



Regulatory Department

AT&T Long Distance
5130 Hacienda Dr., 3rd Fl. South
Dublin, CA 94568

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2007 AUG -6 AM 10: 12

August 3, 2007

PUCO

Ms. Renee Jenkins
Director of Administration
Public Utilities Commission of Ohio
180 East Broad Street
Columbus, Ohio 43215-3793

Re: Advice Letter 183 - TRF Docket No. 07-889-TP-ZTA
Revisions to PUCO No. 7, Competitive Interexchange Telecommunications Services
SBC Long Distance, LLC, d/b/a SBC Long Distance, d/b/a AT&T Long Distance

Dear Ms. Jenkins:

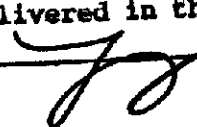
Enclosed is an original and three (3) copies of revisions to PUCO No. 7 of SBC Long Distance, LLC d/b/a SBC Long Distance, d/b/a AT&T Long Distance. The following documents are enclosed: (1) Telecommunications Application Form; (2) Exhibit A, Superseded Tariff and Price List Pages; (3) Exhibit B, Issued and Revised Tariff; and (4) Exhibit C, Description and Rationale for Tariff Filing. The tariff pages have an issue date of August 6, 2007 and an effective date of August 12, 2007.

So that our records will be complete, please date-stamp the extra copy of this transmittal letter and return it in the envelope provided. If there are any questions regarding this filing, please contact Janet Vader, SBC Long Distance, 5130 Hacienda DR., Room 3S300L, Dublin, CA 94568. I can be reached via telephone at (925) 803-6224 or via email at jv1827@att.com.

Thank you for your assistance in this matter.

Yours truly,

Janet Vader
Regulatory Associate Director
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  Date Processed 8-6-07

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 SBC Long Distance, LLC) Docket No. 07 - 889 - TP - ZTA
Change the rates for Business MTS, Toll Free Service, Calling Card, and Long Distance for Business Optional
Calling Plan.

Name of Registrant(s) SBC Long Distance, LLC
DBA(s) of Registrant(s) d/b/a SBC Long Distance, d/b/a AT&T Long Distance
Address of Registrant(s) 5130 Hacienda Dr., Room 3S300L, Dublin, CA 94568
Company Web Address www.sbc.com

Regulatory Contact Person(s) Janet Vader Phone (925) 803-6224 Fax (707) 435-6499
Regulatory Contact Person's Email Address jv1827@comcast.net

Contact Person for Annual Report Amy Berlin Phone (925) 803-6204
Consumer Contact Information Donna Daniele Phone (925) 803-6222

Date April 26, 2007 TRF Docket No. _____ - _____ CT-TRF or 90 - 9146 - 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 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: 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. 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 3) Documentation to support the applicant's cash and funding sources.
<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 checked="" type="checkbox"/> residence; or <input type="checkbox"/> both. Also indicate whether it is a <input checked="" 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), 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: 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 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 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:

Donna Daniele, Associate Director Regulatory, 925-803-6222, 5130 Hacienda Dr., Dublin, CA 94568

Ann Kwong, Project Administrator, 925-803-6206, 5130 Hacienda Dr., Dublin, CA 94568

- 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:

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

Compliance with Commission Rules and Service Standards

I am an officer of the applicant corporation, SBC Long Distance, LLC d/b/a SBC Long Distance, d/b/a AT&T Long Distance, and am authorized to

(Name of Company)

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.

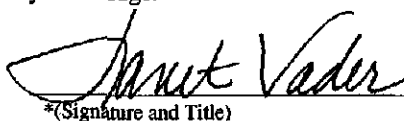
Executed on August 3, 2007 at Pleasanton, CA
(Date) (Location)

 , Associate Director 8/03/07
*(Signature and Title) (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, Janet Vader 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.

 Associate Director 08/03/2007
*(Signature and Title) (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 AND PRICE LIST PAGES

CHECK PAGE

All of the pages of this Tariff are effective as of the date shown at the bottom of the page. 1st Revised and revised pages as named below comprise all changes from the original Tariff.

PAGE	REVISION
1	1st Revised Page
2	86 th Revised Page*
3	84 th Revised Page*
4	30 th Revised Page
5	5 th Revised Page
6	Original Page
7	1 st Revised Page
8	4 th Revised Page
9	2nd Revised Page
10	Original Page
11	4th Revised Page
12	7th Revised Page
13	10th Revised Page
14	13th Revised Page
14.1	Original Page
15	2 nd Revised Page
15.1	1 st Revised Page
16	Original Page
17	2nd Revised Page
18	Original Page
19	Original Page

* New or revised current Tariff filing.

CHECK PAGE

PAGE	REVISION
20	1 st Revised Page
21	2nd Revised Page
22	Original Page
23	Original Page
24	1 st Revised Page
25	4th Revised Page
26	4 th Revised Page
26.1	20 th Revised Page *
27	25th Revised Page
28	4th Revised Page
29	9th Revised Page
30	Original Page
31	Original Page
32	34 th Revised Page
32.1	17 th Revised Page *
33	Original Page
34	Original Page
35	Original Page
36	Original Page
37	1 st Revised Page
38	Original Page
39	1 st Revised Page
40	Original Page

* New or revised current Tariff filing.

PAGE	CHECK PAGE
	REVISION
527	1st Revised Page
528	1st Revised Page
529	1st Revised Page
529.1	2 nd Revised Page
529.2	Original Page
529.3	1 st Revised Page
529.4	Original Page
529.5	1 st Revised Page
529.6	1 st Revised Page
529.7	1 st Revised Page *
529.9	4 th Revised Page *
530	Original Page
531	Original Page
532	Original Page
533	Original Page
534	Original Page
535	Original Page
536	1st Revised Page
537	1st Revised Page
537.1	1st Revised Page
538	Original Page
539	1 st Revised Page
540	Original Page
541	6th Revised Page
542	Original Page
543	5 th Revised Page *
544	Original Page
545	2 nd Revised Page
546	Original Page
547	Original Page
548	Original Page
549	5 th Revised Page
550	Original Page
551	2 nd Revised Page
552	2 nd Revised Page
553	3rd Revised Page
554	3rd Revised Page
555	3rd Revised Page

CHECK PAGE	
PAGE	REVISION
556	3rd Revised Page
557	8th Revised Page
558	3rd Revised Page
559	Original Page
560	6th Revised Page
561	3rd Revised Page
562	5th Revised Page
563	4th Revised Page
564	4th Revised Page *
565	3rd Revised Page
566	6th Revised Page
567	8th Revised Page *
567.1	34th Revised Page *
567.2	3rd Revised Page *
568	7 th Revised Page *
569	Original Page
570	Original Page
571	2nd Revised Page
572	Original Page
573	2nd Revised Page
573.0.1	Original Page
573.1	Original Page
573.2	1 st Revised Page
573.3	1 st Revised Page
573.4	Original Page
574	Original Page
575	1 st Revised Page
576	1 st Revised Page

CHECK PAGE

PAGE	REVISION
578	Original Page
579	Original Page
580	Original Page
581	Original Page
582	Original Page
583	Original Page
584	Original Page
585	Original Page
586	Original Page
587	Original Page
588	2nd Revised Page
589	1 st Revised Page*
590	Original Page
591	2nd Revised Page
591.1	1st Revised Page
592	1 st Revised Page*
593	Original Page
594	Original Page
595	Original Page
596	1 st Revised Page*
597	1 st Revised Page*
598	1 st Revised Page*
599	1 st Revised Page*
600	1 st Revised Page

* New or revised current Tariff filing.

SECTION 4 - PRICE LIST

4.1 Operator Toll Assistance Services (continued)

4.1.2 All Other Access Methods

There are two rate elements. They include a usage charge and a per call charge.
The usage charges and per call charges follow:

(A) Usage Rates

Call Type	Rate Per Minute
LEC Card	\$0.35
Calling Card - Option 1	\$1.15
Calling Card - Option 2	\$0.42 (I)
Calling Card - Option 3	See Section 4.1.1 (B).2.b.iii
Calling Card - Option 4	\$0.15
All Other Operator Toll Assistance Services Calls	
- Business	\$0.35
- Residential	\$0.35

(B) Person-to-Person Per Call Charge

Rate Per Call
\$4.80

SECTION 4 - PRICE LIST

4.4 Outbound Services-Switched Access

4.4.1 MTS

(A) MTS Rates for Persons with Communication Disabilities and for Calls Placed Through Telecommunication Relay Service

Initial Per Minute Rate		Each Additional Minute	
Peak	Off-Peak	Peak	Off-Peak
\$0.1620	\$0.0510	\$0.1620	\$0.0510

(B) All Other Calls

	Peak		Off-Peak	
	Initial Period	Add'l Period	Initial Period	Add'l Period
Business MTS	\$0.42 (I)	\$0.42 (I)	\$0.32 (I)	\$0.32 (I)
Residential MTS	\$0.18	\$0.18	\$0.18	\$0.18

4.4.2 Long Distance III¹, aka JustCallSM Standard

The usage rate for in-state calls is \$0.10 per minute. For interstate rate information, see Section 4.4.2 of the SBC Long Distance Voice Product Reference and Pricing Guidebook.

¹ This Service is no longer available to new Customers or existing Customers at new locations effective July 1, 2005.

SECTION 4 - PRICE LIST

4.6 Toll Free Services

4.6.1 Toll Free Services - Switched

(A) Consumer Toll Free Services

- .1 AT&T Toll Free 800SM formerly known as Simply Toll Free

The usage rate is \$0.10 per minute.

- .2 Toll Free Default

(B) Business Toll Free Services

- .1 Reserved for Future Use
.2 Reserved for Future Use
.3 Toll Free Business Default

Peak		Off-Peak	
Initial Period	Additional Period	Initial Period	Additional Period
\$0.42	\$0.42	\$0.32	\$0.32

(N)

(N)

SECTION 4 - PRICE LIST

4.7 Custom Business Services (continued)

4.7.7 Long Distance for Business

The usage rate is \$0.39 per minute for outbound and TFS calls. For fully automated, operator assisted and operator dialed calls billed to the Calling Card - Option 2, the usage rate is \$0.39 per minute. The per call charge may be found in Section 4.1.1 (B).2.a, Section 4.1.2 (B), and Section 4.1.2 (C) of this Tariff. I I

4.7.8 Total Solutions Plus¹

The usage rate is \$0.09 per minute for outbound and TFS calls. For fully automated, operator assisted and operator dialed calls billed to the Calling Card - Option 2, the usage rate is \$0.15 per minute. The per call charge may be found in Section 4.1.1 (B).2.a, Section 4.1.2 (B), and Section 4.1.2 (C) of this Tariff.

¹ This service is no longer available to new Customers or existing Customers at new locations effective April 1, 2004

EXHIBIT B

SUPERSEDED TARIFF AND PRICE LIST PAGES

CHECK PAGE

All of the pages of this Tariff are effective as of the date shown at the bottom of the page. 1st Revised and revised pages as named below comprise all changes from the original Tariff.

PAGE	REVISION
1	1st Revised Page
2	87 th Revised Page*
3	85 th Revised Page*
4	30 th Revised Page
5	5 th Revised Page
6	Original Page
7	1 st Revised Page
8	4 th Revised Page
9	2nd Revised Page
10	Original Page
11	4th Revised Page
12	7th Revised Page
13	10th Revised Page
14	13th Revised Page
14.1	Original Page
15	2 nd Revised Page
15.1	1 st Revised Page
16	Original Page
17	2nd Revised Page
18	Original Page
19	Original Page

* New or revised current Tariff filing.

CHECK PAGE

PAGE	REVISION
20	1 st Revised Page
21	2nd Revised Page
22	Original Page
23	Original Page
24	1 st Revised Page
25	4th Revised Page
26	4 th Revised Page
26.1	21 st Revised Page *
27	26th Revised Page *
28	7th Revised Page *
29	9th Revised Page
30	Original Page
31	Original Page
32	34 th Revised Page
32.1	17 th Revised Page
33	Original Page
34	Original Page
35	Original Page
36	Original Page
37	1 st Revised Page
38	Original Page
39	1 st Revised Page
40	Original Page

* New or revised current Tariff filing.

PAGE	CHECK PAGE REVISION
527	1st Revised Page
528	1st Revised Page
529	1st Revised Page
529.1	2 nd Revised Page
529.2	Original Page
529.3	1 st Revised Page
529.4	Original Page
529.5	1 st Revised Page
529.6	1 st Revised Page
529.7	1 st Revised Page *
529.9	4 th Revised Page *
530	Original Page
531	Original Page
532	Original Page
533	Original Page
534	Original Page
535	Original Page
536	2nd Revised Page *
537	1st Revised Page
537.1	1st Revised Page
538	Original Page
539	1 st Revised Page
540	Original Page
541	7th Revised Page *
542	Original Page
543	5 th Revised Page
544	Original Page
545	2 nd Revised Page
546	Original Page
547	Original Page
548	Original Page
549	5 th Revised Page
550	Original Page
551	2 nd Revised Page
552	2 nd Revised Page
553	3rd Revised Page
554	3rd Revised Page
555	3rd Revised Page

CHECK PAGE	
PAGE	REVISION
556	3rd Revised Page
557	8th Revised Page
558	3rd Revised Page
559	Original Page
560	6th Revised Page
561	3rd Revised Page
562	5th Revised Page
563	4th Revised Page
564	4th Revised Page
565	3rd Revised Page
566	6th Revised Page
567	8th Revised Page
567.1	34th Revised Page
567.2	3rd Revised Page
568	7 th Revised Page
569	Original Page
570	Original Page
571	3rd Revised Page *
572	Original Page
573	2nd Revised Page
573.0.1	Original Page
573.1	Original Page
573.2	1 st Revised Page
573.3	1 st Revised Page
573.4	Original Page
574	Original Page
575	1 st Revised Page
576	1 st Revised Page

CHECK PAGE

PAGE	REVISION
578	Original Page
579	Original Page
580	Original Page
581	Original Page
582	Original Page
583	Original Page
584	Original Page
585	Original Page
586	Original Page
587	Original Page
588	2nd Revised Page *
589	1 st Revised Page
590	Original Page
591	2nd Revised Page
591.1	1st Revised Page
592	1 st Revised Page
593	Original Page
594	Original Page
595	Original Page
596	1 st Revised Page
597	1 st Revised Page
598	1 st Revised Page
599	1 st Revised Page
600	1 st Revised Page

* New or revised current Tariff filing.

SECTION 4 - PRICE LIST

4.1 Operator Toll Assistance Services (continued)

4.1.2 All Other Access Methods

There are two rate elements. They include a usage charge and a per call charge.
The usage charges and per call charges follow:

(A) Usage Rates

Call Type	Rate Per Minute
LEC Card	\$0.35
Calling Card - Option 1	\$1.15
Calling Card - Option 2	\$0.49 (I)
Calling Card - Option 3	See Section 4.1.1 (B).2.b.iii
Calling Card - Option 4	\$0.15
All Other Operator Toll Assistance Services Calls	
- Business	\$0.35
- Residential	\$0.35

(B) Person-to-Person Per Call Charge

Rate Per Call
\$4.80

SECTION 4 - PRICE LIST

4.4 Outbound Services-Switched Access

4.4.1 MTS

(A) MTS Rates for Persons with Communication Disabilities and for Calls Placed Through Telecommunication Relay Service

Initial Per Minute Rate		Each Additional Minute	
Peak	Off-Peak	Peak	Off-Peak
\$0.1620	\$0.0510	\$0.1620	\$0.0510

(B) All Other Calls

	Peak		Off-Peak	
	Initial Period	Add'l Period	Initial Period	Add'l Period
Business MTS	\$0.42 (I)	\$0.42 (I)	\$0.32 (I)	\$0.32 (I)
Residential MTS	\$0.18	\$0.18	\$0.18	\$0.18

4.4.2 Long Distance III¹, aka JustCallSM Standard

The usage rate for in-state calls is \$0.10 per minute. For interstate rate information, see Section 4.4.2 of the SBC Long Distance Voice Product Reference and Pricing Guidebook.

¹ This Service is no longer available to new Customers or existing Customers at new locations effective July 1, 2005.

SECTION 4 - PRICE LIST

4.6 Toll Free Services

4.6.1 Toll Free Services - Switched

(A) Consumer Toll Free Services

.1 AT&T Toll Free 800SM formerly known as Simply Toll Free

The usage rate is \$0.10 per minute.

.2 Toll Free Default

(B) Business Toll Free Services

.1 Reserved for Future Use

.2 Reserved for Future Use

.3 Toll Free Business Default

Peak		Off-Peak	
Initial Period	Additional Period	Initial Period	Additional Period
\$0.49	\$0.49	\$0.39	\$0.39

(I)

SECTION 4 - PRICE LIST

4.7 Custom Business Services (continued)

4.7.7 Long Distance for Business

The usage rate is \$0.46 per minute for outbound and TFS calls. For fully automated, operator assisted and operator dialed calls billed to the Calling Card - Option 2, the usage rate is \$0.46 per minute. The per call charge may be found in Section 4.1.1 (B).2.a, Section 4.1.2 (B), and Section 4.1.2 (C) of this Tariff.

4.7.8 Total Solutions Plus¹

The usage rate is \$0.09 per minute for outbound and TFS calls. For fully automated, operator assisted and operator dialed calls billed to the Calling Card - Option 2, the usage rate is \$0.15 per minute. The per call charge may be found in Section 4.1.1 (B).2.a, Section 4.1.2 (B), and Section 4.1.2 (C) of this Tariff.

¹ This service is no longer available to new Customers or existing Customers at new locations effective April 1, 2004

EXHIBIT C

DESCRIPTION OF AND RATIONALE FOR

PROPOSED TARIFF CHANGES

The proposed tariff revision reflects a change that resulted from detailed analysis and experience in the long distance market place in other states where SBC Long Distance, LLC operates. The changes being made as part of this tariff filing are changes that SBC Long Distance, LLC has recently made to its tariffs in other states where the company operates. These rates are available to Customers that utilize switched access to reach the long distance network. The purpose of this filing is to change the rates on Business MTS, Toll Free Services, Calling Card, and Long Distance for Business Optional Calling Plan.

EXHIBIT D

CUSTOMER NOTICES

Your Rates, Terms or Services Have Changed
Effective August 12, 2007, the AT&T Long Distance
basic, non-plan, domestic per minute rates will
increase from \$.32 off-peak/\$.42 peak to \$.39 off-
peak/\$.49 peak. The calling card per minute rate
will increase from \$.42 to \$.49. The Switched
Toll Free Services per minute rates will increase
from \$.32 off-peak/\$.42 peak to \$.39 off-peak/
\$.49 peak. If you have any questions regarding
these changes, or would like to learn more about
other AT&T Long Distance calling plans, please
contact us at the number listed on your bill, or
visit our web site at www.att.com . Thank you
for choosing the AT&T family of companies.

Your Rates, Terms or Services Have Changed
Effective August 12, 2007, the in-state and
state-to-state domestic rates for Long Distance
for Business Price Plan and Business Long Distance
Price Plan will increase from \$.39 per minute to
\$.46 per minute. If you have any questions
regarding these changes, or would like to learn
more about other AT&T Long Distance calling plans,
please contact us at the number listed on your
bill or visit our web site at www.att.com . Thank
you for choosing the AT&T family of companies.

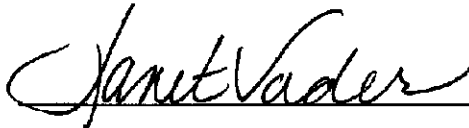
EXHIBIT E **AFFIDAVIT**

Customer Notice of Rule Change

I am an officer of the applicant corporation, SBC Long Distance, LLC, and am authorized to make this statement on its behalf. I attest that the customer notices described in Exhibit E of this Application have been provided to Ohio customers as a bill message.

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

Executed on August 3, 2007 at Dublin, California.

 , Associate Director, Regulatory

Janet Vader