

FILE

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS APPLICATION FORM
(Effective: 7/23/2003)
(Pursuant to Case Nos. 99-998-TP-COI and 99-563-TP-COI)

21
RECEIVED-TELECOMS DIV
2003 DEC 29 AM 11:28
PUCO

In the Matter of the Application of Time Warner Telecom of Ohio, L.P.
for Authority to Change its Name to Time Warner Telecom of Ohio, LLC) Case No. 03-2542-TP-ACN

Name of Registrant(s) Time Warner Telecom of Ohio, L.P.
DBA(s) of Registrant(s) _____
Address of Registrant(s) 4625 West 8th Street, Indianapolis, IN 46268
Company Web Address www.twtelecom.com
Regulatory Contact Person(s) Pamela Sherwood Phone (317) 713-8977 Fax (317) 713-8937
Regulatory Contact Person's Email Address pamela.sherwood@twtelecom.com
Contact Person for Annual Report Pamela Sherwood Phone (317) 713-8977
Consumer Contact Information Pamela Sherwood Phone (317) 713-8977
Date December 29, 2003 TRF Docket No. 90 - 9011 -TP-TRF

Motion for protective order included with filing? ☐ Yes ☒ No
Motion for waiver(s) filed affecting this case? ☐ Yes ☒ No [Note: waiver(s) tolls any automatic timeframe]
Company Type (check all applicable): ☐ CTS (IXC) ☐ ILEC ☒ CLEC ☐ CMRS ☐ AOS
☐ Other (explain) _____

NOTE: This form must accompany all applications filed by telecommunication service providers subject to the Commission's rules promulgated in Case No. 99-998-TP-COI, as well as by ILECs filing an ARB or NAG case pursuant to the guidelines established in Case No. 96-463-TP-UNC. *It is preferable NOT to combine different types of filings, but if you do so, you must file under the process with the longest applicable review period.*

I. Please indicate the reason for submitting this form (check one)

- ☐ 1 (AAC) Application to Amend Certificate by a CLEC to modify Serving Area (0-day notice, 7 copies)
- ☐ 2 (ABN) Abandonment of all Services
 - ☐ a. CLEC (90-day approval, 10 copies) ☐ b. CTS (14-day approval, 10 copies) ☐ c. ILEC (NOT automatic, 10 copies)
- ☐ 3 (ACE) New Operating Authority for providers other than CMRS (30-day approval, 7 copies); for CMRS, see item No.15 on this page.
 - ☐ a. Switched Local ☐ b. Non-switched local ☐ c. CTS ☐ d. Local and CTS ☐ e. Other (explain) _____
- ☐ 4 (ACO) LEC Application to Change Ownership (30-day approval, 10 copies)
- ☒ 5 (ACN) LEC Application to Change Name (30-day approval, 10 copies)
- ☐ 6 (AEC) Carrier-to-Carrier Contract Amendment to an agreement approved in a NAG or ARB case (30-day approval, 7 copies)
NOTE: see item 24 (CTR) on page two of this form for all other contract filings
- ☐ 7 (AMT) LEC Merger (30-day approval, 10 copies)
- ☐ 8 (ARB) Application for Arbitration (see 96-463-TP-COI for applicable process, 10 copies)
- ☐ 9 (ATA) Application for Tariff Amendment for Tier 1 Services, Application to Reclassify Service Among Tiers, or Change to Non-Tier Service
 - ☐ a. Tier 1 (and Carrier-to-Carrier tariff filings as set-forth in 95-845-TP-COI)
 - ☐ i. Pre-filing submittal (30-day pre-filing submittal with Staff and OCC; Do Not Docket, 4 copies)
 - ☐ ii. New End User Service which has been preceded by a 30-day pre-filing submittal with Staff for all submittals and also with OCC for Tier 1 residential services (0-day filing, 10 copies)
 - ☐ iii. New End User Service (NOT preceded by a 30-day filing submittal, 30-day approval, 10 copies)
 - ☐ iv. New Carrier-to-Carrier Service which has been preceded by a 30-day pre-filing with Staff (0-day filing, 10 copies)
 - ☐ v. Change in Terms and Conditions, textual revision, correction of error, etc. (30-day approval, 10 copies)
 - ☐ vi. Grandfather service (30-day approval, 10 copies)
 - ☐ vii. Initial Carrier-to-Carrier Services Tariff subsequent to ACE approval (60-day approval, 10 copies)
 - ☐ viii. Withdrawal of Tier 1 service must be filed as an "ATW", not an "ATA" - see item 12, below
 - ☐ b. Reclassification of Service Among Tiers (NOT automatic, 10 copies)
 - ☐ c. Textual revision with no effect on rates for non-specific or non-tier service (30-day approval, 10 copies)
- ☐ 10 (ATC) Application to Transfer Certificate (30-day approval, 7 copies)
- ☐ 11 (ATR) LEC Application to Conduct a Transaction Between Utilities (30-day approval, 10 copies)
- ☐ 12 (ATW) Application to Withdraw a Tier 1 Service
 - ☐ a. CLEC (60-day approval, 10 copies) ☐ b. ILEC (NOT automatic, 10 copies)
- ☐ 13 (CIO) Application for Change in Operations by Non-LEC Providers (0-day notice, 7 copies)
- ☐ 14 (NAG) Negotiated Interconnection Agreement Between Carriers (0-day effective, 90-day approval, 8 copies)
- ☐ 15 (RRC) For CMRS providers only to Register or to Notify of a Change in Operations (0-day notice, 7 copies)
- ☐ 16 (SLF) Self-complaint Application
 - ☐ a. CLEC only -Tier 1 (60-day automatic, 10 copies)
 - ☐ b. Introduce or increase maximum price range for Non-Specific Service Charge (60-day approval, 10 copies)
- ☐ 17 (UNC) Unclassified (explain) _____ (NOT automatic, 15 copies)
- ☐ 18 (ZTA) Tariff Application Involving only Tier 2 Services
 - ☐ a. New End User Service (0-day notice, 10 copies)
 - ☐ b. Change in Terms and Conditions, textual revision, correction of error, etc. (0-day notice, 10 copies)
 - ☐ c. Withdrawal of service (0-day notice, 10 copies)

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician [Signature] Date Processed 12-29-03

☐ 19 Other (explain) _____ (NOT automatic, 15 copies)

THE FOLLOWING ARE TRF FILINGS ONLY, NOT NEW CASES (0-day notice, 3 copies)

- ☐ 20 Introduction or Extension of Promotional Offering
- ☐ 21 New Price List Rate for Existing Service
☐ a. Tier 1 ☐ b. Tier 2
- ☐ 22 Designation of Registrant's Process Agent(s)
- ☐ 23 Update to Registrant's Maps
- ☐ 24 Annual Tariff Option For Tier 2 Services – indicate which option you intend to adopt to maintain the tariff. NOTE, changing options is only permitted once per calendar year.
☐ Paper Tariff ☐ Electronic Tariff. If electronic, provide the tariff's web address _____

THE FOLLOWING ARE CTR FILINGS ONLY, NOT NEW CASES (0-day notice, 7 copies)

- ☐ 25 Application to establish, revise, or cancel an end-user contract. (NOTE: see item 6 on page 1 of this form for carrier-to-carrier contract amendments)
 CTR Docket No. _____ – _____ – TP– CTR (Use same CTR number throughout calendar year)

II. Please indicate which of the following exhibits have been filed. The numbers (corresponding to the list on page (1) and above) indicate, at a minimum, the types of cases in which the exhibit is required:

<input type="checkbox"/>	[all]	A copy of any motion for waiver of O.A.C. rule(s) associated with this filing. NOTE: the filing of a motion for waiver tolls any automatic timeframe associated with this filing.
<input type="checkbox"/>	[3]	Completed Service Requirements Form
<input type="checkbox"/>	[3, 9(vii)]	A copy of registrant's proposed tariffs. (Carrier-to-Carrier resale tariff also required if facilities-based)
<input type="checkbox"/>	[3]	Evidence that the registrant has notified the Ohio Department of Taxation of its intent to conduct operations as a telephone utility in the State of Ohio.
<input type="checkbox"/>	[3]	Brief description of service(s) proposed.
<input type="checkbox"/>	[3a-b,3d]	Explanation of whether applicant intends to provide <input type="checkbox"/> resold services, <input type="checkbox"/> facilities-based services, or <input type="checkbox"/> both resold and facilities-based services.
<input type="checkbox"/>	[3a-b,3d]	Explanation as to whether CLEC currently offers CTS services under separate CTS authority, and whether it will be including those services within its CLEC filing, or maintaining such CTS services under a separate affiliate.
<input type="checkbox"/>	[3a-b,3d]	Explanation of how the proposed services in the proposed market area are in the public interest.
<input type="checkbox"/>	[3a-b,3d]	Description of the proposed market area.
<input type="checkbox"/>	[3a-b,3d]	Description of the class of customers (e.g., residence, business) that the applicant intends to serve.
<input type="checkbox"/>	[3a-b,3d]	Documentation attesting to the applicant's financial viability, including, at a minimum, a pro forma income statement and a balance sheet. If the pro forma income statement is based upon a certain geographical area(s) or information in other jurisdictions, please indicate.
<input type="checkbox"/>	[3a-d]	Documentation attesting to the applicant's technical and managerial expertise relative to the proposed service offering(s) and proposed service area.
<input type="checkbox"/>	[3a-d]	Documentation indicating the applicant's corporate structure and ownership.
<input type="checkbox"/>	[3a-b,3d]	Information regarding any similar operations in other states. Also, if this company has been previously certified in the State of Ohio, include that certification number.
<input type="checkbox"/>	[3a-b,3d]	Verification that the applicant will maintain local telephony records separate and apart from any other accounting records in accordance with the GAAP.
<input type="checkbox"/>	[3a-b,3d]	Verification of compliance with any affiliate transaction requirements.
<input type="checkbox"/>	[3a-b,3d]	Explanation as to whether rates are derived through (check all applicable): <input type="checkbox"/> interconnection agreement, <input type="checkbox"/> retail tariffs, or <input type="checkbox"/> resale tariffs.
<input type="checkbox"/>	[1,3a-b,3d]	Explanation as to which service areas company currently has an approved interconnection or resale agreement.
<input type="checkbox"/>	[3a-b,3d, 9a(i-iii)]	Explanation of whether applicant intends to provide Local Services which require payment in advance of Customer receiving dial tone.
<input type="checkbox"/>	[3a,3b,3d, 9a(i-iii)]	Tariff sheet(s) listing the services and associated charges that must be paid prior to customer receiving dial tone (if applicable).
<input type="checkbox"/>	[3a-b,3d,8]	Letters requesting negotiation pursuant to Sections 251 and 252 of the Telecommunications Act of 1996 and a proposed timeline for construction, interconnection, and offering of services to end users.
<input checked="" type="checkbox"/>	[3-5,7,10-11,13]	Certification from Ohio Secretary of State as to party's proper standing (domestic or foreign corporation, authorized use of fictitious name, etc.). In transfer of certificate cases, the transferee's good standing must be established. Exhibit A
<input type="checkbox"/>	[3-4,7,10-11,13]	List of names, addresses, and phone numbers of officers and directors, or partners.
<input type="checkbox"/>	[3]	A sample copy of the customer bill and disconnection notice the applicant plans to utilize.
<input type="checkbox"/>	[1,4,9,10-13,16-21]	Copy of superseded tariff sheet(s) & price list(s), if applicable, marked as Exhibit A.
<input type="checkbox"/>	[1,4,9,10-13,16-21]	Copy of revised tariff sheets & price lists, marked as Exhibit B.
<input type="checkbox"/>	[3]	Provide a copy of any customer application form required in order to establish residential service, if applicable.
<input checked="" type="checkbox"/>	[1-2,4-7,9,12-13,16,18-23,25]	Description of and rationale for proposed tariff changes, including a complete description of the service(s) proposed or affected. Specify for each service affected whether it is <input type="checkbox"/> business; <input type="checkbox"/> residence; or <input type="checkbox"/> both. Also indicate whether it is a <input type="checkbox"/> switched or <input type="checkbox"/> dedicated service. Include this information in either the cover letter or Exhibit C .

<input checked="" type="checkbox"/>	[1,2,4,9a(v-vi), 5,10,16,18(b-c), 20-21]	Specify which notice procedure has been utilized: <input type="checkbox"/> direct mail; <input type="checkbox"/> bill insert; <input type="checkbox"/> bill notation or <input type="checkbox"/> electronic mail. NOTE: Tier 1 price list increases must be within an approved range of rates. Not Applicable – See Exhibit D
<input checked="" type="checkbox"/>	[2,4-5,9a(v), 9b, 10,12-13,16, 18(b-c),20-21]	Copy of real time notice which has been provided to customers. Not Applicable – See Exhibit D
<input type="checkbox"/>	[1,2,5,9a(v),11-13, 21(increase only)]	Affidavit attesting that customer notice has been provided.
<input type="checkbox"/>	[2,12]	Copy of Notice which has been provided to ILEC(s).
<input type="checkbox"/>	[2,12]	Listing of Assigned (NPA) NXX's where in the LECs (NPA) NXX's would be reassigned.
<input type="checkbox"/>	[2,4,10,12-13,]	List of Ohio counties specifically involved or affected.
<input type="checkbox"/>	[14]	The interconnection agreement adopted by negotiation or mediation.
<input type="checkbox"/>	[15]	For commercial mobile radio service providers, a statement affirming that registrant has obtained all necessary federal authority to conduct operations being proposed, and that copies have been furnished by cellular, paging, and mobile companies to this Commission of any Form 401, 463, and / or 489 which the applicant has filed with the Federal Communications Commission.
<input type="checkbox"/>	[15]	Exhibits must include company name, address, contact person, service description, and evidence of registration with the Ohio Secretary of State.
<input type="checkbox"/>	[24]	Affidavit that total price of contract exceeds total cost of all regulated services.
<input checked="" type="checkbox"/>	[5,13]	New title sheet with proposed new company name. Exhibit B
<input type="checkbox"/>	[1,3,13]	For CLECs, List of Ohio Exchanges the applicant intends to serve (Use spreadsheet from: http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357)
<input type="checkbox"/>	[1,3a-b,3d,7, 10,13, 23]	Maps depicting the proposed serving and calling areas of the applicant. If Mirroring Large ILEC exchanges for both serving area and local calling areas: • Serving area must be clearly reflected on an Ohio map attached to tariffs and textually described in tariffs by noting that it is reflecting a particular large ILEC/CLEC territory, and listing the involved exchanges. • Local calling areas must be clearly reflected on an Ohio map attached to the tariffs, and/or clearly delineated in tariffs, including a complete listing of each exchange being served and all exchanges to which local calls can be made from each of those exchanges. If Self-defining serving area and/or local calling area as an area other than that of the established ILEC exchange(s): • Serving Area must be clearly reflected on an Ohio map attached to the tariffs, and textually described in tariffs by listing the involved exchanges. • Local Calling Areas must be described in the tariff through textual delineation and clear maps. Maps for self-defined serving and local calling areas are required to be traced on United States Geological Survey topography maps. These maps are the Standard Topographic Quadrangle maps, 7.5 minute 1:24,000.
<input type="checkbox"/>		Other information requested by the Commission staff.
<input type="checkbox"/>	[3]	Initial certification that includes Tier 2 Services, indicate which option you intend to adopt to maintain the tariff: <input type="checkbox"/> Paper Tariff <input type="checkbox"/> Electronic Tariff – If electronic, provide the web address for the tariff

III. Registrant hereby attests to its compliance with the following requirements in the Service Requirements Form, as well as all pertinent entries and orders issued by the Commission with respect to these issues. Further, registrant hereby affirms that it will maintain with its TRF docket an up-to-date, properly marked, copy of the Service Requirements Form available for public inspection.

MANDATORY REQUIREMENTS FOR ALL BASIC LOCAL EXCHANGE AND CTS PROVIDERS:

- ☒ Sales tax
- ☒ Minimum Telephone Service Standards (MTSS)
- ☒ Surcharges

MANDATORY REQUIREMENTS FOR ALL BASIC LOCAL EXCHANGE PROVIDERS:

- ☒ 1+ IntraLATA Presubscription

SERVICE REQUIREMENTS FOR PROVISION OF CERTAIN SERVICES (CHECK ALL APPLICABLE):

- ☒ Discounts for Persons with Communication Disabilities and the Telecommunication Relay Service [Required if toll service provided]
- ☒ Emergency Services Calling Plan [Required if toll service provided]
- ☒ Alternative Operator Service (AOS) requirements [Required for all providing AOS (including inmate services) service]
- ☒ Limitation of Liability Language [Required for all who have tariff language that may limit their liability]
- ☒ Termination Liability Language [Required for all who have early termination liability language in their tariffs]
- ☒ Service Connection Assistance (SCA) [Required for all LECs]
- ☒ Local Number Portability and Number Pooling [Required for facilities-based LECs]
- ☒ Package Language [Required for tariffs containing packages or service bundles containing both local and toll and/or non-regulated services]

IV. List names, titles, phone numbers, and addresses of those persons authorized to respond to inquiries from the Consumer Services Department on behalf of the applicant regarding end-user complaints:

Pamela Sherwood, Time Warner Telecom
4625 West 8th Street, Indianapolis, IN 46268, (317) 713-8977

V. List names, titles, phone numbers, and addresses of those persons authorized to make an/or affirm or notify filings at the Commission on behalf of the applicant:

Sally W. Bloomfield, Thomas J. O'Brien, Regulatory Counsel to Time Warner Telecom,

Bricker & Eckler LLP, 100 South Third Street, Columbus, OH 43215, (614) 227-2268

NOTE: An annual report is required to be filed with the Commission by each company on an annual basis. The annual report form will be sent for completion to the address and individual(s) identified in this Section unless another address or individual is so indicated.

VI. List Name(s), DBA(s) and PUCO Certification Number(s) of any affiliates you have operating in Ohio under PUCO authority, whether Telecommunication or other. (If needed, use a separate sheet and check here: ☐)

AFFIDAVIT

Minimum Telephone Service Standards

I am outside legal counsel of the applicant corporation, Time Warner Telecom of Ohio, L.P., and am authorized to make this statement
(Name of Company)
on its behalf. I attest that these tariffs comply with the Minimum Telephone Service Standards (MTSS) for the state of Ohio. I understand that the Minimum Telephone Service Standards, as modified and clarified from time to time, supercede 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 December 29, 2003 at Columbus, Ohio
(Date) (Location)

Sally W. Bloomfield
Outside Legal Counsel

December 29, 2003

** 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, Sally W. Bloomfield verify that I have utilized, verbatim, the Commission's Telecommunications Application Form 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.

Sally W. Bloomfield
(Signature and Title)

12/29/03
(Date)

**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 (or to the Telecommunications Division Chief if a prefiling submittal)
180 East Broad Street, Columbus, OH 43215-3793

EXHIBIT A

Ohio Secretary of State Certification

Attached is a copy of the filing made with the Ohio Secretary of State's Office.

Prescribed by **J. Kenneth Blackwell**Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)www.state.oh.us/sose-mail: busserv@sos.state.oh.us

Expedite this Form: (select One)

☐ Yes PO Box 1390
Columbus, OH 43216
** Requires an additional fee of \$100 **

☐ No PO Box 1028
Columbus, OH 43216

Certificate of Cancellation / Cancellation Amendment
Withdrawal of Limited Partnership or Partnership Having Limited Liability
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Limited Partnership Cancellation <input type="checkbox"/> Domestic (133-LPC) <input checked="" type="checkbox"/> Foreign (132-FPC)	(2) Limited Partnership Cancellation Amendment (101-LPN)	(3) <input type="checkbox"/> Withdrawal of Partnership Having Limited Liability (156-PLW) Date of Withdrawal _____ (Date)
---	--	---

Complete the general information in this section for the box checked above.

Name of Partnership TIME WARNER TELECOM OF OHIO, L.P.
Registration Number 884168

Complete the information in this section if Domestic is checked in box (1).

Date of initial filing _____ (Date)
Date of filing with Secretary of State _____ (Date)
Reason for filing certificate of cancellation

The effective date of cancellation: (please check/complete one of the following)

☐ Upon Filing of Certificate of Cancellation _____ (Date)

(Please note that the effective date of cancellation cannot precede or be earlier than the date of filing)

Is a person other than any general partner reflected on the certificate of limited partnership winding up the limited partnership's affairs? ☐ Yes ☐ No

(Please check applicable box)

If "Yes" was checked above, the name and the business, residence or mailing address of each liquidating trustee must be listed in the following space:

Name _____ Street Address _____ City/State/Zip _____

(If insufficient space for this item, please attach a separate sheet)

Complete the information in this section if Domestic is checked in box (1) Cont.

Other (Optional)

(If insufficient space for this item, and you are filing by paper submission, please attach a separate sheet(s); this portion of the certificate may not exceed three (3) additional pages. ORC 1782.10(B)(6))

Complete the information in this section if Foreign is checked in box (1).

A Foreign Limited Partnership, formed under the laws of the state or country of DELAWARE
and registered to transact business in Ohio on 10/26/1994 certifies that said Foreign Limited Partnership is not longer transacting business in the State of Ohio and hereby states that said Foreign Limited Partnership surrenders its authority to transact business in Ohio.

Complete the information in this section if box (2) is checked.

The amendment is submitted for the following reason(s):

☐ a new liquidating trustee(s) has/have been named (If this box has been checked, please complete the following):

If space for trustees is insufficient, and you are filing by paper submission, please attach a separate sheet containing the additional names and addresses

Name and Address

☐ the following liquidating trustee(s) has/have ceased to serve as such

(If this box has been checked, please complete the following):

If space for trustees is insufficient, and you are filing by paper submission, please attach a separate sheet containing the additional names and addresses

Name and address of former liquidating trustee(s):

Complete the information in this section if box (2) is checked Cont.

☐ the address of a named liquidating trustee has changed

(If this box has been checked, please complete the following):

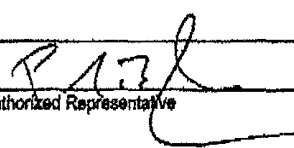
If space for trustees is insufficient, and you are filing by paper submission, please attach a separate sheet containing the additional names and addresses

Name of liquidating trustee

New address

REQUIRED

Must be authenticated
(signed) by an authorized
representative
(See instructions)



Authorized Representative

12/23/2003

Date

Authorized Representative

Date

Authorized Representative

Date

Prescribed by **J. Kenneth Blackwell**Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)www.state.oh.us/sose-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 <small>** Requires an additional fee of \$100 ***</small>
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF
LIMITED LIABILITY COMPANY**

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1706	(2) <input checked="" type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1706 12/31/2003 (Date of Formation) DELAWARE (State)
--	---

Complete the general information in this section for the box checked above.

Name TIME WARNER TELECOM OF OHIO LLC☐ Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.L.C., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified,
(mm/dd/yyyy) the date must be a date on or after the date of filing.This limited liability company shall exist for _____
(Optional) (Period of existence)Purpose _____
(Optional)The address to which interested persons may direct requests for copies of any operating agreement and any bylaws
of this limited liability company is

(Optional)

(Name) _____

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

NOTE: P.O. Box Addresses are NOT acceptable.

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

(Name of Agent)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio
(State)

(Zip Code)

Must be authenticated by an
authorized representative

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

TIME WARNER TELECOM OF OHIO LLC

(Name)

10475 PARK MEADOWS DRIVE

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

LITTLETON

CO

80124

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

TIME WARNER TELECOM OF OHIO LLC

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

CT CORPORATION SYSTEM

(Name)

1300 E. 9TH STREET

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

CLEVELAND

Ohio

44114

(City)

(State)


(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- the agent cannot be found, or
- the limited liability company fails to designate another agent when required to do so, or
- the limited liability company's registration to do business in Ohio expires or is cancelled.


REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)


Authorized Representative
PAUL B. JONES, S.V.P.-GENERAL COUNSEL AND REG. POLICY
(Print Name)
OF TIME WARNER TELECOM HOLDINGS INC., ITS SOLE MEMBER

12/23/2003

Date


Authorized Representative
(Print Name)
Date

**STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A LIMITED PARTNERSHIP TO A LIMITED
LIABILITY COMPANY PURSUANT TO SECTION 18-214
OF THE LIMITED LIABILITY COMPANY ACT**

1. The date the Limited Partnership was first formed is October 12, 1994.
2. The name of the Limited Partnership immediately prior to filing this Certificate is Time Warner Telecom of Ohio, L.P.
3. The name of the Limited Liability Company as set forth in the Certificate of Formation is Time Warner Telecom of Ohio LLC.

Time Warner Telecom of Ohio, L.P.

By: Time Warner Telecom General Partnership,
its managing general partner

By: Time Warner Telecom Holdings, Inc.,
its general partner

By: 

Paul B. Jones, Senior Vice President
General Counsel & Regulatory Policy

**TIME WARNER TELECOM HOLDINGS, INC.
ACTION BY THE MANAGING GENERAL PARTNER
BY WRITTEN CONSENT**

December 17, 2003

Time Warner Telecom Holdings, Inc., a Delaware Corporation (the "Corporation") being the managing General Partner of Time Warner Telecom of Ohio, L.P., a Delaware limited partnership (the "Partnership"), does hereby adopt the resolution set forth below by unanimous written consent on behalf of itself and the Partnership.

WHEREAS, the Corporation is the General Partner of Time Warner Telecom of Ohio, L.P. as formed under authority of a certain resolution of the Corporation dated October 12, 1994,

WHEREAS, the Corporation and the Partnership believe it is in the best interest of the Corporation and Time Warner Telecom of Ohio, L.P. that the limited partnership be converted to a limited liability company in accordance with Delaware Code Section 18-214.

NOW THEREFORE, in consideration of the foregoing:

CONSENT TO CONVERSION

The Corporation hereby consents to the conversion of Time Warner Telecom of Ohio, L.P. to Time Warner Telecom of Ohio LLC.

RESOLVED that Time Warner Telecom of the Ohio, L.P. is converted to Time Warner Telecom of Ohio LLC in accordance with Delaware Code Section 18-214.

NOW THEREFORE, BE IT RESOLVED, that, notwithstanding the above, all of the acts heretofore taken by the respective officers of the Corporation and heretofore taken by the respective officers of the Corporation and the Partnership's duly authorized employees, agents and representatives in carrying out and promoting the purposes, objectives and interests of the Corporation and Time Warner Telecom of Ohio, L.P. from the time of formation to date be, and hereby are, approved ratified and made the acts and deeds of the Corporation.

IN WITNESS WHEREOF, the undersigned has executed this Consent as of the date first above written.

TIME WARNER TELECOM HOLDINGS INC.

By: Paul B. Jones

Paul B. Jones, Senior Vice President,
General Counsel & Regulatory Policy

**CERTIFICATE OF FORMATION
OF
TIME WARNER TELECOM OF OHIO LLC**

1. The name of the limited liability company is Time Warner Telecom of Ohio LLC.
2. The address of its registered office in the State of Delaware is Corporation Trust Center 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of Time Warner Telecom of Ohio LLC this 17th day of December, 2003.

Time Warner Telecom Holdings, Inc
Its Sole Member

By: 
Paul B. Jones, Senior Vice President,
General Counsel & Regulatory Policy

EXHIBIT B

Tariff Title Page

Time Warner Telecom's Title pages of its PUCO Nos. 2, 3, 5 and 6 tariffs have been changed to reflect the new name. A copy of the Title pages are attached hereto.

Time Warner Telecom of Ohio, LLC

PUCO No. 2 - Access
First Revised Title Page
Cancels Original Title Page

CARRIER TO CARRIER

Time Warner Telecom of Ohio, LLC

REGULATIONS AND SCHEDULE OF INTRASTATE CHARGES

APPLYING TO COMMUNICATIONS SERVICES WITHIN

THE STATE OF OHIO

Applicable in the State of Ohio.

ISSUED: December 29, 2003

EFFECTIVE: January 29, 2004

Issued By: Pamela Sherwood, Vice President Regulatory Midwest Region
4625 West 86th Street, Suite 500
Indianapolis, IN 46268

Case No. 03-2542-TP-ACN

Time Warner Telecom of Ohio, LLC

PUCO Tariff No. 3
Second Revised Title Page
Cancels First Revised Title Page

INTERLATA TOLL
COMMUNICATIONS SERVICES TARIFF

REGULATIONS, SCHEDULE OF RATES, AND CHARGES
APPLICABLE TO INTERLATA TOLL
COMMUNICATIONS SERVICES FURNISHED BY
Time Warner Telecom of Ohio, LLC

Issued: December 29, 2003

Effective: January 29, 2004

Case No. 03-2542-TP-ACN

Issued By: Pamela Sherwood
Vice President-Regulatory Midwest
4625 West 86th Street, Suite 500
Indianapolis, Indiana 46268

OHI9802.TMS

TIME WARNER TELECOM OF OHIO, LLC

PUCO Tariff No. 5
First Revised Title Page
Cancels Original Title Page

PRIVATE LINE SERVICES

REGULATIONS, RULES AND SCHEDULE OF INTRASTATE CHARGES
APPLYING TO NETWORK SERVICES BETWEEN
FIXED POINTS IN THE STATE OF OHIO

PRIVATE LINE SERVICE

Issued: December 29 2003

Effective: January 29, 2004
Case No. 03-2542-TP-ACN

Pamela Sherwood, Vice President of Regulatory - Midwest Region
4625 West 86th Street, Suite 500
Indianapolis, IN 46268

TIME WARNER TELECOM OF OHIO, LLC

P.U.C.O. Tariff No. 6
First Revised Title Sheet
Cancels Original Title Sheet

INTRASTATE COMMUNICATIONS SERVICES TARIFF
REGULATIONS, SCHEDULE OF RATES AND CHARGES
APPLICABLE TO INTRASTATE
COMMUNICATIONS SERVICES FURNISHED BY
TIME WARNER TELECOM OF OHIO, LLC
WITHIN THE STATE OF OHIO

90-9011-TP-TRF

CASE No. 03-2542-TP-ACN

This tariff, PUCO Tariff No. 6, cancels and replaces PUCO Tariff No. 4 in its entirety.

Issued: December 29, 2003

Issued By: Pamela Sherwood
Vice President, Regulatory – Midwest Region
4625 West 86th Street, Suite 500
Indianapolis, IN 46268

Effective: January 29, 2004

Case 03-2542-TP-ACN

OHL0214

EXHIBIT C

Description and Rationale

Time Warner Telecom of Ohio, L.P. seeks authority to change its name to Time Warner Telecom of Ohio, LLC in order to effect a legal change of its corporate organizational structure from a limited partnership to limited liability corporation,

EXHIBIT D

Customer Notice

Customer notice is not required because the legal change in the corporate structure is transparent to customers. Billing to customers is conducted on a national basis. Currently the bills refer merely to "Time Warner Telecom." Thus customers will be totally unaware of the change of name from a "LP" to a "LLC." Applicant believes that rather than benefiting, a notice would insert confusion.