

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS FILING FORM

(Effective: 01/20/2011)

This form is intended to be used with most types of required filings. It provides check boxes with rule references for the most common types of filings. It does not replace or supersede Commission rules in any way.

In the Matter of the Application of Frontier North, Inc.)
 For a Determination Pursuant to Ohio Revised Code 4927.13)
 (D))

TRF Docket No. 90-5023-TP-TRF

Case No. 11 - 4515 - TP - ATA

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

Name of Registrant(s) Frontier North, Inc.
 DBA(s) of Registrant(s) _____
 Address of Registrant(s) 1300 Columbus Sandusky Road North, Marion, OH 43302
 Company Web Address www.frontier.com
 Regulatory Contact Person(s) Rachel Winder Phone 614-578-9999 Fax 740-548-1607
 Regulatory Contact Person's Email Address Rachel.winder@fnr.com
 Contact Person for Annual Report Cassandra Cole Phone 740-383-0490
 Address (if different from above) 1300 Columbus Sandusky Road North, Marion, OH 43302
 Consumer Contact Information Cassandra Cole Phone 740-383-0490
 Address (if different from above) 1300 Columbus Sandusky Road North, Marion, OH 43302
 Motion for protective order included with filing? ☒ Yes ☐ No
 Motion for waiver(s) filed affecting this case? ☒ Yes ☐ No [Note: Waivers may toll any automatic timeframe.]

Notes: Case No. 11-2571-TP-WVR granted to allow a temporary waiver from the provisions of Rule 4901:1-6-19(Q), Ohio Administrative Code (O.A.C.), which provides that an incumbent local exchange carrier eligible telecommunications carrier establishing a customer billing surcharge to recover its lifeline expenses may not include the surcharge on the bill in a section reserved for taxes and government-mandated charges.

Section I and II are Pursuant to Chapter 4901:1-6 OAC

Section III - Carrier is Pursuant to 4901:1-7 OAC, and Wireless is Pursuant to 4901:1-6-24 OAC.

Section IV - Attestation

(1) Indicate the Carrier Type and the reason for submitting this form by checking the boxes below.

(2) For requirements for various applications, see the identified section of Ohio Administrative Code Section 4901 and/or the supplemental application form noted.

(3) Information regarding the number of copies required by the Commission may be obtained from the Commission's web site at www.puco.ohio.gov under the docketing information system section, by calling the docketing division at 614-466-4095, or by visiting the docketing division at the offices of the Commission.

(4) An Incumbent Local Exchange Carrier (ILEC) offering basic local exchange service (BLES) outside its traditional service area should choose CLEC designation when proposing to offer BLES outside its traditional service area or when proposing to make changes to that service.

All Filings that result in a change to one or more tariff pages require, at a minimum, the following exhibits.

Exhibit	Description:
A	The tariff pages subject to the proposed change(s) as they exist before the change(s)
B	The Tariff pages subject to the proposed change(s), reflecting the change, with the change(s) marked in the right margin.
C	A short description of the nature of the change(s), the intent of the change(s), and the customers affected.
D	A copy of the notice provided to customers, along with an affidavit that the notice was provided according to the applicable rule(s).

Section I – Part I – Common Filings

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

Section I – Part II – Customer Notification Offerings Pursuant to Chapter 490I:1-6-7 OAC

Type of Notice	Direct Mail	Bill Insert	Bill Notation	Electronic Mail
<input checked="" type="checkbox"/> 15-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Notice Sent: <u>August Billing Cycle</u>				

Section I – Part III – IOS Offerings Pursuant to Chapter 490I:1-6-22 OAC

IOS	Introduce New	Tariff Change	Price Change	Withdraw
<input type="checkbox"/> IOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II – Part I – Carrier Certification - Pursuant to Chapter 4901:1-6-08, 09 & 10 OAC

Certification	ILEC (Out of Territory)	CLEC	Carrier's Not Offering BLES	CESTC	CETC
* See Supplemental form	<input type="checkbox"/> ACE <u>1-6-08</u> * (Auto 30- day)	<input type="checkbox"/> ACE <u>1-6-08</u> * (Auto 30 day)	<input type="checkbox"/> ACE <u>1-6-08</u> * (Auto 30 day)	<input type="checkbox"/> ACE <u>1-6-10</u> (Auto 30 day)	<input type="checkbox"/> UNC <u>1-6-09</u> * (Non-Auto)

*Supplemental Certification forms can be found on the Commission Web Page.

Section II – Part II – Certificate Status & Procedural

Certificate Status	ILEC	CLEC	Carrier's Not Offering BLES
Abandon all Services		<input type="checkbox"/> ABN <u>1-6-26</u> (Auto 30 days)	<input type="checkbox"/> ABN <u>1-6-26</u> (Auto 30 days)
Change of Official Name *	<input type="checkbox"/> ACN <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> ACN <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Change in Ownership *	<input type="checkbox"/> ACO <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> ACO <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Merger *	<input type="checkbox"/> AMT <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> AMT <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Transfer a Certificate *	<input type="checkbox"/> ATC <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> ATC <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Transaction for transfer or lease of property, plant or business *	<input type="checkbox"/> ATR <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> ATR <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)

* Other exhibits may be required under the applicable rule(s). ACN, ACO, AMT, ATC, ATR and CIO applications see the 4901:1-6-29 Filing Requirements on the Commission's Web Page for a complete list of exhibits.

Section III – Carrier to Carrier (Pursuant to 4901:1-7), and Wireless (Pursuant to 4901:1-6-24)

Carrier to Carrier	ILEC	CLEC
Interconnection agreement, or amendment to an approved agreement	<input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day)	<input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day)
Request for Arbitration	<input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto)	<input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto)
Introduce or change c-t-e service tariffs,	<input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 day)	<input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 day)
Request rural carrier exemption, rural carrier suspension or modification	<input type="checkbox"/> UNC <u>1-7-04 or 05</u> (Non-Auto)	
Changes in rates, terms & conditions to Pole Attachment, Conduit Occupancy and Rights- of-Way.	<input type="checkbox"/> UNC <u>1-7-23(B)</u> (Non-Auto)	
Wireless Providers See 4901:1-6-24	<input type="checkbox"/> RCC [Registration & Change in Operations]	<input type="checkbox"/> NAG [Interconnection Agreement or

Section IV. – Attestation

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

AFFIDAVIT

Compliance with Commission Rules

CUSTOMER NOTICE AFFIDAVIT

AFFIDAVIT

I, Cassandra Cole, am an authorized agent of the applicant corporation, Frontier North Inc., and am authorized to make this statement on its behalf. I attest that the customer notice(s) accompanying this affidavit will be sent to affected customers through bill message beginning on August 1, 2011, in accordance with Rule 4901:1-6-07, Ohio Administrative Code. I declare under penalty of perjury that the foregoing is true and correct.

Signature Cassandra Cole 7/26/11
(Date)

VERIFICATION

I, Rachel Winder verify that I have utilized the Telecommunications Filing Form for most proceedings provided by the Commission and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

*(Signature and Title) Rachel S. Winder (Date) 7-27-11
Manager, Ohio Government and Regulatory Affairs

**Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

Send your completed Application Form, including all required attachments as well as the required number of copies, to:

**Public Utilities Commission of Ohio
Attention: Docketing Division
180 East Broad Street, Columbus, OH 43215-3793
Or**

Make such filing electronically as directed in Case No 06-900-AU-WVR

EXHIBIT A

(Tariff Sheet Prior to Changes)

BASIC LOCAL EXCHANGE SERVICE TARIFF
P.U.C.O. No. 11

SECTION 1
Original Sheet No. 13

Frontier North Inc.

GENERAL REGULATIONS

6. TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM

The TSP System is a service, developed to meet the requirements of the Federal Government, which provides the regulatory, administrative and operational framework for the priority installation and/or restoration of National Security Emergency Preparedness (NSEP) telecommunications services. Priority installation and/or restoration of NSEP telecommunications services shall be provided in accordance with Part 64.401, Appendix A, of the Federal Communications Commission's (FCC's) Rules and Regulations.

Regulations, rates and charges are as set forth in Frontier North Inc. P.U.C.O. No. 2, Facilities for Intrastate Access Tariff.

7. TELECOMMUNICATION RELAY SERVICES (TRS)

Customers may be assessed a charge per line per month to fund the Telecommunication Relay Services for the State of Ohio in accordance with section 4905.84 of the Revised Code. This charge shall in no event exceed the per end user line (or equivalent) assessment of the Public Utilities Commission of Ohio levied upon the Company.

Issued: May 19, 2011

Effective: May 19, 2011

In Compliance with The Public Utilities Commission of Ohio
Case No. 11-2965-TP-ATA
by Kenneth Mason, Vice President, Government and Regulatory Affairs

EXHIBIT B

(Proposed Tariff Pages)

The Lifeline Recovery Surcharge is a new charge so there are no existing tariff pages. The following tariff pages are the proposed tariff for the Lifeline Cost Recovery Surcharge.

P.U.C.O. No. 11

SECTION 1
1st Revised Sheet No. 13
Cancels Original Sheet No. 13

6. TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM

Regulations, rates and charges are as set forth in Frontier North Inc. P.U.C.O. No. 2, Facilities for Intrastate Access Tariff.

Customers may be assessed a charge per line per month to fund the Telecommunication Relay Services for the State of Ohio in accordance with section 4905.84 of the Revised Code. This charge shall in no event exceed the per end user line (or equivalent) assessment of the Public Utilities Commission of Ohio levied upon the Company.

Incumbent Local Exchange Carriers (ILECs), in accordance with Section 4927.13 (D) of the Revised Code, may recover from end users any Lifeline service discounts that are not recovered through state or federal funding or whose recovery is prohibited by law. In accordance with 4901.1-6-19(P) O.A.C., ILECs may recover these discounts through a customer billing surcharge on retail customers, excluding those with Lifeline service.

The Lifeline Recovery Surcharge is imposed on each residence, nonresidence, and payphone access line, other than Lifeline service. For purposes of application of this surcharge, access lines are defined as facilities, which provide access to and from the telecommunications network for toll service and for local calling. Not included in this definition are remote call forwarding and Company official accounts.

Lifeline Recovery Surcharge, per line	\$0.16
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Effective: September 1, 2011

In Compliance with The Public Utilities Commission of Ohio
Case No. 90-5023-TP-TRF
by Kenneth Mason, Vice President, Government and Regulatory Affairs

EXHIBIT C

(Description of Filing)

Frontier North, Inc. is making this filing to introduce a Lifeline Cost Recovery Surcharge in accordance with 4901:1-16-10 O.A.C. This proposed Lifeline Surcharge will recover the portion of the Lifeline credits which are not reimbursed through the federal Low-Income Program. The Lifeline Surcharge will be assessed on all business and residential access line with the exception of current lifeline customers.

Frontier calculated the Lifeline surcharge as described below and summarized in Exhibit 1.

Since the Federal Tier 1, Tier 2, and Tier 3 lifeline discounts are reimbursed by the federal low-Income program, Frontier did not incorporate these discounts into the analysis. The discounts considered in the analysis only include the state lifeline discount of \$3.50.

The state lifeline discount of \$3.50 is currently not reimbursed by any state or federal Low-Income program. This portion of the Lifeline Surcharge requirement is based on an average of the number of lifeline customers during the previous three months (Column C) multiplied by the state lifeline discount of \$3.50 per customer (Cell E1) to determine the average total unreimbursed lifeline discount amount per month (Column E).

The total unreimbursed lifeline discount amount (Column E) is divided by the number of non-lifeline customers (Column D - residential, non-residential, and pay phone access lines) to determine the average surcharge per non-lifeline customer to appear on non-lifeline customer bills.

Subject to the Public Utilities Commission approval, Frontier North will begin applying the Lifeline Cost Recovery Surcharge effective September 1, 2011.

Frontier provided customer notice of the Lifeline Cost Recovery Surcharge which is located in Exhibit D.

EXHIBIT D

(Customer Notice)

"Important rate information

Effective with your next month's bill and subject to approval by the Public Utilities Commission of Ohio, a Lifeline Cost Recovery Surcharge of \$.16 per line will apply each month to non-lifeline customers. Please contact Customer Service for more information."

EXHIBIT 1

(Lifeline Data)

**EXHIBIT 1 - Case No. 90-5023-TP-TRF
11-4515-TP-ATA**

	A	B	C	D	E	F
		Total Access Line Count (Res.; non- res; payphone access)	Total Lifeline Customers	Total Non-Lifeline Customers	Total Unreimbursed Lifeline Discount (\$3.50 per customer)	Per month breakdown of surcharge per non- lifeline customer
1	Month					
2						
3	Apr-11					0.165132953
4	May-11					0.164358755
5	Jun-11					0.162530764
6						
7						
8	3-Month Average Monthly:					0.16401545
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Commission of Ohio Docketing Information System on

8/1/2011 11:43:57 AM

in

Case No(s). 11-4515-TP-ATA

Summary: Application of Frontier North, Inc. For a Determination Pursuant to Ohio Revised Code 4927.13 (D) electronically filed by Ms. Rachel G Winder on behalf of Frontier Communications