the per end user line (or equivalent) assessment the Public Utilities Commission of Ohio levied upon the Company.

REVISED EXHIBIT C

REVISED EXHIBIT C

AT&T Corp. is filing this application to introduce the Ohio State Cost Recovery Fee, a 0.25% surcharge for services provided in Ohio, to recover part of the Commercial Activity Tax imposed on the Company by the State of Ohio, per Ohio Revised Code 5751.02.

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

10/26/2017 1:12:30 PM

in

Case No(s). 17-2062-TP-ATA

Summary: Amended Application to the Original Application
of AT&T Corp. to Introduce the Ohio State Cost Recovery
Fee. electronically filed by Ms. Margaret A Beach-Yousef on behalf of AT&T Corp.