

March 29, 2005

RECEIVED-DOCKETING DIV  
2005 MAR 29 PM 1:01  
PUCO

Via Hand Delivery

Ms. Renee J. Jenkins  
Director of Administration  
Secretary of the Public Utilities Commission of Ohio  
180 East Broad Street  
Columbus, Ohio 43215

RE: In the Matter of the Application of Orwell Long Distance to Revise Its Tariff Language Pertaining to Deposits; PUCO Case No. 05-345-TP-ZTA

AND

In the Matter of the Commission's Review of Its Rules at Chapters 4901:1-17 and 4901:1-18, Ohio Administrative Code, Regarding the Establishment of Credit for Residential Utility Services and the Disconnection of Natural Gas or Electric Service to Residential Customers, Respectively; PUCO Case No. 03-888-AU-ORD

Dear Ms. Jenkins:

Enclosed for filing on behalf of Orwell Long Distance are an original and ten (10) copies of a Telecommunications Application Form, which replaces the Application Form originally filed in the above-referenced matter on March 17, 2005. All aspects of the form remain the same except that the "TRF" number for Orwell Long Distance has been corrected.

Thank you for your assistance. If you have any questions, please do not hesitate to call.

Very truly yours,

Carolyn S. Flahive

Enclosure

cc: Lisa Stewart  
Janet Stoneking, Esq.

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 Amw Date Processed 3/29/05

FILE

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)

RECEIVED-DOCKETING DIV
2005 MAR 29 PM 1:01
PLUCO

In the Matter of the Application Orwell Long Distance )
Revise its Tariff Language Pertaining to Deposits ) Case No. 05 - 345 - TP - ZTA

Name of Registrant(s) Orwell Long Distance
DBA(s) of Registrant(s)
Address of Registrant(s) 70 South Maple Street, P.O. Box 337, Orwell, Ohio 44076
Company Web Address
Regulatory Contact Person(s) Carolyn S. Flahive Phone (614) 469-3200 Fax (614) 469-3361
Regulatory Contact Person's Email Address Carolyn.Flahive@ThompsonHine.com
Contact Person for Annual Report Phone
Consumer Contact Information Phone
Date TRF Docket No. 90 - 5954 - CT-TRF or - TP-TRF

Motion for protective order included with filing? [ ] Yes [X] No
Motion for waiver(s) filed affecting this case? [ ] Yes [X] No [Note: waiver(s) tolls any automatic timeframe]
Company Type (check all applicable): [X] 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
[ ] 3 (ACE) New Operating Authority for providers other than CMRS (30-day approval, 7 copies); for CMRS, see item No.15 on this page.
[ ] 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)
[ ] 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
[ ] 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
[ ] 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
[ ] 17 (UNC) Unclassified (explain) (NOT automatic, 15 copies)
[X] 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)
[X] 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) \_\_\_\_\_ (NOT automatic, 15 copies)  
 19 Other (explain) \_\_\_\_\_

**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:<br>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.<br>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<br>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):<br><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 type="checkbox"/> residence; or <input type="checkbox"/> both. Also indicate whether it is a <input 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.<br>NOTE:<br><input type="checkbox"/> Tier 1 price list increases must be within an approved range of rates.<br><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.<br>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: <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.<br><b>If Mirroring Large ILEC exchanges</b> 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.<br><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 <b>serving and local calling areas</b> 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:<br><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:

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 attorney of the applicant corporation, Orwell Long Distance, and am authorized to make this statement  
(Name of Company)

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 Mar 29, 2005 at Columbus, Ohio  
(Date) (Location)

Carol S. Flahive 3-29-05  
\*(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, Carolyn S. Flahive 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.

Carol S. Flahive 3-29-05  
\*(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 pre-filing submittal)**  
**180 East Broad Street, Columbus, OH 43215-3793**