

FILE

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PUCO



201 E. Fourth St.  
P.O. Box 2301  
Cincinnati, Ohio 45201-2301

September 9, 2004

Ms. Renee Jenkins  
Docketing Division Chief  
The Public Utilities Commission of Ohio  
180 East Broad Street  
Columbus, Ohio 43215-3793

Dear Ms. Jenkins:

Attached is Cincinnati Bell Any Distance Inc.'s application requesting authorization to revise its Resale Interexchange Telecommunications Service Tariff, PUCO No. 2. This revision is being made to add a residential promotion to the tariff. This promotion will run from September 10, 2004 - October 31, 2004.

According to the Finding and Order in Case No. 99-563-TP-COL, new tariff filings may be made with a 0-day notice. Included with this filing is a copy of the superseded tariff pages marked as Exhibit A and a copy of the new tariff pages marked as Exhibit B.

Please date-stamp the enclosed extra copy of this filing. Should you have any questions concerning this filing, please do not hesitate to contact me at (513) 397-1296.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Reid".

Kathy Reid  
Regulatory Specialist  
Government Relations

Attachment

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 CH Date Processed 9/10/04

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

(Effective: 03/22/2004)

(Pursuant to Case Nos. 99-998-TP-COI and 99-563-TP-COI)

In the Matter of the Application of Cincinnati Bell Any Distance  
Inc. to add a residential promotion to the tariff. \_\_\_\_\_)

Case No. \_\_\_\_\_

Name of Registrant(s) Cincinnati Bell Any Distance Inc.

DBA(s) of Registrant(s) \_\_\_\_\_

Address of Registrant(s) 201 E. Fourth Street, Cincinnati, Ohio 45201-2301

Company Web Address www.cincinnati-bell.com

Regulatory Contact Person(s) Kathy Reid Phone (513) 397-1296 Fax (513) 723-9815

Regulatory Contact Person's Email Address Kathy.reid@cinbell.com

Contact Person for Annual Report D. Scott Ringo Phone (513) 397-1354

Consumer Contact Information Tom McCloud Phone (513) 397-1312

Date September 9, 2004 TRF Docket No. 90 - 5815 - CT -TRF or - 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 Application Involving only Tier 2 Services
  - ☐ a. New End User Service (0-day notice, 10 copies)
  - ☐ b. Change in Terms and Conditions, textual revision, correction of error, etc. (0-day notice, 10 copies)
  - ☐ c. Withdrawal of service (0-day notice, 10 copies)
- ☐ 19 Other (explain) \_\_\_\_\_ (NOT automatic, 15 copies)

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

- x 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 CLBC currently offers CTS services under separate CTS authority, and whether it will be including those services within its CLBC 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: <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</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.
x	[1,4,9,10-13,16-21]	Copy of superseded tariff sheet(s) & price list(s), if applicable, marked as Exhibit A.
x	[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.
x	[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 utilized: <input type="checkbox"/> direct mail; <input type="checkbox"/> bill insert; <input checked="" 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"/>
<input type="checkbox"/>	[2,4-5,9a(v), 9b, 10,12-13, 16, 18(b-c),20-21]	Copy of real time notice which has been provided to customers.
<input type="checkbox"/>	[1,2,5,9a(v),11-13, 21(increase only)]	Affidavit attesting that customer notice has been provided.
<input type="checkbox"/>	[2,12]	Copy of Notice which has been provided to ILEC(s).
<input type="checkbox"/>	[2,12]	Listing of Assigned (NPA) NXX's where in the LECs (NPA) NXX's would be reassigned.
<input type="checkbox"/>	[2,4,10,12-13,]	List of Ohio 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. <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. <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 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:

Tom McCloud, Regulatory Specialist, (513) 397-1312

- 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:

Kathy Reid, Regulatory Specialist, (513) 397-1296

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

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

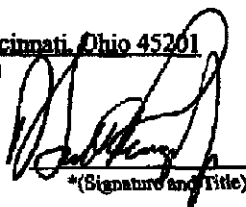
### **AFFIDAVIT**

#### ***Minimum Telephone Service Standards***

I am an officer of the applicant corporation, Cincinnati Bell Telephone Company, and am authorized to make this statement on its behalf. I attest that these tariffs comply with the Minimum Telephone Service Standards (MTSS) for the state of Ohio. I understand that the Minimum Telephone Service Standards, as modified and clarified from time to time, supercede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

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

Executed on September 9, 2004, at 201 E. Fourth Street, Cincinnati, Ohio 45201  
(Date) (Location)

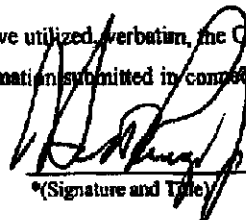
  
\*(Signature and Title)

Assistant Secretary September 9, 2004  
(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, Robert W. Wilhelm Jr. (for D. Scott Ringo Jr.), 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.

  
\*(Signature and Title)

Assistant Secretary September 9, 2004  
(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 pre-filing submittal)**  
**180 East Broad Street, Columbus, OH 43215-3793**

**Exhibit A - Superseded Tariff Pages**

**CHECK SHEET**

Pages of this tariff, as indicated below, are effective as of the date shown at the bottom of the respective pages. Original and revised pages, as named below, comprise all changes from the original tariff and are currently in effect as of the date on the bottom of this page.

PAGE	REVISION	PAGE	REVISION	PAGE	REVISION	PAGE	REVISION	PAGE	REVISION
1	1st Revised	42	Original	84	Original	126	Original	168	Original
2.1	Original	43	Original	85	Original	127	Original	169	Original
3	Original	44	Original	86	Original	128	Original	170	Original
4	Original	45	Original	87	Original	129	Original	171	Original
5	Original	46	Original	88	Original	130	Original	172	Original
6	Original	47	Original	89	Original	131	Original	173	Original
7	Original	48	Original	90	Original	132	Original	173.1	6th Revised
8	Original	49	Original	91	Original	133	Original	173.2	Original
9	Original	50	Original	92	Original	134	Original	173.3	Original
10	Original	51	Original	93	Original	135	Original	173.4	8th Revised
11	Original	52	Original	94	Original	136	Original	173.5	4th Revised
12	Original	53	Original	95	Original	137	Original	173.6	1st Revised
13	Original	54	Original	96	Original	138	Original	174	4th Revised
14	Original	55	Original	97	Original	139	Original	175	Original
15	Original	56	Original	98	Original	140	Original	176	Original
16	Original	57	Original	99	Original	141	Original	177	Original
17	Original	58	Original	100	Original	142	Original	178	Original
18	Original	59	Original	101	Original	143	Original	179	Original
19	Original	60	Original	102	Original	144	Original	179.1	5th Revised
20	Original	61	Original	103	Original	145	Original	179.2	3rd Revised
21	1st Revised	62	Original	104	Original	146	Original	179.3	3rd Revised
22	Original	63	Original	105	Original	147	Original	179.4	3rd Revised
23	1st Revised	64	Original	106	Original	148	Original	179.5	5th Revised
24	Original	65	Original	107	Original	149	Original	179.6	4th Revised
25	Original	66	Original	108	Original	150	Original	179.7	5th Revised
26	Original	67	Original	109	Original	151	Original	179.8	2nd Revised
27	Original	68	Original	110	Original	152	Original	179.9	3rd Revised
28	Original	69	Original	111	Original	153	Original	179.10	1st Revised
29	Original	70	Original	112	Original	154	Original	180	1st Revised
30	Original	71	Original	113	Original	155	Original	181	3rd Revised
31	Original	72	Original	114	Original	156	Original	182	2nd Revised
32	Original	73	Original	115	Original	157	Original	183	2nd Revised
33	Original	74	Original	116	Original	158	Original	184	2nd Revised
34	Original	75	Original	117	Original	159	Original	185	5th Revised
35	Original	76	Original	118	Original	160	Original	186	5th Revised
36	Original	77	Original	119	Original	161	Original		
37	Original	78	Original	120	Original	162	Original		
38	Original	79	1st Revised	121	Original	163	Original		
39	Original	80	Original	122	Original	164	Original		
40	Original	81	Original	123	Original	165	Original		
41	Original	82	Original	124	Original	166	Original		
		83	Original	125	Original	167	Original		

Issued: August 24, 2004

Christopher S. Colwell, Vice President - Government Affairs,  
Cincinnati, OhioEffective: August 24, 2004  
In accordance with Case No.  
04-1324-TP-ZTA Issued by The  
Public Utilities Commission  
of Ohio

**Exhibit B - New Tariff Pages**



## CHECK SHEET

Pages of this tariff, as indicated below, are effective as of the date shown at the bottom of the respective pages. Original and revised pages, as named below, comprise all changes from the original tariff and are currently in effect as of the date on the bottom of this page.

PAGE	REVISION	PAGE	REVISION	PAGE	REVISION	PAGE	REVISION	PAGE	REVISION
1	1st Revised	42	Original	84	Original	126	Original	168	Original
2.1	Original	43	Original	85	Original	127	Original	169	Original
3	Original	44	Original	86	Original	128	Original	170	Original
4	Original	45	Original	87	Original	129	Original	171	Original
5	Original	46	Original	88	Original	130	Original	172	Original
6	Original	47	Original	89	Original	131	Original	173	Original
7	Original	48	Original	90	Original	132	Original	173.1	6th Revised
8	Original	49	Original	91	Original	133	Original	173.2	Original
9	Original	50	Original	92	Original	134	Original	173.3	Original
10	Original	51	Original	93	Original	135	Original	173.4	8th Revised
11	Original	52	Original	94	Original	136	Original	173.5	4th Revised
12	Original	53	Original	95	Original	137	Original	173.6	1st Revised
13	Original	54	Original	96	Original	138	Original	174	4th Revised
14	Original	55	Original	97	Original	139	Original	175	Original
15	Original	56	Original	98	Original	140	Original	176	Original
16	Original	57	Original	99	Original	141	Original	177	Original
17	Original	58	Original	100	Original	142	Original	178	Original
18	Original	59	Original	101	Original	143	Original	179	Original
19	Original	60	Original	102	Original	144	Original	179.1	5th Revised
20	Original	61	Original	103	Original	145	Original	179.2	3rd Revised
21	1st Revised	62	Original	104	Original	146	Original	179.3	3rd Revised
22	Original	63	Original	105	Original	147	Original	179.4	3rd Revised
23	1st Revised	64	Original	106	Original	148	Original	179.5	5th Revised
24	Original	65	Original	107	Original	149	Original	179.6	4th Revised
25	Original	66	Original	108	Original	150	Original	179.7	5th Revised
26	Original	67	Original	109	Original	151	Original	179.8	2nd Revised
27	Original	68	Original	110	Original	152	Original	179.9	3rd Revised
28	Original	69	Original	111	Original	153	Original	179.10	1st Revised
29	Original	70	Original	112	Original	154	Original	180	1st Revised
30	Original	71	Original	113	Original	155	Original	181	3rd Revised
31	Original	72	Original	114	Original	156	Original	182	2nd Revised
32	Original	73	Original	115	Original	157	Original	183	2nd Revised
33	Original	74	Original	116	Original	158	Original	184	2nd Revised
34	Original	75	Original	117	Original	159	Original	185	5th Revised
35	Original	76	Original	118	Original	160	Original	186	5th Revised
36	Original	77	Original	119	Original	161	Original	187	Original
37	Original	78	Original	120	Original	162	Original		
38	Original	79	1st Revised	121	Original	163	Original		
39	Original	80	Original	122	Original	164	Original		
40	Original	81	Original	123	Original	165	Original		
41	Original	82	Original	124	Original	166	Original		
		83	Original	125	Original	167	Original		

Issued: September 10, 2004

Christopher S. Colwell, Vice President - Government Affairs,  
Cincinnati, OhioEffective: September 10, 2004  
In accordance with Case No.  
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SECTION 8 - ANYDISTANCE PROMOTIONS (Continued)

8.29 Anytime 100 (Product 959) Promotion - Residential

This promotion offers new CBAD customers who subscribe to the Anytime 100 plan during the promotional period a waiver of the \$5.00 monthly service fee associated with the plan, through the end of 2004. The customer will be billed the \$5.00 monthly service fee starting February 1, 2005.

Promotional Period: September 10, 2004 - October 31, 2004

(N)

(N)

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