

FILE



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September 22, 2003

Docketing Division  
Public Utilities Commission of Ohio  
180 East Broadstreet, 3<sup>rd</sup> Floor  
Columbus, OH 43215

RE: **TRF Filing** TP  
Case No. 90-5713-CT-TRF  
McLeodUSA Telecommunications Services, Inc. ("McLeodUSA")

Dear Docketing Division:

Enclosed please find an original and three copies of revised pages to McLeodUSA Telecommunications Services, Inc.'s ("McLeodUSA") Telephone Tariff No. 2. In this TRF filing, McLeodUSA is increasing the Battery Backup Installation non-recurring charge for Preferred Advantage Integrated Access Line. Please note that we do not have any customers to date on this product, therefore a customer notification was not completed.

Enclosed you will find the following Exhibits:

- 1) Exhibit A – current approved tariff pages;
- 2) Exhibit B – proposed replacement tariff pages; and
- 3) Exhibit C – rationale.

This filing has an Issue Date and Effective Date of September 23, 2003. Please file stamp the extra copy and return it to me in the enclosed, self-addressed, stamped envelope. If you have any questions, please contact me at (319) 790-6142.

Sincerely,

Joy Heitland  
Manager

Enclosures

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 ADD Date Processed 9/23/03

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

(Effective: 5/13/2003)  
(Pursuant to Case Nos. 99-998-TP-COI and 99-563-TP-COI)

In the Matter of the Application of McLeodUSA Telecommunications

Services Inc. is updating a non-recurring charge for Preferred Advantage Case No. \_\_\_\_\_ - **TP** -  
Integrated Access Line.

Name of Registrant(s) McLeodUSA Telecommunications Services, Inc.  
Address of Registrant(s) 6400 C Street SW, Cedar Rapids, IA 52406  
Company Web Address www.mcleodusa.com  
Regulatory Contact Person(s) David R. Conn Phone (319) 790-7055 Fax (319) 790-7901  
Regulatory Contact Person's Email Address dconn@mcleodusa.com  
Contact Person for Annual Report Lauraine Harding Phone (319) 790-6480  
Consumer Contact Information Christine C. Johnson Phone (319) 790-6702  
Date 9/22/03 TRF Docket No. 90 - 5713 -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 24 (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)**

- ☐ 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 For Tier 2 Services - indicate which option you intend to adopt to maintain the tariff  
☐ Paper Tariff  
☐ Electronic Tariff  
☐ 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, 9(vii)]	A copy of registrant's proposed tariffs. (Carrier-to-Carrier resale tariff also required if facilities-based)
<input type="checkbox"/>	[3]	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.
<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, at a minimum, a pro forma income statement and a balance sheet. If the pro forma income statement is based upon a certain geographical area(s) or information in other jurisdictions, please indicate.
<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"/>	[3,4,7,10-11,13]	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"/>	[1-2,4-7,9,12-13,16,18-24]	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), 20-21]	Specify which notice procedure has been utilized: <input type="checkbox"/> direct mail; <input type="checkbox"/> bill insert; <input type="checkbox"/> bill notation or <input type="checkbox"/> electronic mail. NOTE: Tier 1 price list increases <b>must</b> be within an approved range of rates.
<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. For SLF's the customer notice will be addressed in a Commission Order.
<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 counties 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]	List of Ohio exchanges the applicant intends to serve.
<input type="checkbox"/>	[1,3a-b,3d,7, 10,13, 23]	<p>Maps depicting the proposed serving and calling areas of the applicant.</p> <p><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.</p> <p><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 <b>and</b> 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.</p>
<input type="checkbox"/>		Other information requested by the Commission staff.
<input type="checkbox"/>	[3]	For Tier 2 Services - indicate which option you intend to adopt to maintain the tariff <input type="checkbox"/> Paper Tariff <input type="checkbox"/> Electronic Tariff <input type="checkbox"/> Web Address:

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 make and/or affirm or verify filings at the Commission on behalf of the applicant:

Joy Heitland; Manager; (319) 790-6142; McLeodUSA, 6400 C Street SW, Cedar Rapids, IA 52406

David R. Conn; Deputy General Counsel; (319) 790-7055; McLeodUSA, 6400 C Street SW, Cedar Rapids, IA 52406

*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.*

V. 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:

Christine C. Johnson; Manager; (319) 790-6702; McLeodUSA, 6400 C Street SW, Cedar Rapids, IA 52406

David R. Conn; Deputy General Counsel; (319) 790-7055; McLeodUSA, 6400 C Street SW, Cedar Rapids, IA 52406

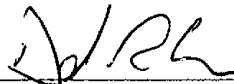
**AFFIDAVIT**

**Minimum Telephone Service Standards**

I am an officer of the applicant corporation, McLeodUSA Telecommunications Services, Inc., and am authorized to make this statement  
(Name of Company)  
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.

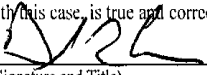
Executed on September 22, 2003 at Cedar Rapids, Iowa  
(Date) (Location)

  
\*(Signature and Title)  
Deputy General Counsel  
9/22/03  
(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, David R. Conn 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)  
Deputy General Counsel  
9/22/03  
(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 prefiling submittal)  
180 East Broad Street, Columbus, OH 43215-3793

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**EXHIBIT A**

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CHECK SHEET

The sheets of this tariff are effective as of the date shown at the bottom of the respective sheets. Original and revised sheets as named below comprise all changes from the original tariff that are currently in effect as of the date at the bottom of this sheet.

<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>
1	Original	34	1 <sup>st</sup> Revised	67	Original
2	16 <sup>th</sup> Revised*	35	Original	68	Original
3	15 <sup>th</sup> Revised*	36	Original	69	2 <sup>nd</sup> Revised*
4	1 <sup>st</sup> Revised	37	Original	70	1 <sup>st</sup> Revised
5	Original	38	Original	71	2 <sup>nd</sup> Revised
6	Original	39	Original	72	3 <sup>rd</sup> Revised
7	Original	40	Original	73	Original
8	Original	41	Original	74	Original
9	Original	42	Original	75	Original
10	Original	43	Original	76	1 <sup>st</sup> Revised
11	Original	44	Original	77	Original
12	Original	45	Original	78	Original
13	4 <sup>th</sup> Revised	46	Original	79	1 <sup>st</sup> Revised
14	3 <sup>rd</sup> Revised	47	Original	80	1 <sup>st</sup> Revised
15	3 <sup>rd</sup> Revised	48	Original	81	2 <sup>nd</sup> Revised
16	Original	49	Original	82	Original
17	Original	50	Original	83	1 <sup>st</sup> Revised
18	Original	51	1 <sup>st</sup> Revised	83.1	2 <sup>nd</sup> Revised
19	Original	52	Original	83.2	2 <sup>nd</sup> Revised
20	Original	53	2 <sup>nd</sup> Revised	83.3	2 <sup>nd</sup> Revised
21	Original	54	1 <sup>st</sup> Revised	83.4	Original
22	1 <sup>st</sup> Revised	55	Original	83.5	Original
23	1 <sup>st</sup> Revised	56	Original	84	3 <sup>rd</sup> Revised
24	Original	57	Original	84.1	2 <sup>nd</sup> Revised
25	Original	58	Original	85	Original
26	Original	59	Original	85.1	Original
27	Original	60	Original	86	Original
28	Original	61	Original	87	Original
29	Original	62	Original	88	Original
30	Original	63	Original	89	Original
31	Original	64	Original	90	1 <sup>st</sup> Revised
32	Original	65	4 <sup>th</sup> Revised		
33	1 <sup>st</sup> Revised	66	3 <sup>rd</sup> Revised		

Issued: August 26, 2003

Effective: August 26, 2003

BY: David R. Conn  
Vice President and Deputy General Counsel  
6400 C Street SW, P.O. Box 3177  
Cedar Rapids, Iowa 52406

Issued under authority of the Public Utilities Commission of Ohio, dated March 16, 2000, in Case No. 99-972-TP-ACE.

CHECK SHEET (cont'd)

<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>
91	Original	121.1	2 <sup>nd</sup> Revised	145	2 <sup>nd</sup> Revised
92	Original	122	Original	145.1	Original
93	1 <sup>st</sup> Revised	122.1	1 <sup>st</sup> Revised	146	Original
94	Original	123	Original	147	Original
95	Original	124	Original	148	Original
96	Original	125	Original	149	Original
97	1 <sup>st</sup> Revised	126	Original	150	Original
98	1 <sup>st</sup> Revised	127	Original	151	Original
99	1 <sup>st</sup> Revised	128	Original	152	Original
100	1 <sup>st</sup> Revised	129	Original	153	Original
101	1 <sup>st</sup> Revised	130	Original	154	Original
102	Original	130.1	Original	155	Original
103	Original	130.2	Original	156	Original
104	Original	130.3	Original	157	Original
104.1	Original	130.4	Original	158	Original
105	2 <sup>nd</sup> Revised*	130.5	Original	159	Original
106	1 <sup>st</sup> Revised	130.6	Original	160	Original
107	2 <sup>nd</sup> Revised	130.7	Original	161	Original
108	3 <sup>rd</sup> Revised	130.8	Original	162	Original
109	Original	131	Original	163	Original
110	Original	132	1 <sup>st</sup> Revised	164	Original
111	Original	133	Original	165	Original
112	1 <sup>st</sup> Revised	134	2 <sup>nd</sup> Revised	166	Original
113	Original	135	2 <sup>nd</sup> Revised	167	Original
114	Original	136	Original	168	Original
115	Original	137	Original	169	Original
116	2 <sup>nd</sup> Revised	138	Original	170	Original
117	1 <sup>st</sup> Revised	139	Original	171	Original
118	2 <sup>nd</sup> Revised	140	Original	172	Original
119	Original	140.1	1 <sup>st</sup> Revised	173	Original
120	1 <sup>st</sup> Revised	140.2	3 <sup>rd</sup> Revised	174	Original
120.1	2 <sup>nd</sup> Revised	140.3	2 <sup>nd</sup> Revised	175	Original
120.2	2 <sup>nd</sup> Revised	140.4	2 <sup>nd</sup> Revised	176	Original
120.3	2 <sup>nd</sup> Revised	141	2 <sup>nd</sup> Revised	177	Original
120.4	Original	142	1 <sup>st</sup> Revised	178	Original
120.5	Original	143	2 <sup>nd</sup> Revised		
121	3 <sup>rd</sup> Revised	144	2 <sup>nd</sup> Revised		

Issued: August 26, 2003

Effective: August 26, 2003

BY: David R. Conn  
Vice President and Deputy General Counsel  
6400 C Street SW, P.O. Box 3177  
Cedar Rapids, Iowa 52406

Issued under authority of the Public Utilities Commission of Ohio, dated March 16, 2000, in Case No. 99-972-TP-ACE.



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5.0 Rates and Charges - Price List (cont'd)

(N)

5.3 Rate Tables (cont'd)5.3.7 Rate Table 7: Local T1/PRI ISDN (cont'd)5.3.7.G Rate Table 7.7: Preferred Advantage<sup>SM</sup> Integrated Access Line (cont'd)5.3.7.G.2 Pricing

<u>Nonrecurring Charges</u>	<u>Term Length</u>		
	<u>12 Month</u>	<u>24 Month</u>	<u>36 Month</u>
Service Setup:	\$1,000.00	\$750.00	\$500.00
On-Site Installation:	\$ 500.00	\$500.00	\$250.00
Battery Backup Installation:	\$ 110.00	\$110.00	\$110.00

Nonrecurring charges may be waived for Customers entering into a minimum contract length of 24 months and taking into consideration the number of channels maintained by Customer during the term of the Agreement.

Recurring Charges

Base Package:	\$420.00
Per Incremental voice channel:	\$ 20.00
Per incremental data channel:	\$ 23.00
Term and Volume Discounts may also be applied.	

Feature Packages

Simple Preferred Feature pack features (Call Forward Variable, Call Transfer, Call Waiting) can be added to any voice channel without nonrecurring charge at the time of installation. No monthly recurring charges apply.

Value Preferred Feature pack features (Anonymous Call Rejection, Call Forward Busy, Call Forward Don't Answer, Call Waiting ID, Call ID Name/Number, 3-Way Calling) can be added to any voice channel without nonrecurring charge at the time of installation. A monthly recurring charge of \$5.00 per voice channel applies to any voice channel with any Value Preferred feature installed.

For feature changes made to channels after initial installation, standard Move/Add/Change charges will apply, as well as the monthly recurring charge for Value Preferred features.

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Issued: August 4, 2003

Effective: August 4, 2003

BY: David R. Conn  
Vice President and Deputy General Counsel  
6400 C Street SW, P.O. Box 3177  
Cedar Rapids, Iowa 52406

Issued under authority of the Public Utilities Commission of Ohio, dated March 16, 2000, in Case No. 99-972-TP-ACE.

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**EXHIBIT B**

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CHECK SHEET

The sheets of this tariff are effective as of the date shown at the bottom of the respective sheets. Original and revised sheets as named below comprise all changes from the original tariff that are currently in effect as of the date at the bottom of this sheet.

<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>
1	Original	37	Original	73	Original
2	17 <sup>th</sup> Revised*	38	Original	74	Original
3	16 <sup>th</sup> Revised*	39	Original	75	Original
4	1 <sup>st</sup> Revised	40	Original	76	1 <sup>st</sup> Revised
5	Original	41	Original	77	Original
6	Original	42	Original	78	Original
7	Original	43	Original	79	1 <sup>st</sup> Revised
8	Original	44	Original	80	1 <sup>st</sup> Revised
9	Original	45	Original	81	2 <sup>nd</sup> Revised
10	Original	46	Original	82	Original
11	Original	47	Original	83	1 <sup>st</sup> Revised
12	Original	48	Original	83.1	2 <sup>nd</sup> Revised
13	4 <sup>th</sup> Revised	49	Original	83.2	2 <sup>nd</sup> Revised
14	3 <sup>rd</sup> Revised	50	Original	83.3	2 <sup>nd</sup> Revised
15	3 <sup>rd</sup> Revised	51	1 <sup>st</sup> Revised	83.4	Original
16	Original	52	Original	83.5	Original
17	Original	53	2 <sup>nd</sup> Revised	84	3 <sup>rd</sup> Revised
18	Original	54	1 <sup>st</sup> Revised	84.1	2 <sup>nd</sup> Revised
19	Original	55	Original	85	Original
20	Original	56	Original	85.1	Original
21	Original	57	Original	86	Original
22	1 <sup>st</sup> Revised	58	Original	87	Original
23	1 <sup>st</sup> Revised	59	Original	88	Original
24	Original	60	Original	89	Original
25	Original	61	Original	90	1 <sup>st</sup> Revised
26	Original	62	Original		
27	Original	63	Original		
28	Original	64	Original		
29	Original	65	4 <sup>th</sup> Revised		
30	Original	66	3 <sup>rd</sup> Revised		
31	Original	67	Original		
32	Original	68	Original		
33	1 <sup>st</sup> Revised	69	2 <sup>nd</sup> Revised		
34	1 <sup>st</sup> Revised	70	1 <sup>st</sup> Revised		
35	Original	71	2 <sup>nd</sup> Revised		
36	Original	72	3 <sup>rd</sup> Revised		

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CHECK SHEET (cont'd)

<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>	<u>Sheet</u>	<u>Revision</u>
91	Original	123	Original	150	Original
92	Original	124	Original	151	Original
93	1 <sup>st</sup> Revised	125	Original	152	Original
94	Original	126	Original	153	Original
95	Original	127	Original	154	Original
96	Original	128	Original	155	Original
97	1 <sup>st</sup> Revised	129	Original	156	Original
98	1 <sup>st</sup> Revised	130	Original	157	Original
99	1 <sup>st</sup> Revised	130.1	Original	158	Original
100	2 <sup>nd</sup> Revised	130.2	Original	159	Original
101	1 <sup>st</sup> Revised	130.3	Original	160	Original
102	Original	130.4	Original	161	Original
103	Original	130.5	Original	162	Original
104	Original	130.6	Original	163	Original
104.1	Original	130.7	1 <sup>st</sup> Revised*	164	Original
105	2 <sup>nd</sup> Revised	130.8	Original	165	Original
106	1 <sup>st</sup> Revised	131	Original	166	Original
107	2 <sup>nd</sup> Revised	132	1 <sup>st</sup> Revised	167	Original
108	3 <sup>rd</sup> Revised	133	Original	168	Original
109	Original	134	2 <sup>nd</sup> Revised	169	Original
110	Original	135	2 <sup>nd</sup> Revised	170	Original
111	Original	136	Original	171	Original
112	1 <sup>st</sup> Revised	137	Original	172	Original
113	Original	138	Original	173	Original
114	Original	139	Original	174	Original
115	Original	140	Original	175	Original
116	2 <sup>nd</sup> Revised	140.1	1 <sup>st</sup> Revised	176	Original
117	1 <sup>st</sup> Revised	140.2	3 <sup>rd</sup> Revised	177	Original
118	2 <sup>nd</sup> Revised	140.3	2 <sup>nd</sup> Revised	178	Original
119	Original	140.4	2 <sup>nd</sup> Revised		
120	1 <sup>st</sup> Revised	141	2 <sup>nd</sup> Revised		
120.1	2 <sup>nd</sup> Revised	142	1 <sup>st</sup> Revised		
120.2	2 <sup>nd</sup> Revised	143	2 <sup>nd</sup> Revised		
120.3	2 <sup>nd</sup> Revised	144	2 <sup>nd</sup> Revised		
120.4	Original	145	2 <sup>nd</sup> Revised		
120.5	Original	145.1	Original		
121	3 <sup>rd</sup> Revised	146	Original		
121.1	2 <sup>nd</sup> Revised	147	Original		
122	Original	148	Original		
122.1	1 <sup>st</sup> Revised	149	Original		

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5.0 Rates and Charges - Price List (cont'd)5.3 Rate Tables (cont'd)5.3.7 Rate Table 7: Local T1/PRI ISDN (cont'd)5.3.7.G Rate Table 7.7: Preferred Advantage<sup>SM</sup> Integrated Access Line (cont'd)5.3.7.G.2 Pricing

<u>Nonrecurring Charges</u>	<u>Term Length</u>		
	<u>12 Month</u>	<u>24 Month</u>	<u>36 Month</u>
Service Setup:	\$1,000.00	\$750.00	\$500.00
On-Site Installation:	\$ 500.00	\$500.00	\$250.00
Battery Backup Installation:	\$ 230.00	\$230.00	\$2300.00

(I)

Nonrecurring charges may be waived for Customers entering into a minimum contract length of 24 months and taking into consideration the number of channels maintained by Customer during the term of the Agreement.

Recurring Charges

Base Package:	\$420.00
Per Incremental voice channel:	\$ 20.00
Per incremental data channel:	\$ 23.00

Term and Volume Discounts may also be applied.

Feature Packages

Simple Preferred Feature pack features (Call Forward Variable, Call Transfer, Call Waiting) can be added to any voice channel without nonrecurring charge at the time of installation. No monthly recurring charges apply.

Value Preferred Feature pack features (Anonymous Call Rejection, Call Forward Busy, Call Forward Don't Answer, Call Waiting ID, Call ID Name/Number, 3-Way Calling) can be added to any voice channel without nonrecurring charge at the time of installation. A monthly recurring charge of \$5.00 per voice channel applies to any voice channel with any Value Preferred feature installed.

For feature changes made to channels after initial installation, standard Move/Add/Change charges will apply, as well as the monthly recurring charge for Value Preferred features.

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## **EXHIBIT C**

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**Description/Rationale:**

In this filing, McLeodUSA is increasing the Battery Backup Installation non-recurring charge for Preferred Advantage Integrated Access Line. The incorrect rate was filed with the new product rollout on August 4, 2003. To date we do not have any customers that have purchased this new product, therefore, a customer notification has not been completed.