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# FILE

RECEIVED-DOCKETING DIV

Case No. 07-<sup>637</sup>—TP-ATA

May 24, 2007

2007 MAY 25 AM 10:25 *Via Overnight Delivery*

## PUCO

Renée Jenkins, Secretary of Commission  
Public Utilities Commission of Ohio  
180 East Broad Street  
Columbus, Ohio 43266-0573

**RE: Local Tariff Revision for Talk America Inc. d/b/a Cavalier Telephone also d/b/a Cavalier Business Communications also d/b/a Cavalier Telephone and TV - Tariff PUC No. 2**

Dear Ms. Jenkins:

Enclosed for filing please find one original and ten (10) copies of the revised local tariff pages submitted on behalf of Talk America Inc. d/b/a Cavalier Telephone, d/b/a Cavalier Business Communications and also d/b/a Cavalier Telephone and TV - PUC No. 1. This filing introduces Emergency 911 Interconnection Services. The company respectfully requests this tariff revision to become effective on June 25, 2007.

*The following documents are included with this filing:*

Telecommunications Application Form

Exhibit A - Superseded tariff pages

Exhibit B - Proposed tariff pages

64 <sup>th</sup> Revised Page 1	Updates Check Sheet;
55 <sup>th</sup> Revised Page 2	Updates Check Sheet;
5 <sup>th</sup> Revised Page 116.1	Introduces Emergency 911 Interconnection Services;
2 <sup>nd</sup> Revised Page 116.2	Introduces Emergency 911 Interconnection Services;
3 <sup>rd</sup> Revised Page 116.3	Introduces Emergency 911 Interconnection Services;
4 <sup>th</sup> Revised Page 116.4	Introduces Emergency 911 Interconnection Services;
2 <sup>nd</sup> Revised Page 116.5	Introduces Emergency 911 Interconnection Services.

Exhibit C - Rationale

Exhibit D - Customer Notice

Questions regarding this filing may be directed to my attention at (407) 740-3031 or via e-mail at sthomas@tminc.com. Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for this purpose. Thank you for your assistance.

Sincerely,

Sharon Thomas  
Consultant to Talk America Inc.

ST/im.

Enclosures

cc: Office of Ohio Utilities Consumer Counsel  
M. Ring, Talk America, Inc.

File: Talk America - OH Local

TMS: OHI0706

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 SP Date Processed 5-25-07

**The Public Utilities Commission of Ohio**  
**TELECOMMUNICATIONS APPLICATION FORM**

(Effective: 10/01/2004)  
(Pursuant to Case Nos. 99-998-TP-COI and 99-563-TP-COI)

In the Matter of the Application of  
**TALK AMERICA INC.**  
d/b/a Cavalier Telephone  
d/b/a Cavalier Business Communications  
d/b/a Cavalier Telephone and TV  
for Authority to Resell Telecommunications Services

637  
Case No. 07 - TP - ATA

Name of Registrant(s)	TALK AMERICA INC. d/b/a Cavalier Telephone, d/b/a Cavalier Business Communications			
	d/b/a Cavalier Telephone and TV			
Address of Registrant(s)	6805 Route 202, New Hope, Pennsylvania, 18938			
Company Web Address	www.talk.com			
Regulatory Contact Person(s)	Sharon Thomas, Technologies Management, Inc.	Phone	407-740-8575	Fax 407-740-0613
Regulatory Contact Person's Email Address	sthomas@tminc.com			
Contact Person for Annual Report	Martin W. Clift, Jr., Vice President Regulatory	Phone	802-422-4515	
Consumer Contact Information	Martin W. Clift, Jr., Vice President Regulatory	Phone	802-422-4515	

Date May 24, 2007 TRF Docket No. 90-9030-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 25 (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 Notification Involving only Tier 2 Services
- NOTE: Notifications do not require or imply Commission Approval.
- ☐ 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 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 checked="" 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 the following: <ol style="list-style-type: none"> <li>1) 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.</li> <li>2) 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</li> <li>3) Documentation to support the applicant's cash and funding sources.</li> </ol>
<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"/>	[3-5,7,10-11,13]	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.
<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 checked="" 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 checked="" 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 checked="" 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), 21]	Specify which notice procedure has been/will be utilized: <input type="checkbox"/> direct mail; <input type="checkbox"/> bill insert; <input type="checkbox"/> bill notation or <input type="checkbox"/> electronic mail. NOTE: <input type="checkbox"/> Tier 1 price list increases must be within an approved range of rates. <input type="checkbox"/> SLF Filings – Do NOT send customer notice until it has been reviewed and approved by Commission Staff
<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/will be provided to customers. NOTE: SLF Filings – Do NOT send customer notice until it has been reviewed and approved by Commission Staff
<input type="checkbox"/>	[1,2,5,9a(v),11-13, 18, 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 exchanges 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]	For CLECs, List of Ohio Exchanges the applicant intends to serve (Use spreadsheet from: <a href="http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357">http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357</a> ).
<input type="checkbox"/>	[1,3a-b,3d,7, 10,13, 23]	Maps depicting the proposed serving and calling areas of the applicant.
<input type="checkbox"/>		<b>If Mirroring Large ILEC</b> exchanges for both serving area and local calling areas: • <b>Serving area</b> 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. • <b>Local calling areas</b> 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.
<input type="checkbox"/>		<b>If Self-defining</b> serving area and/or local calling area as an area other than that of the established ILEC exchange(s): • <b>Serving Area</b> must be clearly reflected on an Ohio map attached to the tariffs, and textually described in tariffs by listing the involved exchanges. • <b>Local Calling Areas</b> must be described in the tariff through textual delineation and clear maps. Maps for self-defined <b>serving and local calling areas</b> 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 checked="" 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:

Martin W. Clift, Jr., Vice President - Regulatory  
Talk America d/b/a Cavalier Telephone also d/b/a Cavalier Business Communications and also d/b/a Cavalier Telephone and TV.  
2134 W. Laburnum, Richmond, VA 23227

- V. 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:

Sharon Thomas, Consultant to Talk America d/b/a Cavalier Telephone also d/b/a Cavalier Business Communications and also d/b/a Cavalier Telephone and TV  
Technologies Management, Inc. 210 Park Avenue North, Winter Park, Florida 32789

*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: ☐)

LDMI Telecommunications, Inc. d/b/a LDMI Telecommunications also d/b/a Fonetel – Certificate No. 90-9106


## AFFIDAVIT

### *Compliance with Commission Rules and Service Standards*

I am an authorized representative of the applicant corporation, TALK AMERICA INC D/B/A CAVALIER TELEPHONE ALSO D/B/A CAVALIER BUSINESS COMMUNICATIONS AND ALSO D/B/A CAVALIER TELEPHONE, and am authorized to make this statement on its behalf. I attest that these tariffs comply with all applicable rules, including the Minimum Telephone Service Standards (MTSS) for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules, including the Minimum Telephone Service Standards, as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

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

Executed on 5/24/07 at Winter Park, Florida  
(Date) (Location)

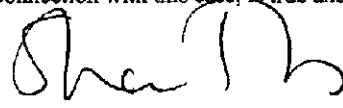
  
Sharon Thomas, Consultant

5/24/07  
(Date)

***\* 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, Sharon Thomas, 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.

  
Sharon Thomas, Consultant

5/24/07  
(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

SUPERSEDED TARIFF PAGES

### CHECK SHEET

The Page and pages listed below are inclusive and effective as of the date shown. Original and revised pages as named below contain all changes from the original tariff that are in effect on the date shown on each page.

Revision Sheet No.	Level		Revision Sheet No.	Level	Revision Sheet No.	Level
Title	1 <sup>st</sup>	*	27	Second	61	Original
<i>Preface</i>			28	Original	62	Original
1	63 <sup>rd</sup>	*	29	First	63	Original
2	Fifty-Fourth		30	Original	64	Original
2.1	Eleventh		31	Original	65	Original
3	Original		32	Original	66	Original
4	First		33	Original	67	Original
5	Second		34	First	68	Original
6	Original		35	First	69	Original
7	Original		36	Original	70	Original
<i>Section 1</i>			37	Original	71	Original
1	Original		38	Original	72	Original
2	Original		39	Original	73	Original
3	Original		40	Original	74	Original
4	Original		41	Original	75	Original
5	First		42	Original	76	Original
6	Original		43	Original	77	Original
7	Original		44	Original	78	Original
8	Original		45	Original	79	Original
<i>Section 2</i>			46	First	80	Original
9	Original		46.1	Original	81	Original
10	Original		46.2	Original	82	Original
11	Original		<i>Section 3</i>		83	Original
12	First		47	Original	84	Original
13	Original		48	Original	85	Original
14	First		49	Original	86	Original
15	Original		<i>Section 4</i>		87	Original
16	Original		50	Original	88	Original
17	Original		51	Original	89	Original
18	Original		52	Original	90	Original
19	Original		53	Original	91	Original
20	Original		54	Original	92	Original
21	Original		57	Original	93	Original
22	Original		55	Original	94	Original
23	Original		56	Original	95	Original
24	Original		58	Original	96	Original
25	Original		59	Original	97	Original
26	Second		60	Original	98	Original

Issued: January 24, 2007  
By:

Effective: February 24, 2007  
Marty Clift, Vice President Regulatory Affairs (T)  
2134 W. Laburnum (T)  
Richmond, Virginia 23227 (T)

Case No. 07-\_\_\_\_-TP-ACN  
OHL0701



## CHECK SHEET

<u>Revision</u> <u>Sheet No.</u>	<u>Level</u>	<u>Revision</u> <u>Sheet No.</u>	<u>Level</u>	<u>Revision</u> <u>Sheet No.</u>	<u>Level</u>
<i>Section 5</i>					
99	Original	110.13	Original	114.8	First
100	Original	110.14	Original	114.9	First
101	Original	110.15	Original	114.10	First
102	Second	110.16	Original	114.11	First
103	First	110.17	Original	114.12	Original
104	Second	110.18	Original	114.13	Original
105	Original	110.19	Original	114.14	Original
106	Original	110.20	Original	114.15	Original
107	Original	110.21	Original	114.16	Original
108	Seventh	110.22	Original	114.17	Original
108.0.1	Second	110.23	Original	114.18	Original
108.1	Second	110.24	Original	114.19	Original
109	Second	110.25	Original	114.20	Original
110	Second	110.26	Original	115	First
110.1	Second	110.27	Original	115.1	Original
110.2	Second	110.28	Original	115.2	Original
110.3	Third	110.29	Original	115.3	Original
110.3.1	Fourth	110.30	Original	115.4	First
110.3.2	Sixth	110.31	Original	* 115.5	First
110.3.3	Fifth	110.32	Original	* 115.6	First
110.3.4	Third	110.33	Original	* 116	First
110.3.5	Third	110.34	Original	* 116.1	Fourth
110.3.6	Third	111	Second	116.2	First
110.3.7	Second	112	Second	116.3	Second
110.3.8	Fourth	113	First	116.4	Third
110.3.9	Fourth	114	First	116.5	First
110.3.10	Fourth	114.1	First	116.6	Second
110.3.11	Third	114.2	Original	117	Second
110.3.12	Third	114.3	First	117.1	Original
110.3.13	Third	114.4	First	<i>Section 6</i>	
110.3.14	Third	114.5	First	118	Original
110.4	Second	114.6	First		
110.5	Second	114.7	First		
110.6	Third				
110.7	Second				
110.8	First				
110.9	Original				
110.10	Original				
110.11	Original				
110.12	Original				

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Case No. 06-\_\_\_\_-TP-ZTA

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# Exhibit B

PROPOSED TARIFF PAGES

# CHECK SHEET

The Page and pages listed below are inclusive and effective as of the date shown. Original and revised pages as named below contain all changes from the original tariff that are in effect on the date shown on each page.

Revision Sheet No.	Level		Revision Sheet No.	Level	Revision Sheet No.	Level
Title	1 <sup>st</sup>		27	Second	61	Original
<i>Preface</i>			28	Original	62	Original
1	64 <sup>th</sup>	*	29	First	63	Original
2	55 <sup>th</sup>	*	30	Original	64	Original
2.1	Eleventh		31	Original	65	Original
3	Original		32	Original	66	Original
4	First		33	Original	67	Original
5	Second		34	First	68	Original
6	Original		35	First	69	Original
7	Original		36	Original	70	Original
<i>Section 1</i>			37	Original	71	Original
1	Original		38	Original	72	Original
2	Original		39	Original	73	Original
3	Original		40	Original	74	Original
4	Original		41	Original	75	Original
5	First		42	Original	76	Original
6	Original		43	Original	77	Original
7	Original		44	Original	78	Original
8	Original		45	Original	79	Original
<i>Section 2</i>			46	First	80	Original
9	Original		46.1	Original	81	Original
10	Original		46.2	Original	82	Original
11	Original		<i>Section 3</i>		83	Original
12	First		47	Original	84	Original
13	Original		48	Original	85	Original
14	First		49	Original	86	Original
15	Original		<i>Section 4</i>		87	Original
16	Original		50	Original	88	Original
17	Original		51	Original	89	Original
18	Original		52	Original	90	Original
19	Original		53	Original	91	Original
20	Original		54	Original	92	Original
21	Original		57	Original	93	Original
22	Original		55	Original	94	Original
23	Original		56	Original	95	Original
24	Original		58	Original	96	Original
25	Original		59	Original	97	Original
26	Second		60	Original	98	Original

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## CHECK SHEET

Revision Sheet No.	Level	Revision Sheet No.	Level	Revision Sheet No.	Level
<i>Section 5</i>					
99	Original	110.13	Original	114.8	First
100	Original	110.14	Original	114.9	First
101	Original	110.15	Original	114.10	First
102	Second	110.16	Original	114.11	First
103	First	110.17	Original	114.12	Original
104	Second	110.18	Original	114.13	Original
105	Original	110.19	Original	114.14	Original
106	Original	110.20	Original	114.15	Original
107	Original	110.21	Original	114.16	Original
108	Seventh	110.22	Original	114.17	Original
108.0.1	Second	110.23	Original	114.18	Original
108.1	Second	110.24	Original	114.19	Original
109	Second	110.25	Original	114.20	Original
110	Second	110.26	Original	115	First
110.1	Second	110.27	Original	115.1	Original
110.2	Second	110.28	Original	115.2	Original
110.3	Third	110.29	Original	115.3	Original
110.3.1	Fourth	110.30	Original	115.4	First
110.3.2	Sixth	110.31	Original	115.5	First
110.3.3	Fifth	110.32	Original	115.6	First
110.3.4	Third	110.33	Original	116	First
110.3.5	Third	110.34	Original	116.1	Fifth *
110.3.6	Third	111	Second	116.2	Second *
110.3.7	Second	112	Second	116.3	Third *
110.3.8	Fourth	113	First	116.4	Fourth *
110.3.9	Fourth	114	First	116.5	Second *
110.3.10	Fourth	114.1	First	116.6	Second
110.3.11	Third	114.2	Original	117	Second
110.3.12	Third	114.3	First	117.1	Original
110.3.13	Third	114.4	First	<i>Section 6</i>	
110.3.14	Third	114.5	First	118	Original
110.4	Second	114.6	First		
110.5	Second	114.7	First		
110.6	Third				
110.7	Second				
110.8	First				
110.9	Original				
110.10	Original				
110.11	Original				
110.12	Original				

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SECTION 5.0 - RETAIL LOCAL EXCHANGE SERVICES, (Cont'd.)

5.7 Emergency 911 Interconnection Services

(N)

5.7.1 General

- A. Emergency 911 Interconnection Services is an access service to a Public Safety Answering Point (PSAP) designated by a local government authority or its agent(s). The PSAP is accessed by dialing the telephone number "911" by end users.
- B. Local exchange facilities and other services provided by the Company for the local government authority's are provided in accordance with the general regulation of this tariff specified in Section 2.0.
- C. The Company's entire liability to any person for interruption or failure of Emergency 911 Services, whether due to the Company's network facilities, shall be limited to the terms set forth in this section and other sections of this and other applicable Company Tariffs.
- D. Agents of the local government authority for the purpose of administering this Tariff may include, but are not limited to, other local exchange telephone companies acting on behalf of local government authorities.

5.7.2 Provision of Service

- A. The Company will provide local exchange facilities and other services, which interconnect with PSAP locations directly, or interconnect with that location through a connecting company, to Company's central offices based on the availability, rates, terms, and conditions as specified in Section 10.
- B. The Company will provide addresses or other available location information to assist local government authorities or their agent(s) in providing Enhanced 911 Service. The Company and the local government authority or its agent(s) will mutually agree upon the frequency and medium in which address or location information is provided.
- C. The Company will provide Automatic Number Identification for the transmission of the caller's telephone number to the PSAP.

(N)

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SECTION 5.0 - RETAIL LOCAL EXCHANGE SERVICES, (Cont'd.)

5.7 Emergency 911 Interconnection Services (Cont'd.)

(N)

5.7.3 Conditions

- A. This service is offered solely as an aid in routing calls in connection with fire, police, and other emergency services. In the event of service interruption, the Company shall not be liable to any person, corporation, or other entity for any loss or damage. No allowance shall be made if the interruption is due to the negligence or willful act of the local government authority or its agent(s).
- B. When the use of service or facilities furnished by the Company is interrupted due to any cause other than the negligence of the local government authority or its agent(s), a pro rata adjustment of the fixed monthly charges involved may be allowed as covered by the General Regulations Section of this Tariff.
- C. Each end user and local government authority or its agent(s) also agrees to release, indemnify and hold harmless the Company from any and all loss, claims, demands, suits or other actions, or any liability whatsoever, whether suffered, made, instituted or asserted by the end user, local government authority, or PSAP, for personal injury or death to any person or persons, or for any loss, damage or destruction of any property, whether owned by the end user, local government authority or others.
- D. The Company's liability for any loss or damage arising from errors, interruptions, defects or failures of this service or any part thereof whether caused by the negligence of the Company or otherwise shall not exceed an amount equivalent to the pro rata charges for the service affected during the period of time that the service was fully or partially inoperative.
- E. The local government authority and its agent(s) recognizes that addresses, location of information, and other data are the business records of the Company and the Company cannot guarantee the accuracy in emergency situations.
- F. The 911 Service calling party forfeits the privacy by non-published telephone number service to the extent that the telephone number, address, and name associated with the originating station location are furnished to the PSAP.
- G. No local usage charges apply to the calling party for call to 911 lines.

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SECTION 5.0 - RETAIL LOCAL EXCHANGE SERVICES, (Cont'd.)

5.7 Emergency 911 Interconnection Services (Cont'd.)

(N)

5.7.4 Feature Definitions

A. Automatic Number Identification

Automatic number identification provides for the transmission of the caller's telephone number to the public safety answering point where it may be recorded and/or displayed on the display and transfer unit.

B. Selective Routing

Selective Routing is a feature that routes a 911 service call from a central office through a designated interconnecting tandem that connects with a public safety answering point, based upon the number of the calling party.

C. Automatic Location Identification.

A feature by which the name and address associated with the calling party's telephone number (identified by ANI as defined below) is forwarded to the PSAP for display. Multiple access lines with the same ANI will be identified with the address associated with that ANI.

(N)

SECTION 5.0 - RETAIL LOCAL EXCHANGE SERVICES, (Cont'd.)

5.7 Emergency 911 Interconnection Services (Cont'd.)

(N)

5.7.5 Service Features

A. Emergency 911 Interconnection Service is available in the following service feature offering:

1. Automatic Number Identification – Charges are based on the total number of access lines served by the local switching offices equipped for ANI only.

B. The following standard features are included with the service offering:

1. Forced Disconnect
2. Default Routing
3. Alternate Routing (Night Service)
4. Speed Calling
5. Central Office Transfer Arrangements

(N)



SECTION 5.0 - RETAIL LOCAL EXCHANGE SERVICES, (Cont'd.)

5.7 Emergency 911 Interconnection Services (Cont'd.)

5.7.5 Service Features (Cont'd.)

- C. The service feature offerings include provision of E11 Exchange Line to all primary PSAPs and to secondary PSAPs that are equipped to display ANI Information on Company or customer provided terminal equipment. The number of lines to PSAPs will be determined by the Company based on anticipated call volumes. Secondary PSAPs not equipped to display ANI will receive calls on a transfer basis over the Exchange network or the customer may subscribe for an additional E911 Exchange Line.

5.7.6 Rates

- A. Connecting Company Charges Pass through at cost
- B. Company-Provided Services

The following features are provided based on the total number of Access Lines in wire centers serving the 911 System or Systems:

Combined Automatic Number Identification plus Access Line update information for Access Lines served by the Company and/or other local exchange companies.

	Nonrecurring Charge	Monthly Recurring Charge	
		Current	Maximum
Rate per 1,000 Access Lines	\$385.3	\$69.20	\$69.20

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# **Exhibit C**

## **RATIONALE**

**This tariff revision introduces Emergency 911 Interconnection Services.**

## **Exhibit D**

### **CUSTOMER NOTICE**

**Not Applicable**