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January 18, 2002

Mr. Gary E. Vigorito  
Secretary  
Public Utilities Commission of Ohio  
180 East Broad Street  
Columbus, OH 43215-3793

RECEIVED - PROCEEDINGS DIV  
02 JAN 18 PM 12:31  
PUCO

Re: Case No. 02-155-CT-ZAC  
Toledo Area Telecommunications Services, Inc.  
Approval of One (1) Contract

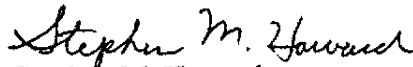
Dear Mr. Vigorito:

Please find enclosed a completed "563" Registration Form and five (5) copies of one contract between Toledo Area Telecommunications Services, Inc. dba Buckeye TeleSystem, Inc. and one (1) End Use Customers. Pursuant to the Commission's policy, we have redacted the name, address and any other information which might identify the customer.

We would ask that these contracts be deemed approved effective today.

If you have any questions, please feel free to call me.

Very truly yours,



Stephen M. Howard  
Attorney for  
Toledo Area Telecommunications Services, Inc.

SMH/bl  
Enclosures  
cc: Ohio Consumers' Counsel  
Thomas K. Dawson

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PUBLIC UTILITIES COMMISSION OF OHIO

PUBLIC COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDER  
563 REGISTRATION FORM  
ISSUED: December 21, 1995

In the Matter of the Application of Toledo Area )  
Telecommunications Services, Inc., dba Buckeye ) Case No. 02 - 155 -CT- ZAC  
TeleSystem to approve contracts with various customers )

Name of Registrant Toledo Area Telecommunications Services, Inc., dba Buckeye TeleSystem  
Registrant's Address 5566 Southwyck Boulevard, Toledo, Ohio 43614  
Contact Person Thomas K. Dawson (Phone- 419-724-9802)  
Date \_\_\_\_\_ TRF Docket No. 90-5653-CT-TRF

I. Indicate the reason for submitting this form (check only one) (NOTES: 1. If a waiver is filed in conjunction with an automatic case, see I.D.2.b. of the 563 guidelines for the applicable automatic time frame; and 2. The number of copies noted below must be accompanied by an original filing. Facsimiles are not acceptable.):

- 1. (ABN) Withdrawal or Abandonment of all Services (14-day notice, 13 copies)
- 2. (ACE) New Operating Authority (30-day approval, 10 copies)  
 IXC  AOS  CAP  Cellular  Paging  Other \_\_\_\_\_
- 3. (AMT) Merger (14-day notice, 13 copies)
- 4. (ATR) Transfer or Transaction of Affecting Operating Authority (14-day notice, 7 copies)
- 5. (ARJ) All Other Requests for Relief from Jurisdiction ( NOT automatic, 10 copies)
- 6. (MTW) "Me Too" Waiver (30-day approval, 10 copies)
- 7. (RRJ) Interexchange Switchless Rebiller Request for Relief from Jurisdiction (30-day approval, 10 copies)
- 8. (WVR) Request for Waiver from Portion(s) of 563 pursuant to I.D.3. of the 563 guidelines. (NOT) automatic, 10 copies)
- 9. (ZAC) Contract (0-day notice, 10 copies)
- 10. (ZCN) Change of Name (0-day notice, 10 copies)
- 11. (ZCO) Change in Ownership (0-day notice, 10 copies)
- 12. (ZTA) Introduction of new tariffed service(s), textual revision, correction of error, addition of service area(s), etc. (0-day notice, 10 copies)
- 13. (UNC) Unclassified (explain) \_\_\_\_\_ ( NOT) automatic, 10 copies)
- 14. Other (explain) \_\_\_\_\_ ( NOT) automatic, 10 copies)

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

- 15. Introduction or Extension of Promotional Offering
- 16. New Price List Rate for Existing Service
- 17. Designation of Registrant's Process Agent(s)

II. Indicate which of the following exhibits have been filed. The numbers (corresponding to the list above) indicate, at a minimum, the types of cases in which the exhibit is required:

- A copy of registrant's proposed informational tariff. (2)
- Statement affirming 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. (2)
- List of names, addresses, and phone numbers of officers and directors, or partners. (2-4)
- Brief description of service(s) proposed, as well as the targeted market(s). (2)
- Copy of tariff sheet(s) & price list(s) superseded, marked as Exhibit A. (1,3-4,6,10,12-16)
- Copy of revised tariff sheet(s) & price list(s), marked as Exhibit B. (1,3-4,6,7,8,10,12-16)

- If increase to residential MTS, DA, or traditional operator surcharges, specify which notice procedure will be utilized: \_\_\_\_\_ real time; or \_\_\_\_\_ annual. (12,16)
- Copy of real time notice which has been provided to customers. (1,3,10-12,16)
- Copy of annual notice which will be sent to customers is: \_\_\_\_\_ included with this filing; or will be filed with the Commission \_\_\_\_\_ (month) \_\_\_\_\_ (year). (16)
- Description of and rationale for proposed tariff changes, including a brief description of the service(s) proposed or affected. Specify for each service affected whether it is business \_\_\_\_\_, residence \_\_\_\_\_, or both \_\_\_\_\_ as well as whether it is a switched \_\_\_\_\_ or dedicated \_\_\_\_\_ service. Include this information in either the cover letter or label as "Exhibit C." (3,6,8,12-15)
- Delineation of any deaveraged message toll service, if applicable. (6,12-16)
- Statement explaining rationale for proposal. (1,3-5,10-11)
- List of Ohio counties specifically involved or affected. (1-6,8,10,16)
- Certification from Ohio Secretary of State as to party's proper standing (domestic or foreign corporation, authorized use of fictitious name, etc.). (2-4,7,10) (In transfer of certificate cases, the transferee's good standing must be established).
- Justification for waiver of specific element(s) of 563. (6,8)
- Responses to questions contained in Appendix A, Attachment 4 to the 563 guidelines. (7)
- For radio common carriers, 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. (2-4)
- Other information requested by the Commission staff.

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 and up-to-date, properly marked, copy of the Service Requirement Form available for public inspection.

Mandatory requirements for all CTS providers:

- Sales tax
- Deposits

Service requirements for CTS providers of certain services (check all applicable):

- Discounts for Persons with Communication Disabilities and the Telecommunication Relay Service
- Emergency Services Calling Plan
- Alternative Operator Service (AOS) requirements
- Limitation of Liability
- Termination Liability Language


IV. List names, titles, and addresses of those persons authorized to make and/or verify filings at the Commission on behalf of the registrant

<u>David G. Huey, President</u>	<u>Thomas K. Dawson</u>	<u>Fritz Byers, Secretary</u>
<u>5566 Southwyck Boulevard</u>	<u>Director of Regulatory Affairs</u>	<u>Spitzer Building, Suite 824</u>
<u>Toledo, Ohio 43614</u>	<u>5566 Southwyck Boulevard</u>	<u>520 Madison Avenue</u>
	<u>Toledo, Ohio 43614</u>	<u>Toledo, Ohio 43604</u>

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.

**VERIFICATION**

I, Thomas K. Dawson, Director of Regulatory Affairs, verify that I have utilized, verbatim, the Commission's 563 Registration Form issued December 21, 1995, and that all of the information submitted here, and all additional information submitted in connection with Case No. 90-5653-CT-TRF is true and correct to the best of my knowledge.

 January 15, 2002  
(Signature)\* (Date)

\*A verification is required for every filing. It may be signed by counsel or a process agent designated by the Registrant, except that initial certification cases (ACE) must be signed by an officer of the registering entity.

Send your completed Registration 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, Ohio 43215-3793



**EXTENDED TERM  
PLAN AGREEMENT**

**National Services  
SaverPlan I & II**

**SERVICE AND TERM**

Customer agrees to a minimum term length and service type as indicated below which are provided for by Toledo Area Telecommunications Services, d.b.a. Buckeye TeleSystem (BTS):

LENGTH OF TERM <small>(initial one only)</small>		ACCESS TYPE	SERVICE	
_____ M-T-M	<u>x</u> 3 year	<u>x</u> Switched Access	<u>x</u> IntraLata	_____ Calling Card
_____ 1 year	_____ 5 year	_____ Dedicated Access (T-1)	<u>x</u> Intrastate	_____ Audio Conferencing
_____ 2 year	_____	_____ MaxLink@	<u>x</u> InterState	_____ Pt. to Pt.
			<u>x</u> Inbound (800	_____ Internet
			<u>x</u> International	_____ Frame Relay

- Note: Please initial on each item selected for Term, Access, and Service type(s).
- Term begins immediately upon service effective date.
- Refer to the attached BTS Proposal for specified rates for LD Services.
- The Access Type and Service designated will be provided in accordance with the tariffs filed with the Federal Communications Commission and the Public Utilities Commission of Ohio.

**PRICING**

**LONG DISTANCE PROMOTION:** Customers will receive the prices for domestic InterState and intrastate calls by service type indicated above (excluding travel card), as set forth on the Attachment.

**TERMINATION**

The term shall be extended automatically on a month-to-month basis following the expiration date unless Customer converts to another Buckeye TeleSystem service with equal or greater term, or Customer or Buckeye TeleSystem provides to the other party written notice of termination, within thirty days before the contract expiration date.

- If termination becomes effective prior to the completion of the Customer's initial commitment period, then Customer will be liable for all accrued but unpaid charges through the date of such termination. In addition a termination charge will apply to each of the remaining months of the term contract. This charge will be calculated at sixty five percent of the average of all previously billed monthly charges.

**ASSIGNMENT:** Neither this Agreement, nor any rights or obligations of Customer in this Agreement, shall be transferable or assignable by Customer without BTS's prior written consent and any attempted transfer or assignment Limitations may hereof by Customer not in accordance herewith shall be null and void.

This Agreement is subject to the general terms, conditions and rates of the applicable Buckeye TeleSystem (BTS) and/or carrier tariff(s) and/or Service or Credit Application forms executed in connection with the service provided herein. This Agreement guarantees the price(s) for the applicable service(s) during the term specified above. apply to combining the terms of the Agreement with other special offers.

As authorized agent of Customer, I agree to the above terms and conditions:

**Customer:**

**Buckeye TeleSystem™**

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date: \_\_\_\_\_

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_



**Small Business Calling Card Save Money! Simple Rates.**

**LD Simple Rate Schedule:**

Intralata, intrastate \$0.065  
 Interstate \$0.065  
 8xx: \$0.065

Domestic 1+ Toll Calling To:

PR \$0.08  
 US/VI \$0.08  
 AK \$0.08  
 HI \$0.08

**Calling Card:**

US \$0.180  
 Canada \$0.180  
 AL & HI \$0.330  
 PR & USVI \$0.180

Estimated Monthly LD Usage: \$0.00

**AUTH. CODE:** \_\_\_\_\_

**Dedicated Rates:**

Intralata \$0.000  
 Intrastate \$0.000  
 Interstate \$0.000  
 8xx: Intrastate \$0.000  
 Interstate \$0.000

**Dedicated Services:**

T1 Quantity: 0 MRC: \$0.00

**Term:**

Stated rates good only for 30 days from specified date on proposal. This proposal is strictly proprietary and confidential.  
 Stated rates based on usage provided by customer. Significant change in monthly usage will effect usage rate.

\*\* International calling rates are country specific, and are attached to this proposal. See specific country for usage rate.

Customer Name: \_\_\_\_\_

By: \_\_\_\_\_

(printed name)

By:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Svc. Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

