

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 the Application of OH-CLEC LLC to provide)
Competitive Local Exchange Carrier Telecommunications)
Services throughout the State of Ohio)

TRF Docket No. 90-_____

Case No. 11 - 4575 -**TP** - _____

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

Name of Registrant(s): OH – CLEC LLC

DBA(s) of Registrant(s): NA

Address of Registrant(s): Mailing Address: 2000 Corporate Drive, Canonsburg, PA 15317; Principal Address: 1220 Augusta Dr., Suite 500, Houston, TX 77057

Company Web Address: www.crowncastle.com

Regulatory Contact Person(s): Michelle Salisbury

Phone : 724-416-2239 Fax: 724-4126-4239

Regulatory Contact Person's Email Address: 2000 Corporate Drive, Canonsburg, PA 15317

Contact Person for Annual Report: Michelle Salisbury

Phone:724-416-2239

Address (if different from above): Same as above

Consumer Contact Information: Same as above

Phone: 724-416-2239

Address (if different from above): Same as above

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

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 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 <i>1-6-08</i> * (Auto 30- day)	<input type="checkbox"/> ACE <i>1-6-08</i> *(Auto 30 day)	<input checked="" type="checkbox"/> ACE <i>1-6-08</i> *(Auto 30 day)	<input type="checkbox"/> ACE <i>1-6-10</i> (Auto 30 day)	<input type="checkbox"/> UNC <i>1-6-09</i> *(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 <i>1-6-26</i> (Auto 30 days)	<input type="checkbox"/> ABN <i>1-6-26</i> (Auto 30 days)
Change of Official Name *	<input type="checkbox"/> ACN <i>1-6-29(B)</i> (Auto 30 days)	<input type="checkbox"/> ACN <i>1-6-29(B)</i> (Auto 30 days)	<input type="checkbox"/> CIO <i>1-6-29(C)</i> (0 day Notice)
Change in Ownership *	<input type="checkbox"/> ACO <i>1-6-29(E)</i> (Auto 30 days)	<input type="checkbox"/> ACO <i>1-6-29(E)</i> (Auto 30 days)	<input type="checkbox"/> CIO <i>1-6-29(C)</i> (0 day Notice)
Merger *	<input type="checkbox"/> AMT <i>1-6-29(E)</i> (Auto 30 days)	<input type="checkbox"/> AMT <i>1-6-29(E)</i> (Auto 30 days)	<input type="checkbox"/> CIO <i>1-6-29(C)</i> (0 day Notice)
Transfer a Certificate *	<input type="checkbox"/> ATC <i>1-6-29(B)</i> (Auto 30 days)	<input type="checkbox"/> ATC <i>1-6-29(B)</i> (Auto 30 days)	<input type="checkbox"/> CIO <i>1-6-29(C)</i> (0 day Notice)
Transaction for transfer or lease of property, plant or business *	<input type="checkbox"/> ATR <i>1-6-29(B)</i> (Auto 30 days)	<input type="checkbox"/> ATR <i>1-6-29(B)</i> (Auto 30 days)	<input type="checkbox"/> CIO <i>1-6-29(C)</i> (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 <i>1-7-07</i> (Auto 90 day)	<input type="checkbox"/> NAG <i>1-7-07</i> (Auto 90 day)
Request for Arbitration	<input type="checkbox"/> ARB <i>1-7-09</i> (Non-Auto)	<input type="checkbox"/> ARB <i>1-7-09</i> (Non-Auto)
Introduce or change c-t-c service tariffs,	<input type="checkbox"/> ATA <i>1-7-14</i> (Auto 30 day)	<input type="checkbox"/> ATA <i>1-7-14</i> (Auto 30 day)
Request rural carrier exemption, rural carrier suspension or modification	<input type="checkbox"/> UNC <i>1-7-04 or 05</i> (Non-Auto)	
Changes in rates, terms & conditions to Pole Attachment, Conduit Occupancy and Rights-of-Way.	<input type="checkbox"/> UNC <i>1-7-23(B)</i> (Non-Auto)	
Wireless Providers See <u>4901:1-6-24</u>	<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 officer of the applicant corporation, OH-CLEC LLC , and am authorized to make this statement on its behalf.

(Name) Monica Gambino

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 were 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) 8/23/11 at (Location) Canonsburg, PA

Monica Gambino
*(Signature and Title) Monica Gambino – Vice President - Legal (Date) 8/23/11

- *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, Monica Gambino 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.

Monica Gambino
*(Signature and Title) Monica Gambino – Vice President - Legal (Date) 8/23/11

**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

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS SUPPLEMENTAL APPLICATION FORM
for CARRIER CERTIFICATION

(Effective: 01/20/2011)

(Pursuant to Case No. 10-1010-TP-ORD)

NOTE: This SUPPLEMENTAL form must be used WITH the
TELECOMMUNICATIONS FILING FORM for ROUTINE PROCEEDINGS.

In the Matter of the Application of OH-CLEC LLC to)
provide Competitive Local Exchange Carrier)
Telecommunications Services throughout the State of)
Ohio)

Case No. 11 - 4575 -TP - _____

Name of Registrant(s): OH – CLEC LLC

DBA(s) of Registrant(s): NA

Address of Registrant(s): Mailing address: 2000 Corporate Drive, Canonsburg, PA 15317; Principal Address: 1220 Augusta Dr., Suite 500, Houston, TX. 77057

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]

List of Required Exhibits

Tariffs: (Include all that apply)

Interexchange Tariff

Local Tariff

CESTC Tariff

Carrier-to-Carrier (Access) Tariff

Description of Services

Service provisioned via Resale

Description of Proposed Services

Explanation of how the proposed services in the proposed market area are in the public interest.

NOTE: All Facilities-Based carriers must file an Access Tariff

Service provisioned via Facilities

Statement about the provision of CTS services

Description of the class of customers (e.g., residence, business) that the applicant intends to serve

Both Resold and Facilities-based

Description of the general geographic area served

Business Requirements

Evidence of Registration with:

Ohio Department of Taxation

Ohio Secretary of State¹ & Certificate of Good Standing

Documentation attesting to the applicant's financial viability, including the following:

An executive Summary describing the applicant's current financial condition, liquidity, and capital resources. Describe internally generated sources of cash and external funds available to support the applicant's operations that are the subject of this certification application.

Copy of financial statements (actual and pro forma income statement and a balance sheet). Indicate if financial statements are based on a certain geographical area(s) or information in other jurisdictions

Documentation to support the applicant's cash and funding sources.

Documentation attesting to the applicant's managerial ability and corporate structure, including the following:

Documentation attesting to the applicant's technical and managerial expertise relative to the proposed service offering(s) and proposed service area

List of names, addresses, and phone numbers of officers and directors, or partners.

Documentation indicating the applicant's corporate structure and ownership

Information regarding any similar operations in other states.

If this company has been previously certified in the State of Ohio, include that certification number NA

Verification that the applicant will follow federal communications commission (FCC) accounting requirements, if applicable.

¹ Certification from Ohio Secretary of State (domestic or foreign corporation, authorized use of fictitious name, etc.), and Certificate of Good Standing is required.

Documentation attesting to the applicant's proposed interactions with other Carriers

- Explanation as to whether rates are derived through (check all applicable):
 interconnection agreement retail tariffs resale tariffs
- Explanation as to which service areas company currently has an approved interconnection or resale agreement.
- A notarized affidavit accompanied by bona fide 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.

Documentation attesting to the applicant's proposed interactions with Customers

- A sample copy of the customer bill and disconnection notice the applicant plans to utilize.
- Provide a copy of any customer application form required in order to establish residential service, if applicable.
- For CLECs, List of Ohio ILEC Exchanges the applicant intends to serve
(Use spreadsheet from: http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357)
- If Mirroring the entire ILEC local service areas, tariffs may incorporate by reference. If not mirroring the entire ILEC local exchange areas, the CLEC shall specifically define its local service areas in the tariff.

Affidavit

I am an authorized representative of the applicant corporation OH-CLEC LLC
(Name)

and I am authorized to make this statement on its behalf. I attest that I have utilized the Telecommunications Supplemental Application Form for Carrier Certification 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.

Executed on 8/23/11

at Canonsburg, PA

Monica Gambino

Monica Gambino - Vice President - Legal
(Signature and Title)

8/23/11
(Date)

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS RETAIL SERVICE OFFERING FORM
For Non-BLES Carriers

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

Company Name: OH - CLEC LLC

Company Address: Mailing address - 2000 Corporate Drive, Canonsburg, PA 15317; Principal address: 1220 Augusta Dr., Suite, Houston, TX

Company Web Address: www.crowncastle.com

Regulatory Contact Person: Michelle Salisbury Phone: 724-416-2239 Fax: 724-416-4239

Regulatory Contact Person's Email Address: michelle.salisbury@crowncastle.com

Contact Person for Annual Report: Michelle Salisbury Phone: 724-416-2239 Fax: 724-416-4239

Consumer Contact Information: Same as above Phone: 724-416-2239 Fax: 724-416-4239

TRF Docket No. - -TP-TRF

I. Company Type (Check all applicable):

Non-BLES CLEC IXC Other (explain) Telecommunications Provider not Offering Local

II. Services offered (Check all applicable):

- Toll services (intrastate)
- Local Exchange Service (i.e., residential or business bundles)
- Other (explain): RF transport and backhaul

III. Tariffed Provisions/Services (To the extent offered, check all applicable and attach tariff pages):

- Toll Presubscription
- Intrastate Special and Switched Access Services to Carriers (facilities-based local carriers only)*
- N-1-1 Service
- Pole Attachment and Conduit Occupancy
- Pay Telephone Access Lines
- Inmate Operator Service
- Telephone Relay Service

*Access service tariffs shall be maintained separately and are subject to the Commission's carrier-to-carrier rules found in Chapter 4901:1-7, Ohio Administrative Code.

Part IV. – Attestation

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

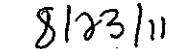
I am an officer/~~agent~~ of the carrier/telephone company, OH-CLEC LLC, and am authorized to make statements on its behalf.
(Name)

I understand that Telephone companies have certain responsibilities to its customers under the Telecommunications Rules (Ohio Adm. Code 4901:1-6). These responsibilities include: warm line service; not committing unfair or deceptive acts and practices; truth in billing requirements; and slamming and preferred carrier freeze requirements. We will comply with the rules of the state of Ohio and understand that non-compliance 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.



(Signature and Title) Monica Gambino – Vice President - Legal



(Date)

Exhibit C.1



OH-CLEC LLC
2000 Corporate Drive
Canonsburg, PA 15317

Tel 724 416-2000
Fax 724 416-2363
www.crowncastle.com

August 23, 2011

Ohio Department of Taxation
Public Utility Tax Division
30 E. Broad St
21st Floor
Columbus, OH 43215

To Whom It May Concern:

On behalf of OH-CLEC LLC, please accept this letter as notice that OH-CLEC LLC has applied for a Certificate of Public Convenience and Necessity from the Public Utilities Commission of Ohio ("PUCO") to operate as a provider of telecommunications services within the State of Ohio. OH-CLEC LLC expects that its application is to be approved by the PUCO within the next 45 days.

Information concerning OH-CLEC LLC may be obtained by writing or calling OH-CLEC LLC at the address and phone number below:

OH-CLEC LLC
c/o Crown Castle
2000 Corporate Drive
Canonsburg, PA 15317
Attn: Michelle Salisbury
Phone: 724.416.2239

Should you have any questions relating to this correspondence, please feel free to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank Deible', written over a horizontal line.

Frank Deible
Tax Director