

FILE

McLeodUSA®

10
RECEIVED-DOCKETING DIV
2003 SEP -8 AM 11:07
PUCO

September 5, 2003

Chief of Docketing Division
Public Utilities Commission
180 East Broad Street, 3rd Floor
Columbus, OH 43215-3793

RE: **ZTA Filing – Case No. 03-1640-TP-ZTA**
McLeodUSA Telecommunications Services, Inc. ("McLeodUSA")

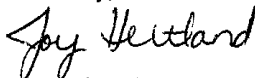
Dear Docketing Division:

Enclosed please find an original and ten copies of revised pages to McLeodUSA Telecommunications Services, Inc.'s ("McLeodUSA") Telephone Tariff No. 2. Pursuant to Ms. Russell's request for Case No. 03-1640-TP-ZTA, the enclosed pages are updates to the original filing dated July 30, 2003. The original filing was updating the "General Rules and Regulations" section and inserting the Intrastate usage rate for Operator Services.

Please note that Sheet No. 14 has an effective date of August 4, 2003 rather than July 30, 2003, since this sheet had tariff revisions filed and approved in Case No. 03-1729-TP-ZTA. Sheet No. 69 has an effective date of August 26, 2003 rather than July 30, 2003, since this sheet had tariff revisions filed via a TRF filing. The remaining sheets included in this filing have an Issue Date of September 8, 2003 and an Effective Date of July 30, 2003.

Please file stamp the extra copy and return it to me in the enclosed, self-addressed, stamped envelope. If you have any questions, please call me at (319) 790-6142.

Sincerely,



Joy Heitland
Manager

Enclosures

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 RON Date Processed 9/8/03

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS APPLICATION FORM

(Effective: 5/13/2003)
(Pursuant to Case Nos. 99-998-TP-COI and 99-563-TP-COI)

In the Matter of the Application of McLeodUSA Telecommunications

Services Inc. is updating Terms and Conditions language and Operator) Case No. 03 - 1640 - **TP** - ZTA
Services product.)

Name of Registrant(s) McLeodUSA Telecommunications Services, Inc.
Address of Registrant(s) 6400 C Street SW, Cedar Rapids, IA 52406
Company Web Address www.mcleodusa.com
Regulatory Contact Person(s) David R. Conn Phone (319) 790-7055 Fax (319) 790-7901
Regulatory Contact Person's Email Address dconn@mcleodusa.com
Contact Person for Annual Report Lauraine Harding Phone (319) 790-6480
Consumer Contact Information Christine C. Johnson Phone (319) 790-6702
Date 9/5/03 TRF Docket No. 90 - 9087 -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 (RCC) 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)
- ☐ 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 For Tier 2 Services - indicate which option you intend to adopt to maintain the tariff
☐ Paper Tariff
☐ Electronic Tariff
☐ 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, 9(vii)]	A copy of registrant's proposed tariffs. (Carrier-to-Carrier resale tariff also required if facilities-based)
<input type="checkbox"/>	[3]	Statement affirming 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 type="checkbox"/>	[3,4,7,10-11,13]	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.
<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 type="checkbox"/>	[1-2,4-7,9,12-13,16,18-24]	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 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.
<input 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. For SLF's the customer notice will be addressed in a Commission Order.
<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 type="checkbox"/>	[5,13]	New title sheet with proposed new company name.
<input type="checkbox"/>	[1,3,13]	List of Ohio exchanges the applicant intends to serve.
<input type="checkbox"/>	[1,3a-b,3d,7, 10,13, 23]	<p>Maps depicting the proposed serving and calling areas of the applicant.</p> <p>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.</p> <p>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.</p>
<input type="checkbox"/>		Other information requested by the Commission staff.
<input type="checkbox"/>	[3]	For Tier 2 Services - indicate which option you intend to adopt to maintain the tariff <input type="checkbox"/> Paper Tariff <input type="checkbox"/> Electronic Tariff <input type="checkbox"/> Web Address: _____

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 make and/or affirm or verify filings at the Commission on behalf of the applicant:

Joy Heitland; Manager; (319) 790-6142; McLeodUSA, 6400 C Street SW, Cedar Rapids, IA 52406

David R. Conn; Deputy General Counsel; (319) 790-7055; McLeodUSA, 6400 C Street SW, Cedar Rapids, IA 52406

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.

V. 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:

Christine C. Johnson; Manager; (319) 790-6702; McLeodUSA, 6400 C Street SW, Cedar Rapids, IA 52406

David R. Conn; Deputy General Counsel; (319) 790-7055; McLeodUSA, 6400 C Street SW, Cedar Rapids, IA 52406

AFFIDAVIT

Minimum Telephone Service Standards

I am an officer of the applicant corporation, McLeodUSA Telecommunications Services, Inc., 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.

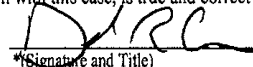
Executed on September 5, 2003 at Cedar Rapids, Iowa
(Date) (Location)

 9/5/03
*(Signature and Title) (Date)
Deputy General Counsel

**** 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, David R. Conn 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.

 9/5/03
*(Signature and Title) (Date)
Deputy General Counsel

****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

CHECK SHEET

The sheets of this tariff are effective as of the date shown at the bottom of the respective sheets. Original and revised sheets as named below comprise all changes from the original tariff that are currently in effect as of the date at the bottom of this sheet.

<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>
1	Original	34	1 st Revised*	67	Original
2	13th Revised*	35	Original	68	Original
3	12 th Revised*	36	Original	69	1 st Revised*
4	1 st Revised	37	Original	70	1 st Revised
5	Original	38	Original	71	2 nd Revised
6	Original	39	Original	72	3 rd Revised
7	Original	40	Original	73	Original
8	Original	41	Original	74	Original
9	Original	42	Original	75	Original
10	Original	43	Original	76	1 st Revised
11	Original	44	Original	77	Original
12	Original	45	Original	78	Original
13	3 rd Revised	46	Original	79	1 st Revised
14	3 rd Revised*	47	Original	80	1 st Revised
15	2 nd Revised	48	Original	81	2 nd Revised
16	Original	49	Original	82	Original
17	Original	50	Original	83	1 st Revised
18	Original	51	Original	83.1	1 st Revised
19	Original	52	Original	83.2	1 st Revised
20	Original	53	2 nd Revised*	83.3	1 st Revised
21	Original	54	1 st Revised	83.4	Original
22	1 st Revised	55	Original	83.5	Original
23	1 st Revised	56	Original	84	2 nd Revised
24	Original	57	Original	84.1	1 st Revised
25	Original	58	Original	85	Original
26	Original	59	Original	85.1	Original
27	Original	60	Original	86	Original
28	Original	61	Original	87	Original
29	Original	62	Original	88	Original
30	Original	63	Original	89	Original
31	Original	64	Original	90	1 st Revised
32	Original	65	3 rd Revised*		
33	1 st Revised*	66	2 nd Revised		

Issued: September 8, 2003

Effective: July 30, 2003

BY: David R. Conn
Vice President and Deputy General Counsel
6400 C Street SW, P.O. Box 3177
Cedar Rapids, Iowa 52406

Issued under authority of the Public Utilities Commission of Ohio, dated March 16, 2000, in Case No. 99-972-TP-ACE.

CHECK SHEET (cont'd)

<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>
91	Original	121.1	1 st Revised	152	Original
92	Original	122	Original	153	Original
93	1 st Revised	122.1	1 st Revised	154	Original
94	Original	123	Original	155	Original
95	Original	124	Original	156	Original
96	Original	125	Original	157	Original
97	1 st Revised	126	Original	158	Original
98	1 st Revised	127	Original	159	Original
99	1 st Revised	128	Original	160	Original
100	2 nd Revised*	129	Original	161	Original
101	2 nd Revised	130	Original	162	Original
102	Original	131	Original	163	Original
103	Original	132	1 st Revised	164	Original
104	Original	133	Original	165	Original
104.1	Original	134	2 nd Revised*	166	Original
105	1 st Revised	135	2 nd Revised	167	Original
106	1 st Revised	136	Original	168	Original
107	2 nd Revised	137	Original	169	Original
108	3 rd Revised	138	Original	170	Original
109	Original	139	Original	171	Original
110	Original	140	Original	172	Original
111	Original	140.1	1 st Revised	173	Original
112	1 st Revised	140.2	2 nd Revised	174	Original
113	Original	140.3	1 st Revised	175	Original
114	Original	140.4	2 nd Revised	176	Original
115	Original	141	2 nd Revised	177	Original
116	2 nd Revised	142	1 st Revised	178	Original
117	1 st Revised	143	2 nd Revised		
118	2 nd Revised	144	2 nd Revised		
119	Original	145	2 nd Revised		
120	1 st Revised	145.1	Original		
120.1	1 st Revised	146	Original		
120.2	1 st Revised	147	Original		
120.3	1 st Revised	148	Original		
120.4	Original	149	Original		
120.5	Original	150	Original		
121	2 nd Revised	151	Original		

Issued: September 8, 2003

Effective: July 30, 2003

BY: David R. Conn
Vice President and Deputy General Counsel
6400 C Street SW, P.O. Box 3177
Cedar Rapids, Iowa 52406

Issued under authority of the Public Utilities Commission of Ohio, dated March 16, 2000, in Case No. 99-972-TP-ACE.

TABLE OF CONTENTS (cont'd)

	Page
4.3.8 Rate Table 8: PS/ALI	97
4.3.9 Rate Table 9: Directory Assistance Service	98
4.3.10 Rate Table 10: Conference Calling Service	99
4.3.11 Rate Table 11: Reserved for Future Use	100 (T)
4.3.12 Rate Table 12: Intercept Services	101
4.3.13 Rate Table 13: Direct Inward Dial Service	102
4.4 Rate Promotions	104.1
5.0 Rates and Charges - Price List	105
5.1 Nonrecurring Charges	105
5.1.1 Early Termination Charges	105
5.1.2 Third Party Vendor Charges	105
5.1.3 Reconnect Fee	105
5.1.4 Nonsufficient Funds Charge	105
5.1.5 PIC/LPIC Change Charge	105
5.1.6 Trouble Isolation Charge	106
5.1.7 Bill Copies	106
5.1.8 Service Charges	107
5.2 Usage Rate	108
5.3 Rate Tables	110
5.3.1 Rate Table 1: Local Service Packages	110
5.3.1.A Rate Table 1.1 Business Packages	110
5.3.1.B Rate Table 1.2 Residential Packages	112
5.3.2 Rate Table 2: Reserved for Future Use	115
5.3.3 Rate Table 3: Optional Services	116
5.3.3.A Rate Table 3.1 Per Use Features	116
5.3.3.B Rate Table 3.2 Directory Listing Service	116
5.3.3.C Rate Table 3.3 Screening and Restriction Services	117
5.3.3.D Rate Table 3.4 Hunting	118
5.3.3.E Rate Table 3.5 Market Expansion Lines (MEL)	118
5.3.3.F Rate Table 3.6 Call Forward Busy and Call Forward Don't Answer	118
5.3.4 Rate Table 4: Long Distance Services	120
5.3.4.A Rate Table 4.1.1 Business Preferred Advantage SM Long Distance Packages for Customers Without Local	120.1 (T)
5.3.4.A Rate Table 4.1.2 Business Preferred Advantage SM Long Distance Packages for Customers With Local	120.2 (T)
5.3.4.A Rate Table 4.1.3 Business Inter/Intra State Long Distance For Customers Without Local	120.3 (T)
5.3.4.A Rate Table 4.1.3 Business Inter/Intra State Long Distance For Customers With Local	120.3 (T)

Issued: September 8, 2003

Effective: August 4, 2003

BY: David R. Conn

Vice President and Deputy General Counsel

6400 C Street SW, P.O. Box 3177

Cedar Rapids, Iowa 52406

Issued under authority of the Public Utilities Commission of Ohio, dated March 16, 2000, in Case No. 99-972-TP-ACE.

4.0 Rate Schedules4.1 Nonrecurring Charges4.1.1 Early Termination Charges

If a Customer terminates service prior to the expiration of the term of the contract (see Section 2.5) without cause, the Customer will be required to pay an early termination charge as set forth in the contract for service.

4.1.2 Third Party Vendor Charges

Customers may also be charged for certain charges incurred by McLeodUSA (at the Customer's instruction) in obtaining services from third party vendors. At the earliest opportunity, the Customer will be advised of the nature of the charges and the estimated amount of the charges.

4.1.3 Reconnection Fee

<u>Business</u>	<u>Residential</u>	
<u>Max</u>	<u>Max</u>	(T)
\$95.00	\$95.00	(T)

This charge applies to reconnect service after dial tone has been suspended or service has been disconnected.

4.1.4 Nonsufficient Funds Charge (NSF Checks)

<u>Business</u>	<u>Residential</u>	
<u>Max</u>	<u>Max</u>	(T)
\$30.00	\$30.00	(T)

This charge applies when a check has been returned by the bank for non-payment.

4.1.5 <u>Reserved for Future Use</u>	(T)
	(D)
	(D)

Issued: September 8, 2003

Effective: August 26, 2003

BY: David R. Conn
Vice President and Deputy General Counsel
6400 C Street SW, P.O. Box 3177
Cedar Rapids, Iowa 52406

Issued under authority of the Public Utilities Commission of Ohio, dated March 16, 2000, in Case No. 99-972-TP-ACE.

4.0 Rate Schedules (cont'd)

4.3 Rate Tables (cont'd)

4.3.11 Rate Table 11: Reserved for Future Use

(T)
(D)

(D)

Issued: September 8, 2003

Effective: July 30, 2003

BY: David R. Conn
Vice President and Deputy General Counsel
6400 C Street SW, P.O. Box 3177
Cedar Rapids, Iowa 52406

Issued under authority of the Public Utilities Commission of Ohio, dated March 16, 2000, in Case No. 99-972-TP-ACE.