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)

In the Matter of the Application of SBC Ohio)
To Increase Certain Monthly Rates Associated with DS1) Case No. 90-5032-TP-TRF

Name of Registrant(s) SBC Ohio
DBA(s) of Registrant(s) SBC Ohio is a registered trade name of the Ohio Bell Telephone Company.
Address of Registrant(s) 150 E. Gay Street
Company Web Address SBC.com
Regulatory Contact Person(s) Robert J. Wentz Phone (614) 223-7950 Fax (614) 223-5955
Regulatory Contact Person's Email Address RW7817@sbc.com
Contact Person for Annual Report Michael R. Schaedler Phone (216) 822-8307
Consumer Contact Information Kathy Gentile-Klein Phone (216) 822-2395
Date December 30, 2005 TRF Docket No.90-5032-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 25 (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 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)
□ 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 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:

□	[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.
□	[3]	Completed Service Requirements Form.
□	[3, 9(vii)]	A copy of registrant's proposed tariffs. (Carrier-to-Carrier resale tariff also required if facilities-based)
□	[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.
□	[3]	Brief description of service(s) proposed.
□	[3a-b,3d]	Explanation of whether applicant intends to provide □ resold services, □ facilities-based services, or □ both resold and facilities-based services.
□	[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.
□	[3a-b,3d]	Explanation of how the proposed services in the proposed market area are in the public interest.
□	[3a-b,3d]	Description of the proposed market area.
□	[3a-b,3d]	Description of the class of customers (e.g., residence, business) that the applicant intends to serve.
□	[3a-b,3d]	Documentation attesting to the applicant's financial viability, including the following: 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. 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 3) Documentation to support the applicant's cash an funding sources.
□	[3a-d]	Documentation attesting to the applicant's technical and managerial expertise relative to the proposed service offering(s) and proposed service area.
□	[3a-d]	Documentation indicating the applicant's corporate structure and ownership.
□	[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.
□	[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.
□	[3a-b,3d]	Verification of compliance with any affiliate transaction requirements.
□	[3a-b,3d]	Explanation as to whether rates are derived through (check all applicable): □ interconnection agreement, □ retail tariffs, or □ resale tariffs.
□	[1,3a-b,3d]	Explanation as to which service areas company currently has an approved interconnection or resale agreement.
□	[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.
□	[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).
□	[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.
□	[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.
□	[3-4,7,10-11,13]	List of names, addresses, and phone numbers of officers and directors, or partners.
□	[3]	A sample copy of the customer bill and disconnection notice the applicant plans to utilize.
■	[1,4,9,10-13,16-21]	Copy of superseded tariff sheet(s) & price list(s), if applicable, marked as Exhibit A.
■	[1,4,9,10-13,16-21]	Copy of revised tariff sheets & price lists, marked as Exhibit B.
□	[3]	Provide a copy of any customer application form required in order to establish residential service, if applicable.
■	[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 □ business; □ residence; or □ both. Also indicate whether it is a □ switched or □ dedicated service. Include this information in either the cover letter or Exhibit C.

■	[1,2,4,9a(v-vi), 5,10,16,18(b-c), 21]	Specify which notice procedure has been/will be utilized: □ direct mail; □ bill insert; ■ bill notation or □ electronic mail. NOTE: □ Tier 1 price list increases **must** be within an approved range of rates. □ SLF Filings – Do NOT send customer notice until it has been reviewed and approved by Commission Staff
■	[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. NOTE: SLF Filings – Do NOT send customer notice until it has been reviewed and approved by Commission Staff
■	[1,2,5,9a(v),11-13, 18, 21(increase only)]	Affidavit attesting that customer notice has been provided.
□	[2,12]	Copy of Notice which has been provided to ILEC(s).
□	[2,12]	Listing of Assigned (NPA) NXX's where in the LECs (NPA) NXX's would be reassigned.
□	[2,4,10,12-13,]	List of Ohio exchanges specifically involved or affected.
□	[14]	The interconnection agreement adopted by negotiation or mediation.
□	[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.
□	[15]	Exhibits must include company name, address, contact person, service description, and evidence of registration with the Ohio Secretary of State.
□	[24]	Affidavit that total price of contract exceeds total cost of all regulated services.
□	[5,13]	New title sheet with proposed new company name.
□	[1,3,13]	For CLECs, List of Ohio Exchanges the applicant intends to serve (Use spreadsheet from: http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357).
□ □ □	[1,3a-b,3d,7, 10,13, 23]	Maps depicting the proposed serving and calling areas of the applicant. **If Mirroring Large ILEC** exchanges for both serving area and local calling areas: • ***Serving area*** 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. • ***Local calling areas*** 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. **If Self-defining** serving area and/or local calling area as an area other than that of the established ILEC exchange(s): • ***Serving Area*** must be clearly reflected on an Ohio map attached to the tariffs, and textually described in tariffs by listing the involved exchanges. • ***Local Calling Areas*** must be described in the tariff through textual delineation and clear maps. Maps for self-defined serving ***and*** 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.
□		Other information requested by the Commission staff.
□	[3]	Initial certification that includes Tier 2 Services, indicate which option you intend to adopt to maintain the tariff: □ Paper Tariff □ 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*:**

[x] Sales tax
[x] Minimum Telephone Service Standards (MTSS)
[x] Surcharges

***MANDATORY REQUIREMENTS FOR ALL BASIC LOCAL EXCHANGE PROVIDERS*:**

[x] 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:

Kathy Gentile-Klein	Manager – Customer Complaints	(216) 822-2395
45 Erieview Plaza	Cleveland, Ohio 44114	

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:

Robert J. Wentz	Manager – Dockets & Issues	(614) 223-7950
150 E. Gay Street	Columbus, Ohio 43215	

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: □)

Ameritech Advanced Data Services of Ohio, Inc., d/b/a SBC Advanced Solutions, Inc., Cert. No. 90-5181; Cincinnati SMSA Limited Partnership, d/b/a Cingular, Cert. No. 90-5034; Ameritech Wireless Communications, Inc., d/b/a Cingular, Cert. No. 90-5354; SBC Long Distance, LLC, Cert. No. 90-6150; AT&T Communications of Ohio, Inc., Cert. No. 90-9000; TCG Ohio, Inc., Cert. No. 90-9010.

AFFIDAVIT

Compliance with Commission Rules and Service Standards

I am an officer of the applicant corporation, SBC Ohio, and am authorized to make this statement 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 December 30, 2005 at Columbus, Ohio

/s/ Robert J. Wentz Manager – Dockets & Issues December 30, 2005

**** 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, Robert J. Wentz 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.

/s/ Robert J. Wentz Manager – Dockets & Issues December 30, 2005

****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

3. DS1 SERVICE (cont'd)

F. PRICES (cont'd)

1. Service Elements (cont'd)

The following charges apply to channels provided in those Central Offices that are not designated in Paragraph V.3 of Section 1 preceding.

Description /Billing Code/	Monthly	Monthly Payment *Term Payment Plans* 12 Months	24 Months	36 Months	60 Months
Local Distribution Channel					
- per point of termination					
Zone 1 /TZ4X1/	$290.00(I)	$205.00	$165.00	$140.00	$125.00
Zone 2 /TZ4X2/	305.00 |	215.00	175.00	145.00	130.00
Zone 3 /TZ4X3/	325.00(I)	235.00	195.00	160.00	141.00
Channel Mileage Termination					
- per point of termination					
Zone 1 /CZ4X1/	105.00	75.00	55.00	41.10	28.00
Zone 2 /CZ4X2/	105.00	75.00	55.00	45.50	29.80
Zone 3 /CZ4X3/	105.00	75.00	68.25	63.00	55.00
Channel Mileage					
- per mile					
Zone 1 /1YZX1/	35.00(I)	25.00	20.25	17.00	15.00
Zone 2 /1YZX2/	35.00 |	25.00	20.25	17.20	15.00
Zone 3 /1YZX3/	35.00(I)	25.00	20.25	18.85	15.05

8. CENTRAL OFFICE MULTIPLEXING AND CROSS CONNECT SERVICES (cont'd)

F. PRICES (cont'd)

- ***Service Elements (cont'd)***

The following charges apply to channels provided in those Central Offices that are not designated in Paragraph V.3 of Section 1 preceding.

Description /Billing Code/	Monthly	Monthly Payment *Term Payment Plans* 12 Months	24 Months	36 Months	60 Months
Central Office Multiplexing					
- DS1 to Analog/Base Rate/128, 256 or 384	$475.00	$390.00	$315.00	$290.00	$275.00
Zone 1 /QMVX1/	475.00	390.00	315.00	290.00	275.00
Zone 2 /QMVX2/	475.00	390.00	315.00	290.00	275.00
Zone 3 /QMVX3/					
- DS3 to DS1	875.00(I)	645.00	560.00	505.00	480.00
Zone 1 /QM3X1/	875.00 |	670.00	590.00	535.00	505.00
Zone 2 /QM3X2/	875.00(I)	715.00	625.00	570.00	545.00
Zone 3 /QM3X3/					

3. DS1 SERVICE (cont'd)

F. PRICES (cont'd)

1. Service Elements (cont'd)

The following charges apply to channels provided in those Central Offices that are not designated in Paragraph V.3 of Section 1 preceding.

Description /Billing Code/	Monthly	Monthly Payment *Term Payment Plans* 12 Months	24 Months	36 Months	60 Months
Local Distribution Channel					
- per point of termination					
Zone 1 /TZ4X1/	$320.00(I)	$205.00	$165.00	$140.00	$125.00
Zone 2 /TZ4X2/	335.00 |	215.00	175.00	145.00	130.00
Zone 3 /TZ4X3/	355.00(I)	235.00	195.00	160.00	141.00
Channel Mileage Termination					
- per point of termination					
Zone 1 /CZ4X1/	110.00(I)	75.00	55.00	41.10	28.00
Zone 2 /CZ4X2/	110.00 |	75.00	55.00	45.50	29.80
Zone 3 /CZ4X3/	110.00(I)	75.00	68.25	63.00	55.00
Channel Mileage					
- per mile					
Zone 1 /1YZX1/	37.00(I)	25.00	20.25	17.00	15.00
Zone 2 /1YZX2/	37.00 |	25.00	20.25	17.20	15.00
Zone 3 /1YZX3/	37.00(I)	25.00	20.25	18.85	15.05

8. CENTRAL OFFICE MULTIPLEXING AND CROSS CONNECT SERVICES (cont'd)

F. PRICES (cont'd)

- ***Service Elements (cont'd)***

The following charges apply to channels provided in those Central Offices that are not designated in Paragraph V.3 of Section 1 preceding.

Description /Billing Code/	Monthly	Monthly Payment *Term Payment Plans* 12 Months	24 Months	36 Months	60 Months
Central Office Multiplexing					
- DS1 to Analog/Base Rate/128, 256 or 384					
Zone 1 /QMVX1/	$500.00(I)	$390.00	$315.00	$290.00	$275.00
Zone 2 /QMVX2/	500.00	390.00	315.00	290.00	275.00
Zone 3 /QMVX3/	500.00(I)	390.00	315.00	290.00	275.00
- DS3 to DS1					
Zone 1 /QM3X1/	875.00	645.00	560.00	505.00	480.00
Zone 2 /QM3X2/	875.00	670.00	590.00	535.00	505.00
Zone 3 /QM3X3/	875.00	715.00	625.00	570.00	545.00

SBC Ohio hereby revises Part 15, Section 3, of its SBC Tariff P.U.C.O. No. 20, to reflect an increase to certain monthly rates associated with DS1 service. With this filing, SBC Ohio increases the monthly rate for Local Distribution Channels, Channel Mileage Terminations, Channel Mileage, and C.O. Multiplexing.

Exhibit C

State of Ohio)
)
) ss.
)
County of Franklin)

AFFIDAVIT OF ROBERT J. WENTZ

Robert J. Wentz, being first duly cautioned and sworn, deposes and says as follows:

1. I am the Manager - Dockets & Issues for SBC Ohio, where one of my responsibilities is to prepare tariff applications such as the one this affidavit supports.

2. I am aware of the rule of the Public Utilities Commission of Ohio, Ohio Admin. Code Section 4901:1-6-17 that applications for abandonment of all services, withdrawal of a service, amendment of a certificate, change in carrier's name, price increases, and changes in terms and conditions of an existing service, must contain an affidavit attesting that prior actual customer notification was provided to the affected customers by bill insert, bill message, direct mail, or, if the customer consents, electronic mail. For cases in which the Commission review period is 30 days or less, the notice must be sent to customers at least 15 days prior to filing the application with the Commission. For cases in which the Commission review period is greater than 30 days, the customer notice must be filed simultaneously with the application being filed at the Commission. In addition to the affidavit, the application, when filed at the Commission, must include a copy of the actual notice that was sent to affected customers.

3. I have worked with our corporate customer notification group and have confirmed that a customer notice meeting the test of that rule has been provided.

4. Therefore, on information and belief, I hereby attest that the tariff application that this affidavit supports meets the requirements of that rule.

_____/s/ Robert J. Wentz_____
(signature)

Sworn to and subscribed before me this 30th day of December, 2005

_____/s/ Jon F. Kelly_____
Notary Public

The language shown below was shown on impacted customer bills from 11/1/05 through 11/30/05.

DS1

Effective January 1, 2006, certain rate elements for month-to-month DS1 Service will increase: Channel Termination will increase from $306.67 to $336.67, Channel Mileage Termination from $105.00 to $110.00, Channel Mileage from $35.00 to $37.00, and Multiplexing from $475.00 to $500.00. You can save by changing to a term billing arrangement. For questions about these changes or to cancel this service, please call your SBC service representative at the number listed at the top of this bill. Thank you for choosing SBC Ohio**.**

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12/30/2005 @ 1:10:39 PM