

NC

11-5168-TP-ATA

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FILE

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

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

Company Name ProNet Communications, Inc., dba ProNet Com
Company Address PO Box 966
Company Web Address Morehead, KY 40351
Regulatory Contact Person Coral Johnston Phone (606)780-2521 Fax (606)783-0955
Regulatory Contact Person's Email Address cj@gopronet.com
Contact Person for Annual Report Coral Johnston Phone (606)780-2521 Fax (606)783-0955
Consumer Contact Information Coral Johnston Phone (606)780-2521 Fax (606)783-0955
TRF Docket No. -TP-TRF

I. Company Type (Check all applicable):

☐ Non-BLES CLEC ☒ IXC ☐ Other (explain) _____

II. Services offered (Check all applicable):

- ☒ Toll services (intrastate)
☐ Local Exchange Service (i.e., residential or business bundles)
☐ Other (explain) _____

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

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

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

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 TM Date Processed SEP 16 2011

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2011 SEP 16 PM 12:03
PUCO

Part IV. – Attestation

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

Coral Johnston

I am an officer/agent of the carrier/telephone company, ProNet Communications, Inc., dba ProNet Com, and am authorized to make statements on it behalf.
(Name)

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

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

Coral Johnston, Pres
(Signature and Title)

September 15, 2011

(Date)

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS APPLICATION FORM for
DETARIFFING AND RELATED ACTIONS

Per the Commission's 01/19/2011 "Implementation Order" in Case No. 10-1010-TP-ORD
(Effective: 01/20/2011 through 05/20/2011)

In the Matter of the Application of ProNet Communica)
to Detariff Services and make other changes related to the)
Implementation of Case No. 10-1010-TP-ORD)

TRF Docket No. 90-_____
Case No. ____ - ____ - **TP - ATA**
NOTE: Unless you have reserved a Case No. leave the "Case No." fields BLANK.

Name of Registrant(s) ProNet Communications, Inc.
DBA(s) of Registrant(s) ProNet Com
Address of Registrant(s) PO Box 966, Morehead, KY 40351
Company Web Address _____
Regulatory Contact Person(s) Coral Johnston Phone 6067802521 Fax (606)783-0955
Regulatory Contact Person's Email Address CJ@GOPRONET.COM
Contact Person for Annual Report Coral Johnston Phone (606)780-2521
Address (if different from above) _____
Consumer Contact Information Coral Johnston Phone (606)7802521
Address (if different from above) _____

Part I – Tariffs

Please indicate the Carrier Type and the reason for submitting this form by checking the boxes below.

NOTE: All cases are ATA process cases, tariffs are effective the day they are filed, and remain in effect unless the Commission acts to suspend.

Carrier Type	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input type="checkbox"/> CTS
Tariff for Basic Local Exchange Service (BLES) and/or other services required to be tarified pursuant to 4901:1-6-11(A); detariffing of all other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other changes required by Chapter 4901:1-6 (Describe in detail in Exhibit C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II – Exhibits

Note that the following exhibits are required for all filings using this form.

Included	Identified As:	Description of Required Exhibit:
<input type="checkbox"/>	Exhibit A	The existing affected tariff pages.
<input type="checkbox"/>	Exhibit B	The proposed revised tariff pages.
<input type="checkbox"/>	Exhibit C	Narrative summarizing all changes proposed in the application, and/or other information intended to assist Staff in the review of the Application.
<input type="checkbox"/>	Exhibit D	One-time customer notice of detariffing and related changes consistent with rule 4901:1-06-07
<input type="checkbox"/>	Exhibit E	Affidavit that the Customer Notice described in Exhibit C has been sent to Customers.

Part III. – Attestation

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

AFFIDAVIT

Compliance with Commission Rules

I am an officer/agent of the applicant corporation, ProNet Communications, and am authorized to make this statement on its behalf.
(Name)

I attest that these tariffs comply with all applicable rules for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules, as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

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

Executed on (Date) Sep. 14, 2011 at (Location) Morehead, KY Coral Johnston, Pres.
(Signature and Title) Coral Johnston, Pres. (Date) 09/14/2011

- *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, Coral Johnston, President

verify that I have utilized the Telecommunications Application Form for Detariffing and Related Actions 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) Coral Johnston, Pres. (Date) Sep. 14, 2011

**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