

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 162 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 162nd *                                       | 3.19         | 1st                                           | 5.15         | 1st                                           |
| A.1          | 5th                                           | 3.20         | 1st                                           | 5.16         | 1st                                           |
| A.2          | 5th                                           | 3.21         | 1st                                           | 5.17         | 1st                                           |
| B            | 42nd                                          | 3.22         | 1st                                           | 5.18         | 1st                                           |
| B.1          | 21st                                          | 3.23         | 1st                                           | 5.20         | 1st                                           |
| C            | 47th                                          | 3.24         | 1st                                           | 5.21         | 1st                                           |
| D            | 19th                                          | 3.25         | 1st                                           | 5.22         | 1st                                           |
| D.1          | 42nd                                          | 3.26         | 1st                                           | 5.23         | 1st                                           |
| E            | 11th                                          | 3.27         | 1st                                           | 5.24         | 1st                                           |
| F            | 12th                                          | 3.28         | 1st                                           | 5.25         | 1st                                           |
| G            | 11th                                          | 3.29         | 1st                                           | 5.26         | 1st                                           |
| 1            | 3rd                                           | 3.30         | 1st                                           | 5.27         | 1st                                           |
| 2            | 4th                                           | 3.31         | 1st                                           | 5.28         | 1st                                           |
| 3            | 7th                                           | 3.32         | 1st                                           | 5.29         | 1st                                           |
| 3.1          | 2nd                                           | 3.33         | 1st                                           | 5.30         | 1st                                           |
| 3.2          | 1st                                           | 3.34         | 1st                                           | 6            | 4th                                           |
| 3.3          | 1st                                           | 4            | 4th                                           | 6.1          | 1st                                           |
| 3.4          | 1st                                           | 4.1          | 1st                                           | 6.2          | 1st                                           |
| 3.5          | 1st                                           | 4.2          | 1st                                           | 6.3          | 1st                                           |
| 3.6          | 1st                                           | 5            | 4th                                           | 7            | Original                                      |
| 3.7          | 1st                                           | 5.1          | 1st                                           | 7a           | Original                                      |
| 3.8          | 1st                                           | 5.2          | 1st                                           | 8            | 2nd                                           |
| 3.9          | 1st                                           | 5.3          | 1st                                           | 9            | 2nd                                           |
| 3.10         | 1st                                           | 5.4          | 1st                                           | 10           | 1st                                           |
| 3.11         | 1st                                           | 5.5          | 1st                                           | 11           | 2nd                                           |
| 3.12         | 1st                                           | 5.6          | 1st                                           | 12           | 1st                                           |
| 3.13         | 1st                                           | 5.7          | 1st                                           | 12a          | #                                             |
| 3.14         | 1st                                           | 5.8          | 1st                                           | 13           | 2nd                                           |
| 3.15         | 1st                                           | 5.9          | 1st                                           | 13a          | #                                             |
| 3.16         | 1st                                           | 5.10         | 1st                                           | 14           | 2nd                                           |
| 3.17         | 1st                                           | 5.11         | 1st                                           | 15           | 6th                                           |
| 3.18         | 1st                                           | 5.12         | 1st                                           | 16           | 4th                                           |
|              |                                               | 5.13         | 1st                                           | 17           | 2nd                                           |
|              |                                               | 5.14         | 1st                                           |              |                                               |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 12728

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Effective  
Executive Director  
Regulatory Affairs

Date Filed MAR 08, 2016  
MAR 09, 2016

Decision No.

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 162 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 161st *                                       | 3.19         | 1st                                           | 5.15         | 1st                                           |
| A.1          | 4th                                           | 3.20         | 1st                                           | 5.16         | 1st                                           |
| A.2          | 5th                                           | 3.21         | 1st                                           | 5.17         | 1st                                           |
| B            | 42nd *                                        | 3.22         | 1st                                           | 5.18         | 1st                                           |
| B.1          | 21st                                          | 3.23         | 1st                                           | 5.20         | 1st                                           |
| C            | 47th                                          | 3.24         | 1st                                           | 5.21         | 1st                                           |
| D            | 19th                                          | 3.25         | 1st                                           | 5.22         | 1st                                           |
| D.1          | 42nd                                          | 3.26         | 1st                                           | 5.23         | 1st                                           |
| E            | 11th                                          | 3.27         | 1st                                           | 5.24         | 1st                                           |
| F            | 12th                                          | 3.28         | 1st                                           | 5.25         | 1st                                           |
| G            | 11th                                          | 3.29         | 1st                                           | 5.26         | 1st                                           |
| 1            | 3rd                                           | 3.30         | 1st                                           | 5.27         | 1st                                           |
| 2            | 4th                                           | 3.31         | 1st                                           | 5.28         | 1st                                           |
| 3            | 7th *                                         | 3.32         | 1st                                           | 5.29         | 1st                                           |
| 3.1          | 2nd *                                         | 3.33         | 1st                                           | 5.30         | 1st                                           |
| 3.2          | 1st                                           | 3.34         | 1st                                           | 6            | 4th                                           |
| 3.3          | 1st                                           | 4            | 4th                                           | 6.1          | 1st                                           |
| 3.4          | 1st                                           | 4.1          | 1st                                           | 6.2          | 1st                                           |
| 3.5          | 1st                                           | 4.2          | 1st                                           | 6.3          | 1st                                           |
| 3.6          | 1st                                           | 5            | 4th                                           | 7            | Original                                      |
| 3.7          | 1st                                           | 5.1          | 1st                                           | 7a           | Original                                      |
| 3.8          | 1st                                           | 5.2          | 1st                                           | 8            | 2nd                                           |
| 3.9          | 1st                                           | 5.3          | 1st                                           | 9            | 2nd                                           |
| 3.10         | 1st                                           | 5.4          | 1st                                           | 10           | 1st                                           |
| 3.11         | 1st                                           | 5.5          | 1st                                           | 11           | 2nd                                           |
| 3.12         | 1st                                           | 5.6          | 1st                                           | 12           | 1st                                           |
| 3.13         | 1st                                           | 5.7          | 1st                                           | 12a          | #                                             |
| 3.14         | 1st                                           | 5.8          | 1st                                           | 13           | 2nd                                           |
| 3.15         | 1st                                           | 5.9          | 1st                                           | 13a          | #                                             |
| 3.16         | 1st                                           | 5.10         | 1st                                           | 14           | 2nd                                           |
| 3.17         | 1st                                           | 5.11         | 1st                                           | 15           | 6th                                           |
| 3.18         | 1st                                           | 5.12         | 1st                                           | 16           | 4th                                           |
|              |                                               | 5.13         | 1st                                           | 17           | 2nd                                           |
|              |                                               | 5.14         | 1st                                           |              |                                               |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 12,429

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Effective AUG 16, 2009

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Executive Director  
Regulatory Affairs

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FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 162 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 160th *                                       | 3.19         | 1st                                           | 5.15         | 1st                                           |
| A.1          | 4th *                                         | 3.20         | 1st                                           | 5.16         | 1st                                           |
| A.2          | 5th                                           | 3.21         | 1st                                           | 5.17         | 1st                                           |
| B            | 41st                                          | 3.22         | 1st                                           | 5.18         | 1st                                           |
| B.1          | 21st                                          | 3.23         | 1st                                           | 5.20         | 1st                                           |
| C            | 47th                                          | 3.24         | 1st                                           | 5.21         | 1st                                           |
| D            | 19th                                          | 3.25         | 1st                                           | 5.22         | 1st                                           |
| D.1          | 42nd                                          | 3.26         | 1st                                           | 5.23         | 1st                                           |
| E            | 11th                                          | 3.27         | 1st                                           | 5.24         | 1st                                           |
| F            | 12th                                          | 3.28         | 1st                                           | 5.25         | 1st                                           |
| G            | 11th                                          | 3.29         | 1st                                           | 5.26         | 1st                                           |
| 1            | 3rd                                           | 3.30         | 1st                                           | 5.27         | 1st                                           |
| 2            | 4th                                           | 3.31         | 1st                                           | 5.28         | 1st                                           |
| 3            | 6th                                           | 3.32         | 1st                                           | 5.29         | 1st                                           |
| 3.1          | 1st                                           | 3.33         | 1st                                           | 5.30         | 1st                                           |
| 3.2          | 1st                                           | 3.34         | 1st                                           | 6            | 4th                                           |
| 3.3          | 1st                                           | 4            | 4th                                           | 6.1          | 1st                                           |
| 3.4          | 1st                                           | 4.1          | 1st                                           | 6.2          | 1st                                           |
| 3.5          | 1st                                           | 4.2          | 1st                                           | 6.3          | 1st                                           |
| 3.6          | 1st                                           | 5            | 4th                                           | 7            | Original                                      |
| 3.7          | 1st                                           | 5.1          | 1st                                           | 7a           | Original                                      |
| 3.8          | 1st                                           | 5.2          | 1st                                           | 8            | 2nd                                           |
| 3.9          | 1st                                           | 5.3          | 1st                                           | 9            | 2nd                                           |
| 3.10         | 1st                                           | 5.4          | 1st                                           | 10           | 1st                                           |
| 3.11         | 1st                                           | 5.5          | 1st                                           | 11           | 2nd                                           |
| 3.12         | 1st                                           | 5.6          | 1st                                           | 12           | 1st                                           |
| 3.13         | 1st                                           | 5.7          | 1st                                           | 12a          | #                                             |
| 3.14         | 1st                                           | 5.8          | 1st                                           | 13           | 2nd                                           |
| 3.15         | 1st                                           | 5.9          | 1st                                           | 13a          | #                                             |
| 3.16         | 1st                                           | 5.10         | 1st                                           | 14           | 2nd                                           |
| 3.17         | 1st                                           | 5.11         | 1st                                           | 15           | 6th                                           |
| 3.18         | 1st                                           | 5.12         | 1st                                           | 16           | 4th                                           |
|              |                                               | 5.13         | 1st                                           | 17           | 2nd                                           |
|              |                                               | 5.14         | 1st                                           |              |                                               |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 12,403

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Effective MAY 18, 2009

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 162 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

(T)

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 159th *                                       | 3.19         | 1st                                           | 5.15         | 1st                                           |
| A.1          | 3rd *                                         | 3.20         | 1st                                           | 5.16         | 1st                                           |
| A.2          | 5th                                           | 3.21         | 1st                                           | 5.17         | 1st                                           |
| B            | 41st                                          | 3.22         | 1st                                           | 5.18         | 1st                                           |
| B.1          | 21st                                          | 3.23         | 1st                                           | 5.20         | 1st                                           |
| C            | 47th *                                        | 3.24         | 1st                                           | 5.21         | 1st                                           |
| D            | 19th                                          | 3.25         | 1st                                           | 5.22         | 1st                                           |
| D.1          | 42nd                                          | 3.26         | 1st                                           | 5.23         | 1st                                           |
| E            | 11th                                          | 3.27         | 1st                                           | 5.24         | 1st                                           |
| F            | 12th                                          | 3.28         | 1st                                           | 5.25         | 1st                                           |
| G            | 11th                                          | 3.29         | 1st                                           | 5.26         | 1st                                           |
| 1            | 3rd                                           | 3.30         | 1st                                           | 5.27         | 1st                                           |
| 2            | 4th                                           | 3.31         | 1st                                           | 5.28         | 1st                                           |
| 3            | 6th                                           | 3.32         | 1st                                           | 5.29         | 1st                                           |
| 3.1          | 1st                                           | 3.33         | 1st                                           | 5.30         | 1st                                           |
| 3.2          | 1st                                           | 3.34         | 1st                                           | 6            | 4th                                           |
| 3.3          | 1st                                           | 4            | 4th                                           | 6.1          | 1st                                           |
| 3.4          | 1st                                           | 4.1          | 1st                                           | 6.2          | 1st                                           |
| 3.5          | 1st                                           | 4.2          | 1st                                           | 6.3          | 1st                                           |
| 3.6          | 1st                                           | 5            | 4th                                           | 7            | Original                                      |
| 3.7          | 1st                                           | 5.1          | 1st                                           | 7a           | Original                                      |
| 3.8          | 1st                                           | 5.2          | 1st                                           | 8            | 2nd                                           |
| 3.9          | 1st                                           | 5.3          | 1st                                           | 9            | 2nd                                           |
| 3.10         | 1st                                           | 5.4          | 1st                                           | 10           | 1st                                           |
| 3.11         | 1st                                           | 5.5          | 1st                                           | 11           | 2nd                                           |
| 3.12         | 1st                                           | 5.6          | 1st                                           | 12           | 1st                                           |
| 3.13         | 1st                                           | 5.7          | 1st                                           | 12a          | #                                             |
| 3.14         | 1st                                           | 5.8          | 1st                                           | 13           | 2nd                                           |
| 3.15         | 1st                                           | 5.9          | 1st                                           | 13a          | #                                             |
| 3.16         | 1st                                           | 5.10         | 1st                                           | 14           | 2nd                                           |
| 3.17         | 1st                                           | 5.11         | 1st                                           | 15           | 6th                                           |
| 3.18         | 1st                                           | 5.12         | 1st                                           | 16           | 4th                                           |
|              |                                               | 5.13         | 1st                                           | 17           | 2nd                                           |
|              |                                               | 5.14         | 1st                                           |              |                                               |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 11,858

Issued By

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Effective MAY 18, 2007

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 158th *                                       | 3.19         | 1st *                                         | 5.15         | 1st *                                         |
| A.1          | 2nd                                           | 3.20         | 1st *                                         | 5.16         | 1st *                                         |
| A.2          | 5th                                           | 3.21         | 1st *                                         | 5.17         | 1st *                                         |
| B            | 41st *                                        | 3.22         | 1st *                                         | 5.18         | 1st *                                         |
| B.1          | 21st                                          | 3.23         | 1st *                                         | 5.20         | 1st *                                         |
| C            | 46th                                          | 3.24         | 1st *                                         | 5.21         | 1st *                                         |
| D            | 19th                                          | 3.25         | 1st *                                         | 5.22         | 1st *                                         |
| D.1          | 42nd                                          | 3.26         | 1st *                                         | 5.23         | 1st *                                         |
| E            | 11th                                          | 3.27         | 1st *                                         | 5.24         | 1st *                                         |
| F            | 12th                                          | 3.28         | 1st *                                         | 5.25         | 1st *                                         |
| G            | 11th                                          | 3.29         | 1st *                                         | 5.26         | 1st *                                         |
| 1            | 3rd                                           | 3.30         | 1st *                                         | 5.27         | 1st *                                         |
| 2            | 4th                                           | 3.31         | 1st *                                         | 5.28         | 1st *                                         |
| 3            | 6th *                                         | 3.32         | 1st *                                         | 5.29         | 1st *                                         |
| 3.1          | 1st *                                         | 3.33         | 1st *                                         | 5.30         | 1st *                                         |
| 3.2          | 1st *                                         | 3.34         | 1st *                                         | 6            | 4th                                           |
| 3.3          | 1st *                                         | 4            | 4th *                                         | 6.1          | 1st                                           |
| 3.4          | 1st *                                         | 4.1          | 1st *                                         | 6.2          | 1st                                           |
| 3.5          | 1st *                                         | 4.2          | 1st *                                         | 6.3          | 1st                                           |
| 3.6          | 1st *                                         | 5            | 4th *                                         | 7            | Original                                      |
| 3.7          | 1st *                                         | 5.1          | 1st *                                         | 7a           | Original                                      |
| 3.8          | 1st *                                         | 5.2          | 1st *                                         | 8            | 2nd                                           |
| 3.9          | 1st *                                         | 5.3          | 1st *                                         | 9            | 2nd                                           |
| 3.10         | 1st *                                         | 5.4          | 1st *                                         | 10           | 1st                                           |
| 3.11         | 1st *                                         | 5.5          | 1st *                                         | 11           | 2nd                                           |
| 3.12         | 1st *                                         | 5.6          | 1st *                                         | 12           | 1st                                           |
| 3.13         | 1st *                                         | 5.7          | 1st *                                         | 12a          | #                                             |
| 3.14         | 1st *                                         | 5.8          | 1st *                                         | 13           | 2nd                                           |
| 3.15         | 1st *                                         | 5.9          | 1st *                                         | 13a          | #                                             |
| 3.16         | 1st *                                         | 5.10         | 1st *                                         | 14           | 2nd                                           |
| 3.17         | 1st *                                         | 5.11         | 1st *                                         | 15           | 6th                                           |
| 3.18         | 1st *                                         | 5.12         | 1st *                                         | 16           | 4th                                           |
|              |                                               | 5.13         | 1st *                                         | 17           | 2nd                                           |
|              |                                               | 5.14         | 1st *                                         |              |                                               |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 11,598

Issued By

Date Filed JUL 31, 2006  
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Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

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| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 157th *                                       | 3.19         | Original                                      | 5.15         | Original                                      |
| A.1          | 2nd                                           | 3.20         | Original                                      | 5.16         | Original                                      |
| A.2          | 5th *                                         | 3.21         | Original                                      | 5.17         | Original                                      |
| B            | 40th                                          | 3.22         | Original                                      | 5.18         | Original                                      |
| B.1          | 21st                                          | 3.23         | Original                                      | 5.20         | Original                                      |
| C            | 46th                                          | 3.24         | Original                                      | 5.21         | Original                                      |
| D            | 19th                                          | 3.25         | Original                                      | 5.22         | Original                                      |
| D.1          | 42nd                                          | 3.26         | Original                                      | 5.23         | Original                                      |
| E            | 11th                                          | 3.27         | Original                                      | 5.24         | Original                                      |
| F            | 12th                                          | 3.28         | Original                                      | 5.25         | Original                                      |
| G            | 11th                                          | 3.29         | Original                                      | 5.26         | Original                                      |
| 1            | 3rd                                           | 3.30         | Original                                      | 5.27         | Original                                      |
| 2            | 4th                                           | 3.31         | Original                                      | 5.28         | Original                                      |
| 3            | 5th                                           | 3.32         | Original                                      | 5.29         | Original                                      |
| 3.1          | Original                                      | 3.33         | Original                                      | 5.30         | Original                                      |
| 3.2          | Original                                      | 3.34         | Original                                      | 6            | 4th                                           |
| 3.3          | Original                                      | 4            | 3rd                                           | 6.1          | 1st                                           |
| 3.4          | Original                                      | 4.1          | Original                                      | 6.2          | 1st                                           |
| 3.5          | Original                                      | 4.2          | Original                                      | 6.3          | 1st                                           |
| 3.6          | Original                                      | 5            | 3rd                                           | 7            | Original                                      |
| 3.7          | Original                                      | 5.1          | Original                                      | 7a           | Original                                      |
| 3.8          | Original                                      | 5.2          | Original                                      | 8            | 2nd                                           |
| 3.9          | Original                                      | 5.3          | Original                                      | 9            | 2nd                                           |
| 3.10         | Original                                      | 5.4          | Original                                      | 10           | 1st                                           |
| 3.11         | Original                                      | 5.5          | Original                                      | 11           | 2nd                                           |
| 3.12         | Original                                      | 5.6          | Original                                      | 12           | 1st                                           |
| 3.13         | Original                                      | 5.7          | Original                                      | 12a          | #                                             |
| 3.14         | Original                                      | 5.8          | Original                                      | 13           | 2nd                                           |
| 3.15         | Original                                      | 5.9          | Original                                      | 13a          | #                                             |
| 3.16         | Original                                      | 5.10         | Original                                      | 14           | 2nd                                           |
| 3.17         | Original                                      | 5.11         | Original                                      | 15           | 6th                                           |
| 3.18         | Original                                      | 5.12         | Original                                      | 16           | 4th                                           |
|              |                                               | 5.13         | Original                                      | 17           | 2nd                                           |
|              |                                               | 5.14         | Original                                      |              |                                               |

\* Denotes Change

# Withdrawn

Continued

Advice Letter No. 11,521

Issued By

Date Filed APR 11, 2006  
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Executive Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

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| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 156th *                                       | 3.19         | Original                                      | 5.15         | Original                                      |
| A.1          | 2nd                                           | 3.20         | Original                                      | 5.16         | Original                                      |
| A.2          | 4th *                                         | 3.21         | Original                                      | 5.17         | Original                                      |
| B            | 40th                                          | 3.22         | Original                                      | 5.18         | Original                                      |
| B.1          | 21st                                          | 3.23         | Original                                      | 5.20         | Original                                      |
| C            | 46th                                          | 3.24         | Original                                      | 5.21         | Original                                      |
| D            | 19th                                          | 3.25         | Original                                      | 5.22         | Original                                      |
| D.1          | 42nd                                          | 3.26         | Original                                      | 5.23         | Original                                      |
| E            | 11th                                          | 3.27         | Original                                      | 5.24         | Original                                      |
| F            | 12th                                          | 3.28         | Original                                      | 5.25         | Original                                      |
| G            | 11th *                                        | 3.29         | Original                                      | 5.26         | Original                                      |
| 1            | 3rd                                           | 3.30         | Original                                      | 5.27         | Original                                      |
| 2            | 4th                                           | 3.31         | Original                                      | 5.28         | Original                                      |
| 3            | 5th                                           | 3.32         | Original                                      | 5.29         | Original                                      |
| 3.1          | Original                                      | 3.33         | Original                                      | 5.30         | Original                                      |
| 3.2          | Original                                      | 3.34         | Original                                      | 6            | 4th                                           |
| 3.3          | Original                                      | 4            | 3rd                                           | 6.1          | 1st                                           |
| 3.4          | Original                                      | 4.1          | Original                                      | 6.2          | 1st                                           |
| 3.5          | Original                                      | 4.2          | Original                                      | 6.3          | 1st                                           |
| 3.6          | Original                                      | 5            | 3rd                                           | 7            | Original                                      |
| 3.7          | Original                                      | 5.1          | Original                                      | 7a           | Original                                      |
| 3.8          | Original                                      | 5.2          | Original                                      | 8            | 2nd                                           |
| 3.9          | Original                                      | 5.3          | Original                                      | 9            | 2nd                                           |
| 3.10         | Original                                      | 5.4          | Original                                      | 10           | 1st                                           |
| 3.11         | Original                                      | 5.5          | Original                                      | 11           | 2nd                                           |
| 3.12         | Original                                      | 5.6          | Original                                      | 12           | 1st                                           |
| 3.13         | Original                                      | 5.7          | Original                                      | 12a          | #                                             |
| 3.14         | Original                                      | 5.8          | Original                                      | 13           | 2nd                                           |
| 3.15         | Original                                      | 5.9          | Original                                      | 13a          | #                                             |
| 3.16         | Original                                      | 5.10         | Original                                      | 14           | 2nd                                           |
| 3.17         | Original                                      | 5.11         | Original                                      | 15           | 6th                                           |
| 3.18         | Original                                      | 5.12         | Original                                      | 16           | 4th                                           |
|              |                                               | 5.13         | Original                                      | 17           | 2nd                                           |
|              |                                               | 5.14         | Original                                      |              |                                               |

\* Denotes Change

# Withdrawn

Continued

Advice Letter No. 11,416

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JAN 17, 2006

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Executive Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 155th *                                       | 3.19         | Original                                      | 5.15         | Original                                      |
| A.1          | 2nd                                           | 3.20         | Original                                      | 5.16         | Original                                      |
| A.2          | 3rd *                                         | 3.21         | Original                                      | 5.17         | Original                                      |
| B            | 40th                                          | 3.22         | Original                                      | 5.18         | Original                                      |
| B.1          | 21st                                          | 3.23         | Original                                      | 5.20         | Original                                      |
| C            | 46th                                          | 3.24         | Original                                      | 5.21         | Original                                      |
| D            | 19th                                          | 3.25         | Original                                      | 5.22         | Original                                      |
| D.1          | 42nd                                          | 3.26         | Original                                      | 5.23         | Original                                      |
| E            | 11th                                          | 3.27         | Original                                      | 5.24         | Original                                      |
| F            | 12th                                          | 3.28         | Original                                      | 5.25         | Original                                      |
| G            | 10th                                          | 3.29         | Original                                      | 5.26         | Original                                      |
| 1            | 3rd                                           | 3.30         | Original                                      | 5.27         | Original                                      |
| 2            | 4th                                           | 3.31         | Original                                      | 5.28         | Original                                      |
| 3            | 5th                                           | 3.32         | Original                                      | 5.29         | Original                                      |
| 3.1          | Original                                      | 3.33         | Original                                      | 5.30         | Original                                      |
| 3.2          | Original                                      | 3.34         | Original                                      | 6            | 4th                                           |
| 3.3          | Original                                      | 4            | 3rd                                           | 6.1          | 1st                                           |
| 3.4          | Original                                      | 4.1          | Original                                      | 6.2          | 1st                                           |
| 3.5          | Original                                      | 4.2          | Original                                      | 6.3          | 1st                                           |
| 3.6          | Original                                      | 5            | 3rd                                           | 7            | Original                                      |
| 3.7          | Original                                      | 5.1          | Original                                      | 7a           | Original                                      |
| 3.8          | Original                                      | 5.2          | Original                                      | 8            | 2nd                                           |
| 3.9          | Original                                      | 5.3          | Original                                      | 9            | 2nd                                           |
| 3.10         | Original                                      | 5.4          | Original                                      | 10           | 1st                                           |
| 3.11         | Original                                      | 5.5          | Original                                      | 11           | 2nd                                           |
| 3.12         | Original                                      | 5.6          | Original                                      | 12           | 1st                                           |
| 3.13         | Original                                      | 5.7          | Original                                      | 12a          | #                                             |
| 3.14         | Original                                      | 5.8          | Original                                      | 13           | 2nd                                           |
| 3.15         | Original                                      | 5.9          | Original                                      | 13a          | #                                             |
| 3.16         | Original                                      | 5.10         | Original                                      | 14           | 2nd                                           |
| 3.17         | Original                                      | 5.11         | Original                                      | 15           | 6th                                           |
| 3.18         | Original                                      | 5.12         | Original                                      | 16           | 4th                                           |
|              |                                               | 5.13         | Original                                      | 17           | 2nd                                           |
|              |                                               | 5.14         | Original                                      |              |                                               |

\* Denotes Change

# Withdrawn

Continued

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Regulatory Affairs

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FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 154th *                                       | 3.19         | Original                                      | 5.15         | Original                                      |
| A.1          | 2nd                                           | 3.20         | Original                                      | 5.16         | Original                                      |
| A.2          | 2nd *                                         | 3.21         | Original                                      | 5.17         | Original                                      |
| B            | 40th                                          | 3.22         | Original                                      | 5.18         | Original                                      |
| B.1          | 21st                                          | 3.23         | Original                                      | 5.20         | Original                                      |
| C            | 46th                                          | 3.24         | Original                                      | 5.21         | Original                                      |
| D            | 19th                                          | 3.25         | Original                                      | 5.22         | Original                                      |
| D.1          | 42nd                                          | 3.26         | Original                                      | 5.23         | Original                                      |
| E            | 11th                                          | 3.27         | Original                                      | 5.24         | Original                                      |
| F            | 12th                                          | 3.28         | Original                                      | 5.25         | Original                                      |
| G            | 10th                                          | 3.29         | Original                                      | 5.26         | Original                                      |
| 1            | 3rd                                           | 3.30         | Original                                      | 5.27         | Original                                      |
| 2            | 4th                                           | 3.31         | Original                                      | 5.28         | Original                                      |
| 3            | 5th                                           | 3.32         | Original                                      | 5.29         | Original                                      |
| 3.1          | Original                                      | 3.33         | Original                                      | 5.30         | Original                                      |
| 3.2          | Original                                      | 3.34         | Original                                      | 6            | 4th                                           |
| 3.3          | Original                                      | 4            | 3rd                                           | 6.1          | 1st                                           |
| 3.4          | Original                                      | 4.1          | Original                                      | 6.2          | 1st                                           |
| 3.5          | Original                                      | 4.2          | Original                                      | 6.3          | 1st                                           |
| 3.6          | Original                                      | 5            | 3rd                                           | 7            | Original                                      |
| 3.7          | Original                                      | 5.1          | Original                                      | 7a           | Original                                      |
| 3.8          | Original                                      | 5.2          | Original                                      | 8            | 2nd                                           |
| 3.9          | Original                                      | 5.3          | Original                                      | 9            | 2nd                                           |
| 3.10         | Original                                      | 5.4          | Original                                      | 10           | 1st                                           |
| 3.11         | Original                                      | 5.5          | Original                                      | 11           | 2nd                                           |
| 3.12         | Original                                      | 5.6          | Original                                      | 12           | 1st                                           |
| 3.13         | Original                                      | 5.7          | Original                                      | 12a          | #                                             |
| 3.14         | Original                                      | 5.8          | Original                                      | 13           | 2nd                                           |
| 3.15         | Original                                      | 5.9          | Original                                      | 13a          | #                                             |
| 3.16         | Original                                      | 5.10         | Original                                      | 14           | 2nd                                           |
| 3.17         | Original                                      | 5.11         | Original                                      | 15           | 6th                                           |
| 3.18         | Original                                      | 5.12         | Original                                      | 16           | 4th                                           |
|              |                                               | 5.13         | Original                                      | 17           | 2nd                                           |
|              |                                               | 5.14         | Original                                      |              |                                               |

\* Denotes Change

# Withdrawn

Continued

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SEP 15, 2004

Effective

OCT 18, 2004

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Regulatory Affairs

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FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 153rd *                                       | 3.19         | Original                                      | 5.15         | Original                                      |
| A.1          | 2nd                                           | 3.20         | Original                                      | 5.16         | Original                                      |
| A.2          | 1st *                                         | 3.21         | Original                                      | 5.17         | Original                                      |
| B            | 40th                                          | 3.22         | Original                                      | 5.18         | Original                                      |
| B.1          | 21st                                          | 3.23         | Original                                      | 5.20         | Original                                      |
| C            | 46th                                          | 3.24         | Original                                      | 5.21         | Original                                      |
| D            | 19th                                          | 3.25         | Original                                      | 5.22         | Original                                      |
| D.1          | 42nd                                          | 3.26         | Original                                      | 5.23         | Original                                      |
| E            | 11th                                          | 3.27         | Original                                      | 5.24         | Original                                      |
| F            | 12th                                          | 3.28         | Original                                      | 5.25         | Original                                      |
| G            | 10th                                          | 3.29         | Original                                      | 5.26         | Original                                      |
| 1            | 3rd                                           | 3.30         | Original                                      | 5.27         | Original                                      |
| 2            | 4th                                           | 3.31         | Original                                      | 5.28         | Original                                      |
| 3            | 5th                                           | 3.32         | Original                                      | 5.29         | Original                                      |
| 3.1          | Original                                      | 3.33         | Original                                      | 5.30         | Original                                      |
| 3.2          | Original                                      | 3.34         | Original                                      | 6            | 4th                                           |
| 3.3          | Original                                      | 4            | 3rd                                           | 6.1          | 1st                                           |
| 3.4          | Original                                      | 4.1          | Original                                      | 6.2          | 1st                                           |
| 3.5          | Original                                      | 4.2          | Original                                      | 6.3          | 1st                                           |
| 3.6          | Original                                      | 5            | 3rd                                           | 7            | Original                                      |
| 3.7          | Original                                      | 5.1          | Original                                      | 7a           | Original                                      |
| 3.8          | Original                                      | 5.2          | Original                                      | 8            | 2nd                                           |
| 3.9          | Original                                      | 5.3          | Original                                      | 9            | 2nd                                           |
| 3.10         | Original                                      | 5.4          | Original                                      | 10           | 1st                                           |
| 3.11         | Original                                      | 5.5          | Original                                      | 11           | 2nd                                           |
| 3.12         | Original                                      | 5.6          | Original                                      | 12           | 1st                                           |
| 3.13         | Original                                      | 5.7          | Original                                      | 12a          | #                                             |
| 3.14         | Original                                      | 5.8          | Original                                      | 13           | 2nd                                           |
| 3.15         | Original                                      | 5.9          | Original                                      | 13a          | #                                             |
| 3.16         | Original                                      | 5.10         | Original                                      | 14           | 2nd                                           |
| 3.17         | Original                                      | 5.11         | Original                                      | 15           | 6th                                           |
| 3.18         | Original                                      | 5.12         | Original                                      | 16           | 4th                                           |
|              |                                               | 5.13         | Original                                      | 17           | 2nd                                           |
|              |                                               | 5.14         | Original                                      |              |                                               |

\* Denotes Change

# Withdrawn

Continued

Advice Letter No. 10,868

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Executive Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 152nd * (P)                                   | 3.19         | Original (P)                                  | 5.15         | Original (P)                                  |
| A.1          | 2nd * (P)                                     | 3.20         | Original (P)                                  | 5.16         | Original (P)                                  |
| A.2          | Original (P)                                  | 3.21         | Original (P)                                  | 5.17         | Original (P)                                  |
| B            | 40th (P)                                      | 3.22         | Original (P)                                  | 5.18         | Original (P)                                  |
| B.1          | 21st (P)                                      | 3.23         | Original (P)                                  | 5.19         | Original (P)                                  |
| C            | 46th *                                        | 3.24         | Original (P)                                  | 5.20         | Original (P)                                  |
| D            | 19th (P)                                      | 3.25         | Original (P)                                  | 5.21         | Original (P)                                  |
| D.1          | 42nd                                          | 3.26         | Original (P)                                  | 5.22         | Original (P)                                  |
| E            | 11th                                          | 3.27         | Original (P)                                  | 5.23         | Original (P)                                  |
| F            | 12th                                          | 3.28         | Original (P)                                  | 5.24         | Original (P)                                  |
| G            | 10th                                          | 3.29         | Original (P)                                  | 5.25         | Original (P)                                  |
| 1            | 3rd                                           | 3.30         | Original (P)                                  | 5.26         | Original (P)                                  |
| 2            | 4th                                           | 3.31         | Original (P)                                  | 5.27         | Original (P)                                  |
| 3            | 5th (P)                                       | 3.32         | Original (P)                                  | 5.28         | Original (P)                                  |
| 3.1          | Original (P)                                  | 3.33         | Original (P)                                  | 5.29         | Original (P)                                  |
| 3.2          | Original (P)                                  | 3.34         | Original (P)                                  | 5.30         | Original (P)                                  |
| 3.3          | Original (P)                                  | 4            | 3rd (P)                                       | 6            | 4th (P)                                       |
| 3.4          | Original (P)                                  | 4.1          | Original (P)                                  | 6.1          | 1st (P)                                       |
| 3.5          | Original (P)                                  | 4.2          | Original (P)                                  | 6.2          | 1st (P)                                       |
| 3.6          | Original (P)                                  | 5            | 3rd (P)                                       | 6.3          | 1st (P)                                       |
| 3.7          | Original (P)                                  | 5.1          | Original (P)                                  | 7            | Original                                      |
| 3.8          | Original (P)                                  | 5.2          | Original (P)                                  | 7a           | Original                                      |
| 3.9          | Original (P)                                  | 5.3          | Original (P)                                  | 8            | 2nd                                           |
| 3.10         | Original (P)                                  | 5.4          | Original (P)                                  | 9            | 2nd                                           |
| 3.11         | Original (P)                                  | 5.5          | Original (P)                                  | 10           | 1st                                           |
| 3.12         | Original (P)                                  | 5.6          | Original (P)                                  | 11           | 2nd (P)                                       |
| 3.13         | Original (P)                                  | 5.7          | Original (P)                                  | 12           | 1st (P)                                       |
| 3.14         | Original (P)                                  | 5.8          | Original (P)                                  | 12a          | #                                             |
| 3.15         | Original (P)                                  | 5.9          | Original (P)                                  | 13           | 2nd                                           |
| 3.16         | Original (P)                                  | 5.10         | Original (P)                                  | 13a          | #                                             |
| 3.17         | Original (P)                                  | 5.11         | Original (P)                                  | 14           | 2nd                                           |
| 3.18         | Original (P)                                  | 5.12         | Original (P)                                  | 15           | 6th                                           |
|              |                                               | 5.13         | Original (P)                                  | 16           | 4th                                           |
|              |                                               | 5.14         | Original (P)                                  | 17           | 2nd (P)                                       |

\* Denotes Change

# Withdrawn

(P) Pending approval of Advice Letter No. 10,750

Continued

Advice Letter No. 10,755

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Executive Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 151st *                                       | 3.19         | Original *                                    | 5.15         | Original *                                    |
| A.1          | 1st *                                         | 3.20         | Original *                                    | 5.16         | Original *                                    |
| A.2          | Original *                                    | 3.21         | Original *                                    | 5.17         | Original *                                    |
| B            | 40th *                                        | 3.22         | Original *                                    | 5.18         | Original *                                    |
| B.1          | 21st *                                        | 3.23         | Original *                                    | 5.19         | Original *                                    |
| C            | 45th *                                        | 3.24         | Original *                                    | 5.20         | Original *                                    |
| D            | 19th *                                        | 3.25         | Original *                                    | 5.21         | Original *                                    |
| D.1          | 42nd                                          | 3.26         | Original *                                    | 5.22         | Original *                                    |
| E            | 11th                                          | 3.27         | Original *                                    | 5.23         | Original *                                    |
| F            | 12th                                          | 3.28         | Original *                                    | 5.24         | Original *                                    |
| G            | 10th                                          | 3.29         | Original *                                    | 5.25         | Original *                                    |
| 1            | 3rd                                           | 3.30         | Original *                                    | 5.26         | Original *                                    |
| 2            | 4th                                           | 3.31         | Original *                                    | 5.27         | Original *                                    |
| 3            | 5th *                                         | 3.32         | Original *                                    | 5.28         | Original *                                    |
| 3.1          | Original *                                    | 3.33         | Original *                                    | 5.29         | Original *                                    |
| 3.2          | Original *                                    | 3.34         | Original *                                    | 5.30         | Original *                                    |
| 3.3          | Original *                                    | 4            | 3rd *                                         | 6            | 4th *                                         |
| 3.4          | Original *                                    | 4.1          | Original *                                    | 6.1          | 1st *                                         |
| 3.5          | Original *                                    | 4.2          | Original *                                    | 6.2          | 1st *                                         |
| 3.6          | Original *                                    | 5            | 3rd *                                         | 6.3          | 1st *                                         |
| 3.7          | Original *                                    | 5.1          | Original *                                    | 7            | Original                                      |
| 3.8          | Original *                                    | 5.2          | Original *                                    | 7a           | Original                                      |
| 3.9          | Original *                                    | 5.3          | Original *                                    | 8            | 2nd                                           |
| 3.10         | Original *                                    | 5.4          | Original *                                    | 9            | 2nd                                           |
| 3.11         | Original *                                    | 5.5          | Original *                                    | 10           | 1st                                           |
| 3.12         | Original *                                    | 5.6          | Original *                                    | 11           | 2nd *                                         |
| 3.13         | Original *                                    | 5.7          | Original *                                    | 12           | 1st *                                         |
| 3.14         | Original *                                    | 5.8          | Original *                                    | 12a          | #                                             |
| 3.15         | Original *                                    | 5.9          | Original *                                    | 13           | 2nd                                           |
| 3.16         | Original *                                    | 5.10         | Original *                                    | 13a          | #                                             |
| 3.17         | Original *                                    | 5.11         | Original *                                    | 14           | 2nd                                           |
| 3.18         | Original *                                    | 5.12         | Original *                                    | 15           | 6th                                           |
|              |                                               | 5.13         | Original *                                    | 16           | 4th                                           |
|              |                                               | 5.14         | Original *                                    | 17           | 2nd *                                         |

\* Denotes Change

# Withdrawn

(L) Material moved to 1st Revised Sheet A.1

Continued

Advice Letter No. 10,750

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Executive Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| A            | 150th *                                       | 18           | 1st                                           | 42.2         | #                                             |
| B            | 39th                                          | 19           | 1st                                           | 42.3         | #                                             |
| B.1          | 20th                                          | 20           | 1st                                           | 43           | 1st                                           |
| C            | 45th                                          | 21           | 1st                                           | 44           | 2nd                                           |
| D            | 18th                                          | 22           | 1st                                           | 45           | 2nd                                           |
| D.1          | 41st                                          | 23           | 2nd                                           | 46           | 2nd                                           |
| E            | 11th                                          | 24           | Original                                      | 47           | #                                             |
| F            | 12th                                          | 25           | #                                             | 48           | Original                                      |
| G            | 10th                                          | 26           | #                                             | 49           | 1st                                           |
| 1            | 3rd                                           | 26.1         | 2nd                                           | 50           | 4th                                           |
| 2            | 4th                                           | 27           | 3rd                                           | 50.1         | Original                                      |
| 3            | 4th                                           | 28           | 2nd                                           | 51           | 2nd                                           |
| 4            | 2nd                                           | 29           | 2nd                                           | 52           | 2nd                                           |
| 5            | 2nd                                           | 30           | #                                             | 53           | 2nd                                           |
| 6            | 3rd                                           | 31           | 2nd                                           | 54           | 3rd                                           |
| 6.1          | Original                                      | 32           | #                                             | 55           | 2nd                                           |
| 6.2          | Original                                      | 33           | 2nd                                           | 56           | 1st                                           |
| 6.3          | Original                                      | 33.1         | 5th                                           | 56.1         | 1st                                           |
| 7            | Original                                      | 33.1.1       | Original                                      | 57           | 3rd                                           |
| 7a           | Original                                      | 33.2         | 1st                                           | 58           | #                                             |
| 8            | 2nd                                           | 34           | 1st                                           | 59           | 1st                                           |
| 9            | 2nd                                           | 35           | #                                             | 60           | 19th *                                        |
| 10           | 1st                                           | 36           | 1st                                           | 60.1         | Original *                                    |
| 11           | 1st                                           | 36.1         | Original                                      | 61           | 1st                                           |
| 12           | #                                             | 37           | 3rd                                           | 61.1         | 7th                                           |
| 12a          | #                                             | 37.1         | 2nd                                           | 61.2         | Original                                      |
| 13           | 2nd                                           | 38           | #                                             | 62           | 5th                                           |
| 13a          | #                                             | 39           | 2nd                                           | 63           | 2nd                                           |
| 14           | 2nd                                           | 40           | #                                             | 64           | 1st                                           |
| 15           | 6th                                           | 41           | 1st                                           | 65           | 2nd                                           |
| 16           | 4th                                           | 42           | #                                             | 66           | Original                                      |
| 17           | #                                             | 42.1         | #                                             | 67           | 2nd                                           |
|              |                                               |              |                                               | 68           | 1st                                           |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 10,560

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Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | (N) | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | (N) |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|-----|--------------|-----------------------------------------------|-----|
| A            | 149th * (P)                                   | 18           | 1st                                           |     | 42.2         | #                                             |     |
| B            | 39th *                                        | 19           | 1st                                           |     | 42.3         | #                                             |     |
| B.1          | 20th *                                        | 20           | 1st                                           |     | 43           | 1st                                           |     |
| C            | 45th *                                        | 21           | 1st                                           |     | 44           | 2nd *                                         |     |
| D            | 18th *                                        | 22           | 1st                                           |     | 45           | 2nd *                                         |     |
| D.1          | 41st                                          | 23           | 2nd                                           |     | 46           | 2nd *                                         |     |
| E            | 11th *                                        | 24           | Original                                      |     | 47           | #                                             |     |
| F            | 12th *                                        | 25           | #                                             |     | 48           | Original                                      |     |
| G            | 10th * (P)                                    | 26           | #                                             |     | 49           | 1st                                           |     |
| 1            | 3rd * (N)                                     | 26.1         | 2nd *                                         |     | 50           | 4th                                           |     |
| 2            | 4th                                           | 27           | 3rd *                                         |     | 50.1         | Original                                      |     |
| 3            | 4th                                           | 28           | 2nd *                                         |     | 51           | 2nd                                           |     |
| 4            | 2nd *                                         | 29           | 2nd                                           |     | 52           | 2nd                                           |     |
| 5            | 2nd                                           | 30           | #                                             |     | 53           | 2nd                                           |     |
| 6            | 3rd                                           | 31           | 2nd                                           |     | 54           | 3rd *                                         |     |
| 6.1          | Original                                      | 32           | #                                             |     | 55           | 2nd                                           |     |
| 6.2          | Original                                      | 33           | 2nd                                           |     | 56           | 1st                                           |     |
| 6.3          | Original                                      | 33.1         | 5th                                           |     | 56.1         | 1st                                           |     |
| 7            | Original                                      | 33.1.1       | Original                                      |     | 57           | 3rd                                           |     |
| 7a           | Original                                      | 33.2         | 1st                                           |     | 58           | #                                             |     |
| 8            | 2nd *                                         | 34           | 1st                                           |     | 59           | 1st                                           |     |
| 9            | 2nd *                                         | 35           | #                                             |     | 60           | 18th                                          |     |
| 10           | 1st                                           | 36           | 1st                                           |     | 61           | 1st                                           |     |
| 11           | 1st                                           | 36.1         | Original                                      |     | 61.1         | 7th                                           |     |
| 12           | #                                             | 37           | 3rd                                           |     | 61.2         | Original                                      |     |
| 12a          | #                                             | 37.1         | 2nd                                           |     | 62           | 5th                                           |     |
| 13           | 2nd *                                         | 38           | #                                             |     | 63           | 2nd *                                         |     |
| 13a          | #                                             | 39           | 2nd                                           |     | 64           | 1st                                           |     |
| 14           | 2nd                                           | 40           | #                                             |     | 65           | 2nd *                                         |     |
| 15           | 6th                                           | 41           | 1st                                           |     | 66           | Original                                      |     |
| 16           | 4th *                                         | 42           | #                                             |     | 67           | 2nd *                                         |     |
| 17           | # (N)                                         | 42.1         | #                                             | (N) | 68           | 1st                                           | (N) |

\* Denotes Change  
# Withdrawn

(P) Pending approval of Advice Letter No. 10,179.

Continued

Advice Letter No. 10,380

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Effective FEB 16, 2003

Decision No.  
No.

Director  
Regulatory Affairs

Resolution

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|
| A            | 148th * (P)(P1)                               |
| B            | 38th                                          |
| B.1          | 19th                                          |
| C            | 44th                                          |
| D            | 17th                                          |
| D.1          | 41st (P)                                      |
| E            | 10th                                          |
| F            | 11th                                          |
| G            | 9th * (P1)                                    |

(P) Pending approval of Advice Letter No. 10,161.  
(P1) Pending approval of Advice Letter No. 10,178.

Continued

Advice Letter No. 10,179

Issued By

Date Filed AUG 13, 2002  
Effective JAN 29, 2003

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|
| A            | 147th * (P)                                   |
| B            | 38th                                          |
| B.1          | 19th                                          |
| C            | 44th                                          |
| D            | 17th                                          |
| D.1          | 41st (P)                                      |
| E            | 10th                                          |
| F            | 11th                                          |
| G            | 8th *                                         |

(P) Pending approval of Advice Letter No. 10,161.

Continued

Advice Letter No. 10,178

Issued By

Date Filed AUG 13, 2002

Effective SEPT 22, 2002

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|
| A            | 146th *                                       |
| B            | 38th                                          |
| B.1          | 19th                                          |
| C            | 44th                                          |
| D            | 17th                                          |
| D.1          | 41st *                                        |
| E            | 10th                                          |
| F            | 11th                                          |
| G            | 7th                                           |

Continued

Advice Letter No. 10,161

Issued By

Date Filed JUL 29, 2002

Effective OCT 13, 2002

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|
| A            | 145th *                                       |
| B            | 38th                                          |
| B.1          | 19th *                                        |
| C            | 44th                                          |
| D            | 17th                                          |
| D.1          | 40th                                          |
| E            | 10th                                          |
| F            | 11th                                          |
| G            | 7th                                           |

Continued

Advice Letter No. 9899

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Effective NOV 26, 2001

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 154 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all (T) material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|
| A            | 144th *                                       |
| B            | 38th                                          |
| B.1          | 18th                                          |
| C            | 44th                                          |
| D            | 17th                                          |
| D.1          | 40th                                          |
| E            | 10th                                          |
| F            | 11th                                          |
| G            | 7th *                                         |

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Advice Letter No. 9799

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Date Filed JUN 07, 2001  
Effective JUL 25, 2001

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 153.2 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|
| A            | 143rd * (P)                                   |
| B            | 38th                                          |
| B.1          | 18th (P)                                      |
| C            | 44th                                          |
| D            | 17th                                          |
| D.1          | 40th                                          |
| E            | 10th                                          |
| F            | 11th                                          |
| G            | 6th *                                         |

(P) Pending approval of Advice Letter No. 8747

Continued

Advice Letter No. 8787

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Effective SEP 01, 1998

Director

Decision No.

Regulatory Affairs

Resolution No.

FORMS

LIST OF EFFECTIVE SHEETS

Sheets A through 153.2 of this schedule are effective as of the date shown on each sheet. Original or revised sheets contain all material including changes from the original schedule that are in effect on the date hereof.

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|
| A            | 141st *                                       |
| B            | 38th                                          |
| B.1          | 17th                                          |
| C            | 44th                                          |
| D            | 17th                                          |
| D.1          | 40th                                          |
| E            | 10th                                          |
| F            | 11th                                          |
| G            | 5th *                                         |

\* Denotes change

Continued

Advice Letter No. 8521

Issued By

Date Filed JUL 01, 1997

Effective AUG 11, 1997

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| 18           | 1st                                           | 42.2         | #                                             | 69           | 1st                                           |
| 19           | 1st                                           | 42.3         | #                                             | 70           | 1st                                           |
| 20           | 1st                                           | 43           | 1st                                           | 71           | 4th                                           |
| 21           | 1st                                           | 44           | 2nd                                           | 72           | 2nd                                           |
| 22           | 1st                                           | 45           | 2nd                                           | 73           | 2nd                                           |
| 23           | 2nd                                           | 46           | 2nd                                           | 74           | 3rd                                           |
| 24           | Original                                      | 47           | #                                             | 75           | #                                             |
| 25           | #                                             | 48           | Original                                      | 76           | 3rd                                           |
| 26           | #                                             | 49           | 1st                                           | 77           | 1st                                           |
| 26.1         | 2nd                                           | 50           | 4th                                           | 78           | 1st                                           |
| 27           | 3rd                                           | 50.1         | Original                                      | 79           | 2nd                                           |
| 28           | 2nd                                           | 51           | 2nd                                           | 80           | 2nd                                           |
| 29           | 2nd                                           | 52           | 2nd                                           | 81           | 1st                                           |
| 30           | #                                             | 53           | 2nd                                           | 82           | #                                             |
| 31           | 2nd                                           | 54           | 3rd                                           | 83           | #                                             |
| 32           | #                                             | 55           | 2nd                                           | 84           | 2nd                                           |
| 33           | 2nd                                           | 56           | 1st                                           | 85           | 1st                                           |
| 33.1         | 6th                                           | 56.1         | 1st                                           | 86           | #                                             |
| 33.1.1       | 1st                                           | 57           | 3rd                                           | 87           | 1st                                           |
| 33.2         | 1st                                           | 58           | #                                             | 88           | #                                             |
| 34           | 1st                                           | 59           | 1st                                           | 89           | #                                             |
| 35           | #                                             | 60           | 20th                                          | 90           | #                                             |
| 36           | 1st                                           | 60.1         | 1st                                           | 91           | #                                             |
| 36.1         | Original                                      | 61           | 3rd *                                         | 91.1         | 1st                                           |
| 37           | 3rd                                           | 61.1         | 8th                                           | 92           | 1st                                           |
| 37.1         | 2nd                                           | 61.2         | Original                                      | 93           | 1st                                           |
| 38           | #                                             | 62           | 5th                                           | 94           | 2nd                                           |
| 39           | 2nd                                           | 63           | 2nd                                           | 95           | #                                             |
| 40           | #                                             | 64           | 1st                                           | 95.1         | #                                             |
| 41           | 1st                                           | 65           | 2nd                                           | 96           | 11th                                          |
| 42           | #                                             | 66           | 1st                                           | 96.1         | 5th                                           |
| 42.1         | #                                             | 67           | 2nd                                           | 97           | #                                             |
|              |                                               | 68           | 1st                                           | 97.1         | #                                             |
|              |                                               |              |                                               | 98           | 14th                                          |
|              |                                               |              |                                               | 99           | 1st                                           |
|              |                                               |              |                                               | 100          | 3rd                                           |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 12728

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Effective MAY 09, 2016

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| 18           | 1st                                           | 42.2         | #                                             | 69           | 1st                                           |
| 19           | 1st                                           | 42.3         | #                                             | 70           | 1st                                           |
| 20           | 1st                                           | 43           | 1st                                           | 71           | 4th                                           |
| 21           | 1st                                           | 44           | 2nd                                           | 72           | 2nd                                           |
| 22           | 1st                                           | 45           | 2nd                                           | 73           | 2nd                                           |
| 23           | 2nd                                           | 46           | 2nd                                           | 74           | 3rd                                           |
| 24           | Original                                      | 47           | #                                             | 75           | #                                             |
| 25           | #                                             | 48           | Original                                      | 76           | 3rd                                           |
| 26           | #                                             | 49           | 1st                                           | 77           | 1st                                           |
| 26.1         | 2nd                                           | 50           | 4th                                           | 78           | 1st                                           |
| 27           | 3rd                                           | 50.1         | Original                                      | 79           | 2nd                                           |
| 28           | 2nd                                           | 51           | 2nd                                           | 80           | 2nd                                           |
| 29           | 2nd                                           | 52           | 2nd                                           | 81           | 1st                                           |
| 30           | #                                             | 53           | 2nd                                           | 82           | #                                             |
| 31           | 2nd                                           | 54           | 3rd                                           | 83           | #                                             |
| 32           | #                                             | 55           | 2nd                                           | 84           | 2nd                                           |
| 33           | 2nd                                           | 56           | 1st                                           | 85           | 1st                                           |
| 33.1         | 6th *                                         | 56.1         | 1st                                           | 86           | #                                             |
| 33.1.1       | 1st *                                         | 57           | 3rd                                           | 87           | 1st                                           |
| 33.2         | 1st                                           | 58           | #                                             | 88           | #                                             |
| 34           | 1st                                           | 59           | 1st                                           | 89           | #                                             |
| 35           | #                                             | 60           | 20th                                          | 90           | #                                             |
| 36           | 1st                                           | 60.1         | 1st                                           | 91           | #                                             |
| 36.1         | Original                                      | 61           | 2nd                                           | 91.1         | 1st                                           |
| 37           | 3rd                                           | 61.1         | 8th                                           | 92           | 1st                                           |
| 37.1         | 2nd                                           | 61.2         | Original                                      | 93           | 1st                                           |
| 38           | #                                             | 62           | 5th                                           | 94           | 2nd                                           |
| 39           | 2nd                                           | 63           | 2nd                                           | 95           | #                                             |
| 40           | #                                             | 64           | 1st                                           | 95.1         | #                                             |
| 41           | 1st                                           | 65           | 2nd                                           | 96           | 11th                                          |
| 42           | #                                             | 66           | 1st                                           | 96.1         | 5th                                           |
| 42.1         | #                                             | 67           | 2nd                                           | 97           | #                                             |
|              |                                               | 68           | 1st                                           | 97.1         | #                                             |
|              |                                               |              |                                               | 98           | 14th                                          |
|              |                                               |              |                                               | 99           | 1st                                           |
|              |                                               |              |                                               | 100          | 3rd                                           |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 12,403

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Effective MAY 18, 2009

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

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| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| 18           | 1st                                           | 42.2         | #                                             | 69           | 1st                                           |
| 19           | 1st                                           | 42.3         | #                                             | 70           | 1st                                           |
| 20           | 1st                                           | 43           | 1st                                           | 71           | 4th                                           |
| 21           | 1st                                           | 44           | 2nd                                           | 72           | 2nd                                           |
| 22           | 1st                                           | 45           | 2nd                                           | 73           | 2nd                                           |
| 23           | 2nd                                           | 46           | 2nd                                           | 74           | 3rd                                           |
| 24           | Original                                      | 47           | #                                             | 75           | #                                             |
| 25           | #                                             | 48           | Original                                      | 76           | 3rd                                           |
| 26           | #                                             | 49           | 1st                                           | 77           | 1st                                           |
| 26.1         | 2nd                                           | 50           | 4th                                           | 78           | 1st                                           |
| 27           | 3rd                                           | 50.1         | Original                                      | 79           | 2nd                                           |
| 28           | 2nd                                           | 51           | 2nd                                           | 80           | 2nd                                           |
| 29           | 2nd                                           | 52           | 2nd                                           | 81           | 1st                                           |
| 30           | #                                             | 53           | 2nd                                           | 82           | #                                             |
| 31           | 2nd                                           | 54           | 3rd                                           | 83           | #                                             |
| 32           | #                                             | 55           | 2nd                                           | 84           | 2nd                                           |
| 33           | 2nd                                           | 56           | 1st                                           | 85           | 1st                                           |
| 33.1         | 5th                                           | 56.1         | 1st                                           | 86           | #                                             |
| 33.1.1       | Original                                      | 57           | 3rd                                           | 87           | 1st                                           |
| 33.2         | 1st                                           | 58           | #                                             | 88           | #                                             |
| 34           | 1st                                           | 59           | 1st                                           | 89           | #                                             |
| 35           | #                                             | 60           | 20th *                                        | 90           | #                                             |
| 36           | 1st                                           | 60.1         | 1st *                                         | 91           | #                                             |
| 36.1         | Original                                      | 61           | 2nd *                                         | 91.1         | 1st                                           |
| 37           | 3rd                                           | 61.1         | 8th *                                         | 92           | 1st                                           |
| 37.1         | 2nd                                           | 61.2         | Original                                      | 93           | 1st                                           |
| 38           | #                                             | 62           | 5th                                           | 94           | 2nd                                           |
| 39           | 2nd                                           | 63           | 2nd                                           | 95           | #                                             |
| 40           | #                                             | 64           | 1st                                           | 95.1         | #                                             |
| 41           | 1st                                           | 65           | 2nd                                           | 96           | 11th                                          |
| 42           | #                                             | 66           | 1st                                           | 96.1         | 5th                                           |
| 42.1         | #                                             | 67           | 2nd                                           | 97           | #                                             |
|              |                                               | 68           | 1st                                           | 97.1         | #                                             |
|              |                                               |              |                                               | 98           | 14th                                          |
|              |                                               |              |                                               | 99           | 1st                                           |
|              |                                               |              |                                               | 100          | 3rd                                           |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 11,858

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Effective MAY 18, 2007

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

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| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |
|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| 18           | 1st                                           | 42.2         | #                                             | 69           | 1st                                           |
| 19           | 1st                                           | 42.3         | #                                             | 70           | 1st                                           |
| 20           | 1st                                           | 43           | 1st                                           | 71           | 4th (P)                                       |
| 21           | 1st                                           | 44           | 2nd                                           | 72           | 2nd                                           |
| 22           | 1st                                           | 45           | 2nd                                           | 73           | 2nd                                           |
| 23           | 2nd                                           | 46           | 2nd                                           | 74           | 3rd (P)                                       |
| 24           | Original                                      | 47           | #                                             | 75           | #                                             |
| 25           | #                                             | 48           | Original                                      | 76           | 3rd (P)                                       |
| 26           | #                                             | 49           | 1st                                           | 77           | 1st                                           |
| 26.1         | 2nd                                           | 50           | 4th                                           | 78           | 1st                                           |
| 27           | 3rd                                           | 50.1         | Original                                      | 79           | 2nd                                           |
| 28           | 2nd                                           | 51           | 2nd                                           | 80           | 2nd                                           |
| 29           | 2nd                                           | 52           | 2nd                                           | 81           | 1st                                           |
| 30           | #                                             | 53           | 2nd                                           | 82           | #                                             |
| 31           | 2nd                                           | 54           | 3rd                                           | 83           | #                                             |
| 32           | #                                             | 55           | 2nd                                           | 84           | 2nd                                           |
| 33           | 2nd                                           | 56           | 1st                                           | 85           | 1st                                           |
| 33.1         | 5th                                           | 56.1         | 1st                                           | 86           | #                                             |
| 33.1.1       | Original                                      | 57           | 3rd                                           | 87           | 1st                                           |
| 33.2         | 1st                                           | 58           | #                                             | 88           | #                                             |
| 34           | 1st                                           | 59           | 1st                                           | 89           | #                                             |
| 35           | #                                             | 60           | 19th                                          | 90           | #                                             |
| 36           | 1st                                           | 60.1         | Original                                      | 91           | #                                             |
| 36.1         | Original                                      | 61           | 1st                                           | 91.1         | 1st                                           |
| 37           | 3rd                                           | 61.1         | 7th                                           | 92           | 1st                                           |
| 37.1         | 2nd                                           | 61.2         | Original                                      | 93           | 1st                                           |
| 38           | #                                             | 62           | 5th                                           | 94           | 2nd                                           |
| 39           | 2nd                                           | 63           | 2nd                                           | 95           | #                                             |
| 40           | #                                             | 64           | 1st                                           | 95.1         | #                                             |
| 41           | 1st                                           | 65           | 2nd                                           | 96           | 11th                                          |
| 42           | #                                             | 66           | 1st *                                         | 96.1         | 5th                                           |
| 42.1         | #                                             | 67           | 2nd                                           | 97           | #                                             |
|              |                                               | 68           | 1st                                           | 97.1         | #                                             |
|              |                                               |              |                                               | 98           | 14th                                          |
|              |                                               |              |                                               | 99           | 1st                                           |
|              |                                               |              |                                               | 100          | 3rd                                           |

\* Denotes Change

# Withdrawn

(P) Pending approval of Advice Letter No. 10,750

Continued

Advice Letter No. 10,750

Issued By

Date Filed FEB 13, 2004

Effective MAR 31, 2004

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

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| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |                      | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |                                    | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |                      |
|--------------|-----------------------------------------------|----------------------|--------------|-----------------------------------------------|------------------------------------|--------------|-----------------------------------------------|----------------------|
| 18           | 1st                                           | (L)(L <sup>1</sup> ) | 42.2         | #                                             | (L <sup>1</sup> )(L <sup>2</sup> ) | 69           | 1st                                           | (L)(L <sup>2</sup> ) |
| 19           | 1st                                           |                      | 42.3         | #                                             |                                    | 70           | 1st                                           |                      |
| 20           | 1st                                           |                      | 43           | 1st                                           |                                    | 71           | 4th *                                         |                      |
| 21           | 1st                                           |                      | 44           | 2nd                                           |                                    | 72           | 2nd                                           |                      |
| 22           | 1st                                           |                      | 45           | 2nd                                           |                                    | 73           | 2nd                                           |                      |
| 23           | 2nd                                           |                      | 46           | 2nd                                           |                                    | 74           | 3rd *                                         |                      |
| 24           | Original                                      |                      | 47           | #                                             |                                    | 75           | #                                             |                      |
| 25           | #                                             |                      | 48           | Original                                      |                                    | 76           | 3rd *                                         |                      |
| 26           | #                                             |                      | 49           | 1st                                           |                                    | 77           | 1st                                           |                      |
| 26.1         | 2nd                                           |                      | 50           | 4th                                           |                                    | 78           | 1st                                           |                      |
| 27           | 3rd                                           |                      | 50.1         | Original                                      |                                    | 79           | 2nd                                           |                      |
| 28           | 2nd                                           |                      | 51           | 2nd                                           |                                    | 80           | 2nd                                           |                      |
| 29           | 2nd                                           |                      | 52           | 2nd                                           |                                    | 81           | 1st                                           |                      |
| 30           | #                                             |                      | 53           | 2nd                                           |                                    | 82           | #                                             |                      |
| 31           | 2nd                                           |                      | 54           | 3rd                                           |                                    | 83           | #                                             |                      |
| 32           | #                                             |                      | 55           | 2nd                                           |                                    | 84           | 2nd                                           |                      |
| 33           | 2nd                                           |                      | 56           | 1st                                           |                                    | 85           | 1st                                           |                      |
| 33.1         | 5th                                           |                      | 56.1         | 1st                                           |                                    | 86           | #                                             |                      |
| 33.1.1       | Original                                      |                      | 57           | 3rd                                           |                                    | 87           | 1st                                           |                      |
| 33.2         | 1st                                           |                      | 58           | #                                             |                                    | 88           | #                                             |                      |
| 34           | 1st                                           |                      | 59           | 1st                                           |                                    | 89           | #                                             |                      |
| 35           | #                                             |                      | 60           | 19th                                          |                                    | 90           | #                                             |                      |
| 36           | 1st                                           |                      | 60.1         | Original                                      |                                    | 91           | #                                             |                      |
| 36.1         | Original                                      |                      | 61           | 1st                                           |                                    | 91.1         | 1st                                           |                      |
| 37           | 3rd                                           |                      | 61.1         | 7th                                           |                                    | 92           | 1st                                           |                      |
| 37.1         | 2nd                                           |                      | 61.2         | Original                                      |                                    | 93           | 1st                                           |                      |
| 38           | #                                             |                      | 62           | 5th                                           |                                    | 94           | 2nd                                           |                      |
| 39           | 2nd                                           |                      | 63           | 2nd                                           |                                    | 95           | #                                             |                      |
| 40           | #                                             |                      | 64           | 1st                                           |                                    | 95.1         | #                                             |                      |
| 41           | 1st                                           |                      | 65           | 2nd                                           |                                    | 96           | 11th                                          |                      |
| 42           | #                                             |                      | 66           | Original                                      |                                    | 96.1         | 5th                                           |                      |
| 42.1         | #                                             | (L)(L <sup>1</sup> ) | 67           | 2nd                                           |                                    | 97           | #                                             |                      |
|              |                                               |                      | 68           | 1st                                           | (L <sup>1</sup> )(L <sup>2</sup> ) | 97.1         | #                                             |                      |
|              |                                               |                      |              |                                               |                                    | 98           | 14th                                          |                      |
|              |                                               |                      |              |                                               |                                    | 99           | 1st                                           |                      |
|              |                                               |                      |              |                                               |                                    | 100          | 3rd                                           | (L)(L <sup>2</sup> ) |

\* Denotes Change

# Withdrawn

(L) Material moved on this page.

(L<sup>1</sup>) Material moved from 151st Revised Sheet A.

(L<sup>2</sup>) Material moved to Original Sheet A.2

Continued

Advice Letter No. 10,750

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Effective MAR 12, 2004

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

|              |                                               |     | <u>FORMS</u> |                                               |     |              |                                               |         | (N) |
|--------------|-----------------------------------------------|-----|--------------|-----------------------------------------------|-----|--------------|-----------------------------------------------|---------|-----|
| <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | (N) | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> | (N) | <u>Sheet</u> | <u>Original<br/>or Number<br/>of Revision</u> |         |     |
| 69           | 1st                                           |     | 101          | 1st                                           |     | 132          | Original                                      |         |     |
| 70           | 1st                                           |     | 101.1        | #                                             |     | 133          | 1st *                                         |         |     |
| 71           | 3rd                                           |     | 102          | #                                             |     | 134          | 1st *                                         |         |     |
| 72           | 2nd                                           |     | 102.1        | #                                             |     | 135          | 1st *                                         |         |     |
| 73           | 2nd                                           |     | 102.2        | 1st                                           |     | 136          | 1st *                                         |         |     |
| 74           | 2nd                                           |     | 103          | 1st                                           |     | 137          | 1st *                                         |         |     |
| 75           | #                                             |     | 104          | 4th                                           |     | 138          | 1st *                                         |         |     |
| 76           | 2nd                                           |     | 105          | 3rd                                           |     | 139          | 2nd                                           |         |     |
| 77           | 1st                                           |     | 106          | 1st                                           |     | 139.1        | 2nd                                           |         |     |
| 78           | 1st                                           |     | 106.1        | 1st                                           |     | 139.2        | 1st                                           |         |     |
| 79           | 2nd                                           |     | 107          | 2nd                                           |     | 140          | 1st *                                         |         |     |
| 80           | 2nd                                           |     | 108          | 3rd                                           |     | 141          | Original                                      |         |     |
| 81           | 1st                                           |     | 109          | 2nd                                           |     | 142          | Original                                      |         |     |
| 82           | #                                             |     | 110          | 2nd                                           |     | 143          | Original                                      |         |     |
| 83           | #                                             |     | 111          | 8th                                           |     | 144          | Original                                      |         |     |
| 84           | 2nd                                           |     | 111.1        | Original                                      |     | 145          | Original                                      |         |     |
| 85           | 1st                                           |     | 112          | 4th                                           |     | 146          | Original                                      |         |     |
| 86           | #                                             |     | 113          | 2nd                                           |     | 147          | Original                                      |         |     |
| 87           | 1st                                           |     | 114          | 3rd                                           |     | 148          | Original                                      |         |     |
| 88           | #                                             |     | 115          | 1st                                           |     | 149          | Original                                      |         |     |
| 89           | #                                             |     | 116          | 1st                                           |     | 150          | Original                                      |         |     |
| 90           | #                                             |     | 117          | 1st                                           |     | 151          | Original                                      |         |     |
| 91           | #                                             |     | 118          | Original                                      |     | 152          | Original                                      |         |     |
| 91.1         | 1st                                           |     | 119          | Original                                      |     | 153          | 2nd                                           |         |     |
| 92           | 1st                                           |     | 120          | 1st                                           |     | 153.1        | 3rd                                           |         |     |
| 93           | 1st                                           |     | 121          | Original                                      |     | 153.2        | 2nd                                           |         |     |
| 94           | 2nd                                           |     | 122          | 3rd                                           |     | 154          | Original                                      |         |     |
| 95           | #                                             |     | 123          | 2nd                                           |     | 155          | 1st *                                         |         |     |
| 95.1         | #                                             |     | 124          | 2nd                                           |     | 156          | 1st *                                         |         |     |
| 96           | 11th                                          |     | 125          | 2nd                                           |     | 157          | 1st *                                         |         |     |
| 96.1         | 5th                                           |     | 126          | 1st                                           |     | 158          | Original                                      | (P) (N) |     |
| 97           | #                                             |     | 127          | 1st                                           |     |              |                                               |         |     |
| 97.1         | #                                             |     | 128          | Original                                      |     |              |                                               |         |     |
| 98           | 14th                                          |     | 129          | Original                                      |     |              |                                               |         |     |
| 99           | 1st                                           |     | 130          | Original                                      |     |              |                                               |         |     |
| 100          | 3rd *                                         | (N) | 131          | Original                                      | (N) |              |                                               |         |     |

\* Denotes Change  
# Withdrawn

(P) Pending approval of Advice Letter No. 10,179.

Continued

Advice Letter No. 10,380

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Regulatory Affairs

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| 101          | 1st                                           | 132          | Original                                      |              |                                               |
| 101.1        | #                                             | 133          | 1st                                           |              |                                               |
| 102          | #                                             | 134          | 1st                                           |              |                                               |
| 102.1        | #                                             | 135          | 1st                                           |              |                                               |
| 102.2        | 1st                                           | 136          | 1st                                           |              |                                               |
| 103          | 1st                                           | 137          | 1st                                           |              |                                               |
| 104          | 4th                                           | 138          | 1st                                           |              |                                               |
| 105          | 3rd                                           | 139          | 2nd                                           |              |                                               |
| 106          | 1st                                           | 139.1        | 2nd                                           |              |                                               |
| 106.1        | 1st                                           | 139.2        | 1st                                           |              |                                               |
| 107          | 2nd                                           | 140          | 1st                                           |              |                                               |
| 108          | 3rd                                           | 141          | Original                                      |              |                                               |
| 109          | 2nd                                           | 142          | Original                                      |              |                                               |
| 110          | 2nd                                           | 143          | Original                                      |              |                                               |
| 111          | 8th                                           | 144          | Original                                      |              |                                               |
| 111.1        | Original                                      | 145          | Original                                      |              |                                               |
| 112          | 4th                                           | 146          | Original                                      |              |                                               |
| 113          | 2nd                                           | 147          | Original                                      |              |                                               |
| 114          | 3rd                                           | 148          | Original                                      |              |                                               |
| 115          | 1st                                           | 149          | Original                                      |              |                                               |
| 116          | 1st                                           | 150          | Original                                      |              |                                               |
| 117          | 1st                                           | 151          | Original                                      |              |                                               |
| 118          | Original                                      | 152          | Original                                      |              |                                               |
| 119          | Original                                      | 153          | 2nd                                           |              |                                               |
| 120          | 1st                                           | 153.1        | 3rd                                           |              |                                               |
| 121          | Original                                      | 153.2        | 2nd                                           |              |                                               |
| 122          | 3rd                                           | 154          | Original                                      |              |                                               |
| 123          | 2nd                                           | 155          | 1st                                           |              |                                               |
| 124          | 2nd                                           | 156          | 1st                                           |              |                                               |
| 125          | 2nd                                           | 157          | 1st                                           |              |                                               |
| 126          | 1st                                           | 158          | 2nd                                           |              |                                               |
| 127          | 1st                                           | 159          | 2nd                                           |              |                                               |
| 128          | Original                                      | 160          | Original                                      |              |                                               |
| 129          | Original                                      | 161          | 1st *                                         |              |                                               |
| 130          | Original                                      | 162          | Original                                      |              |                                               |
| 131          | Original                                      |              |                                               |              |                                               |

\* Denotes Change  
# Withdrawn

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Advice Letter No. 11,521

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Executive Director  
Regulatory Affairs

Resolution No.

FORMS

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|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| 101          | 1st                                           | 132          | Original                                      |              |                                               |
| 101.1        | #                                             | 133          | 1st                                           |              |                                               |
| 102          | #                                             | 134          | 1st                                           |              |                                               |
| 102.1        | #                                             | 135          | 1st                                           |              |                                               |
| 102.2        | 1st                                           | 136          | 1st                                           |              |                                               |
| 103          | 1st                                           | 137          | 1st                                           |              |                                               |
| 104          | 4th                                           | 138          | 1st                                           |              |                                               |
| 105          | 3rd                                           | 139          | 2nd                                           |              |                                               |
| 106          | 1st                                           | 139.1        | 2nd                                           |              |                                               |
| 106.1        | 1st                                           | 139.2        | 1st                                           |              |                                               |
| 107          | 2nd                                           | 140          | 1st                                           |              |                                               |
| 108          | 3rd                                           | 141          | Original                                      |              |                                               |
| 109          | 2nd                                           | 142          | Original                                      |              |                                               |
| 110          | 2nd                                           | 143          | Original                                      |              |                                               |
| 111          | 8th                                           | 144          | Original                                      |              |                                               |
| 111.1        | Original                                      | 145          | Original                                      |              |                                               |
| 112          | 4th                                           | 146          | Original                                      |              |                                               |
| 113          | 2nd                                           | 147          | Original                                      |              |                                               |
| 114          | 3rd                                           | 148          | Original                                      |              |                                               |
| 115          | 1st                                           | 149          | Original                                      |              |                                               |
| 116          | 1st                                           | 150          | Original                                      |              |                                               |
| 117          | 1st                                           | 151          | Original                                      |              |                                               |
| 118          | Original                                      | 152          | Original                                      |              |                                               |
| 119          | Original                                      | 153          | 2nd                                           |              |                                               |
| 120          | 1st                                           | 153.1        | 3rd                                           |              |                                               |
| 121          | Original                                      | 153.2        | 2nd                                           |              |                                               |
| 122          | 3rd                                           | 154          | Original                                      |              |                                               |
| 123          | 2nd                                           | 155          | 1st                                           |              |                                               |
| 124          | 2nd                                           | 156          | 1st                                           |              |                                               |
| 125          | 2nd                                           | 157          | 1st                                           |              |                                               |
| 126          | 1st                                           | 158          | 2nd                                           |              |                                               |
| 127          | 1st                                           | 159          | 2nd                                           |              |                                               |
| 128          | Original                                      | 160          | Original *                                    |              |                                               |
| 129          | Original                                      | 161          | Original *                                    |              |                                               |
| 130          | Original                                      | 162          | Original *                                    |              |                                               |
| 131          | Original                                      |              |                                               |              |                                               |

\* Denotes Change  
# Withdrawn

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Advice Letter No. 11,416

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Regulatory Affairs

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|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| 101          | 1st                                           | 132          | Original                                      |              |                                               |
| 101.1        | #                                             | 133          | 1st                                           |              |                                               |
| 102          | #                                             | 134          | 1st                                           |              |                                               |
| 102.1        | #                                             | 135          | 1st                                           |              |                                               |
| 102.2        | 1st                                           | 136          | 1st                                           |              |                                               |
| 103          | 1st                                           | 137          | 1st                                           |              |                                               |
| 104          | 4th                                           | 138          | 1st                                           |              |                                               |
| 105          | 3rd                                           | 139          | 2nd                                           |              |                                               |
| 106          | 1st                                           | 139.1        | 2nd                                           |              |                                               |
| 106.1        | 1st                                           | 139.2        | 1st                                           |              |                                               |
| 107          | 2nd                                           | 140          | 1st                                           |              |                                               |
| 108          | 3rd                                           | 141          | Original                                      |              |                                               |
| 109          | 2nd                                           | 142          | Original                                      |              |                                               |
| 110          | 2nd                                           | 143          | Original                                      |              |                                               |
| 111          | 8th                                           | 144          | Original                                      |              |                                               |
| 111.1        | Original                                      | 145          | Original                                      |              |                                               |
| 112          | 4th                                           | 146          | Original                                      |              |                                               |
| 113          | 2nd                                           | 147          | Original                                      |              |                                               |
| 114          | 3rd                                           | 148          | Original                                      |              |                                               |
| 115          | 1st                                           | 149          | Original                                      |              |                                               |
| 116          | 1st                                           | 150          | Original                                      |              |                                               |
| 117          | 1st                                           | 151          | Original                                      |              |                                               |
| 118          | Original                                      | 152          | Original                                      |              |                                               |
| 119          | Original                                      | 153          | 2nd                                           |              |                                               |
| 120          | 1st                                           | 153.1        | 3rd                                           |              |                                               |
| 121          | Original                                      | 153.2        | 2nd                                           |              |                                               |
| 122          | 3rd                                           | 154          | Original                                      |              |                                               |
| 123          | 2nd                                           | 155          | 1st                                           |              |                                               |
| 124          | 2nd                                           | 156          | 1st                                           |              |                                               |
| 125          | 2nd                                           | 157          | 1st                                           |              |                                               |
| 126          | 1st                                           | 158          | 2nd                                           |              |                                               |
| 127          | 1st                                           | 159          | 2nd *                                         |              |                                               |
| 128          | Original                                      |              |                                               |              |                                               |
| 129          | Original                                      |              |                                               |              |                                               |
| 130          | Original                                      |              |                                               |              |                                               |
| 131          | Original                                      |              |                                               |              |                                               |

\* Denotes Change  
# Withdrawn

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Regulatory Affairs

Resolution No.

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|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| 101          | 1st                                           | 132          | Original                                      |              |                                               |
| 101.1        | #                                             | 133          | 1st                                           |              |                                               |
| 102          | #                                             | 134          | 1st                                           |              |                                               |
| 102.1        | #                                             | 135          | 1st                                           |              |                                               |
| 102.2        | 1st                                           | 136          | 1st                                           |              |                                               |
| 103          | 1st                                           | 137          | 1st                                           |              |                                               |
| 104          | 4th                                           | 138          | 1st                                           |              |                                               |
| 105          | 3rd                                           | 139          | 2nd                                           |              |                                               |
| 106          | 1st                                           | 139.1        | 2nd                                           |              |                                               |
| 106.1        | 1st                                           | 139.2        | 1st                                           |              |                                               |
| 107          | 2nd                                           | 140          | 1st                                           |              |                                               |
| 108          | 3rd                                           | 141          | Original                                      |              |                                               |
| 109          | 2nd                                           | 142          | Original                                      |              |                                               |
| 110          | 2nd                                           | 143          | Original                                      |              |                                               |
| 111          | 8th                                           | 144          | Original                                      |              |                                               |
| 111.1        | Original                                      | 145          | Original                                      |              |                                               |
| 112          | 4th                                           | 146          | Original                                      |              |                                               |
| 113          | 2nd                                           | 147          | Original                                      |              |                                               |
| 114          | 3rd                                           | 148          | Original                                      |              |                                               |
| 115          | 1st                                           | 149          | Original                                      |              |                                               |
| 116          | 1st                                           | 150          | Original                                      |              |                                               |
| 117          | 1st                                           | 151          | Original                                      |              |                                               |
| 118          | Original                                      | 152          | Original                                      |              |                                               |
| 119          | Original                                      | 153          | 2nd                                           |              |                                               |
| 120          | 1st                                           | 153.1        | 3rd                                           |              |                                               |
| 121          | Original                                      | 153.2        | 2nd                                           |              |                                               |
| 122          | 3rd                                           | 154          | Original                                      |              |                                               |
| 123          | 2nd                                           | 155          | 1st                                           |              |                                               |
| 124          | 2nd                                           | 156          | 1st                                           |              |                                               |
| 125          | 2nd                                           | 157          | 1st                                           |              |                                               |
| 126          | 1st                                           | 158          | 2nd *                                         |              |                                               |
| 127          | 1st                                           | 159          | 1st *                                         |              |                                               |
| 128          | Original                                      |              |                                               |              |                                               |
| 129          | Original                                      |              |                                               |              |                                               |
| 130          | Original                                      |              |                                               |              |                                               |
| 131          | Original                                      |              |                                               |              |                                               |

\* Denotes Change  
# Withdrawn

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|--------------|-----------------------------------------------|--------------|-----------------------------------------------|--------------|-----------------------------------------------|
| 101          | 1st                                           | 132          | Original                                      |              |                                               |
| 101.1        | #                                             | 133          | 1st                                           |              |                                               |
| 102          | #                                             | 134          | 1st                                           |              |                                               |
| 102.1        | #                                             | 135          | 1st                                           |              |                                               |
| 102.2        | 1st                                           | 136          | 1st                                           |              |                                               |
| 103          | 1st                                           | 137          | 1st                                           |              |                                               |
| 104          | 4th                                           | 138          | 1st                                           |              |                                               |
| 105          | 3rd                                           | 139          | 2nd                                           |              |                                               |
| 106          | 1st                                           | 139.1        | 2nd                                           |              |                                               |
| 106.1        | 1st                                           | 139.2        | 1st                                           |              |                                               |
| 107          | 2nd                                           | 140          | 1st                                           |              |                                               |
| 108          | 3rd                                           | 141          | Original                                      |              |                                               |
| 109          | 2nd                                           | 142          | Original                                      |              |                                               |
| 110          | 2nd                                           | 143          | Original                                      |              |                                               |
| 111          | 8th                                           | 144          | Original                                      |              |                                               |
| 111.1        | Original                                      | 145          | Original                                      |              |                                               |
| 112          | 4th                                           | 146          | Original                                      |              |                                               |
| 113          | 2nd                                           | 147          | Original                                      |              |                                               |
| 114          | 3rd                                           | 148          | Original                                      |              |                                               |
| 115          | 1st                                           | 149          | Original                                      |              |                                               |
| 116          | 1st                                           | 150          | Original                                      |              |                                               |
| 117          | 1st                                           | 151          | Original                                      |              |                                               |
| 118          | Original                                      | 152          | Original                                      |              |                                               |
| 119          | Original                                      | 153          | 2nd                                           |              |                                               |
| 120          | 1st                                           | 153.1        | 3rd                                           |              |                                               |
| 121          | Original                                      | 153.2        | 2nd                                           |              |                                               |
| 122          | 3rd                                           | 154          | Original                                      |              |                                               |
| 123          | 2nd                                           | 155          | 1st                                           |              |                                               |
| 124          | 2nd                                           | 156          | 1st                                           |              |                                               |
| 125          | 2nd                                           | 157          | 1st                                           |              |                                               |
| 126          | 1st                                           | 158          | 1st *                                         |              |                                               |
| 127          | 1st                                           | 159          | Original *                                    |              |                                               |
| 128          | Original                                      |              |                                               |              |                                               |
| 129          | Original                                      |              |                                               |              |                                               |
| 130          | Original                                      |              |                                               |              |                                               |
| 131          | Original                                      |              |                                               |              |                                               |

\* Denotes Change  
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Resolution No.

FORMS

| <u>Sheet</u> | Original<br>or Number<br>of Revision | (L) | <u>Sheet</u> | Original<br>or Number<br>of Revision | (L) | <u>Sheet</u> | Original<br>or Number<br>of Revision |
|--------------|--------------------------------------|-----|--------------|--------------------------------------|-----|--------------|--------------------------------------|
| 101          | 1st                                  |     | 132          | Original                             |     |              |                                      |
| 101.1        | #                                    |     | 133          | 1st                                  |     |              |                                      |
| 102          | #                                    |     | 134          | 1st                                  |     |              |                                      |
| 102.1        | #                                    |     | 135          | 1st                                  |     |              |                                      |
| 102.2        | 1st                                  |     | 136          | 1st                                  |     |              |                                      |
| 103          | 1st                                  |     | 137          | 1st                                  |     |              |                                      |
| 104          | 4th                                  |     | 138          | 1st                                  |     |              |                                      |
| 105          | 3rd                                  |     | 139          | 2nd                                  |     |              |                                      |
| 106          | 1st                                  |     | 139.1        | 2nd                                  |     |              |                                      |
| 106.1        | 1st                                  |     | 139.2        | 1st                                  |     |              |                                      |
| 107          | 2nd                                  |     | 140          | 1st                                  |     |              |                                      |
| 108          | 3rd                                  |     | 141          | Original                             |     |              |                                      |
| 109          | 2nd                                  |     | 142          | Original                             |     |              |                                      |
| 110          | 2nd                                  |     | 143          | Original                             |     |              |                                      |
| 111          | 8th                                  |     | 144          | Original                             |     |              |                                      |
| 111.1        | Original                             |     | 145          | Original                             |     |              |                                      |
| 112          | 4th                                  |     | 146          | Original                             |     |              |                                      |
| 113          | 2nd                                  |     | 147          | Original                             |     |              |                                      |
| 114          | 3rd                                  |     | 148          | Original                             |     |              |                                      |
| 115          | 1st                                  |     | 149          | Original                             |     |              |                                      |
| 116          | 1st                                  |     | 150          | Original                             |     |              |                                      |
| 117          | 1st                                  |     | 151          | Original                             |     |              |                                      |
| 118          | Original                             |     | 152          | Original                             |     |              |                                      |
| 119          | Original                             |     | 153          | 2nd                                  |     |              |                                      |
| 120          | 1st                                  |     | 153.1        | 3rd                                  |     |              |                                      |
| 121          | Original                             |     | 153.2        | 2nd                                  |     |              |                                      |
| 122          | 3rd                                  |     | 154          | Original                             |     |              |                                      |
| 123          | 2nd                                  |     | 155          | 1st                                  |     |              |                                      |
| 124          | 2nd                                  |     | 156          | 1st                                  |     |              |                                      |
| 125          | 2nd                                  |     | 157          | 1st                                  |     |              |                                      |
| 126          | 1st                                  |     | 158          | Original                             | (L) |              |                                      |
| 127          | 1st                                  |     |              |                                      |     |              |                                      |
| 128          | Original                             |     |              |                                      |     |              |                                      |
| 129          | Original                             |     |              |                                      |     |              |                                      |
| 130          | Original                             |     |              |                                      |     |              |                                      |
| 131          | Original                             | (L) |              |                                      |     |              |                                      |

\* Denotes Change

# Withdrawn

(L) Material moved from 1st Revised Sheet A.1

Continued

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Executive Director  
Regulatory Affairs

Resolution No.

| <u>FORMS</u>     |                                               |                 |
|------------------|-----------------------------------------------|-----------------|
| <u>Sheet No.</u> | <u>Description</u>                            | <u>Form No.</u> |
| 1                | Reserved for Future Use                       |                 |
| 2                | Certification for Verification of Disability  | 605651          |
| 3                | Emergency Subscriber List Service             | (N)             |
| 3.1              | Emergency Subscriber List Service (Continued) | (N)             |
| 3.3              |                                               |                 |
| 3.6              |                                               |                 |
| 3.9              |                                               |                 |
| 3.12             |                                               |                 |
| 3.15             |                                               |                 |
| 3.18             |                                               |                 |
| 3.21             |                                               |                 |
| 3.24             |                                               |                 |
| 3.28             |                                               |                 |
| 3.32             |                                               |                 |
| 4                |                                               |                 |
| 5                |                                               |                 |
| 5.3              |                                               |                 |
| 5.6              |                                               |                 |
| 5.9              |                                               |                 |
| 5.12             |                                               |                 |
| 5.16             |                                               |                 |
| 5.19             |                                               |                 |
| 5.22             |                                               |                 |
| 5.25             |                                               |                 |
| 5.28             |                                               |                 |
| 6                | Work Authorization/Completion Acknowledgement |                 |
| 6.1              | Work in Progress Card                         |                 |
| 6.2              | Customer Signature/Job Ticket                 |                 |
| 6.3              | Customer Signature/Job Ticket - Continued     |                 |
| 7                | Billing Itemization                           | 603530          |
| 7a               | Billing Itemization - Directory Advertising   | 603432          |
| 8                | New Service Information                       | 607401          |
| 9                | Transfer Service Information                  | 607402          |
| 10               | Collection Agency Contract                    | 603220          |
| 11               | Building Owner's Consent                      | 606833          |
| 12               | Work Completion Brochure                      |                 |
| 13               | Credit Card - Business                        | 603301          |
| 14               | Letter to Customer - Itemization of Charges   | 603523          |
| 15               | Directory Listing Request/Confirmation        | 603106          |
| 16               | FX Change Order Confirmation Itemization      | 603526          |
| 17               | CLEC Work Completion Notice                   |                 |
| 18               | Directory Listing Notice                      | 603117          |
| Continued        |                                               |                 |

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| <u>FORMS</u>     |                                               |                 |
|------------------|-----------------------------------------------|-----------------|
| <u>Sheet No.</u> | <u>Description</u>                            | <u>Form No.</u> |
| 1                | Reserved for Future Use                       |                 |
| 2                | Certification for Verification of Disability  | 605651          |
| 3                |                                               |                 |
| 3.3              |                                               |                 |
| 3.6              |                                               |                 |
| 3.9              |                                               |                 |
| 3.12             |                                               |                 |
| 3.15             |                                               |                 |
| 3.18             |                                               |                 |
| 3.21             |                                               |                 |
| 3.24             |                                               |                 |
| 3.28             |                                               |                 |
| 3.32             |                                               |                 |
| 4                |                                               |                 |
| 5                |                                               |                 |
| 5.3              |                                               |                 |
| 5.6              |                                               |                 |
| 5.9              |                                               |                 |
| 5.12             |                                               |                 |
| 5.16             |                                               |                 |
| 5.19             |                                               |                 |
| 5.22             |                                               |                 |
| 5.25             |                                               |                 |
| 5.28             |                                               |                 |
| 6                | Work Authorization/Completion Acknowledgement |                 |
| 6.1              | Work in Progress Card                         |                 |
| 6.2              | Customer Signature/Job Ticket                 |                 |
| 6.3              | Customer Signature/Job Ticket - Continued     |                 |
| 7                | Billing Itemization                           | 603530          |
| 7a               | Billing Itemization - Directory Advertising   | 603432          |
| 8                | New Service Information                       | 607401          |
| 9                | Transfer Service Information                  | 607402          |
| 10               | Collection Agency Contract                    | 603220          |
| 11               | Building Owner's Consent                      | 606833          |
| 12               | Work Completion Brochure                      |                 |
| 13               | Credit Card - Business                        | 603301          |
| 14               | Letter to Customer - Itemization of Charges   | 603523          |
| 15               | Directory Listing Request/Confirmation        | 603106          |
| 16               | FX Change Order Confirmation Itemization      | 603526          |
| 17               | CLEC Work Completion Notice                   |                 |
| 18               | Directory Listing Notice                      | 603117          |

(D)

(D)

Continued

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| FORMS     |                                                                       |          |            |
|-----------|-----------------------------------------------------------------------|----------|------------|
| Sheet No. | Description                                                           | Form No. |            |
| 1         | Reserved for Future Use                                               |          |            |
| 2         | Certification for Verification of Disability                          | 605651   |            |
| 3         | Daily Lifeline Certification Form – English                           |          | (D) (N)    |
| 3.3       | Daily Lifeline Certification Form – Spanish                           |          | (N)        |
| 3.6       | Daily Lifeline Certification Form – Chinese                           |          |            |
| 3.9       | Daily Lifeline Certification Form – Korean                            |          |            |
| 3.12      | Daily Lifeline Certification Form – Vietnamese                        |          |            |
| 3.15      | Daily Lifeline Certification Form – Native American Lifeline          |          |            |
| 3.18      | Daily Lifeline Certification Form – 2nd Lifeline Line – English       |          |            |
| 3.21      | Daily Lifeline Certification Form – 2nd Lifeline Line – Spanish       |          |            |
| 3.24      | Daily Lifeline Certification Form – 2nd Lifeline Line – Chinese       |          |            |
| 3.28      | Daily Lifeline Certification Form – 2nd Lifeline Line – Korean        |          |            |
| 3.32      | Daily Lifeline Certification Form – 2nd Lifeline Line – Vietnamese    |          | (N)        |
| 4         | Annual Lifeline Certification Notice and Form                         |          | (T)        |
| 5         | Annual Lifeline Recertification Form – English/Spanish                |          | (D) (N)    |
| 5.3       | Annual Lifeline Recertification Form – Chinese/English                |          | (N)        |
| 5.6       | Annual Lifeline Recertification Form – Korean/English                 |          |            |
| 5.9       | Annual Lifeline Recertification Form – Vietnamese/English             |          |            |
| 5.12      | Annual Lifeline Recertification Form – Native American Lifeline       |          |            |
| 5.16      | Annual Lifeline Recertification Form – 2nd Lifeline Line – English    |          |            |
| 5.19      | Annual Lifeline Recertification Form – 2nd Lifeline Line – Spanish    |          |            |
| 5.22      | Annual Lifeline Recertification Form – 2nd Lifeline Line – Chinese    |          |            |
| 5.25      | Annual Lifeline Recertification Form – 2nd Lifeline Line – Korean     |          |            |
| 5.28      | Annual Lifeline Recertification Form – 2nd Lifeline Line – Vietnamese |          | (N)        |
| 6         | Work Authorization/Completion Acknowledgement                         |          | (D)(N) (L) |
| 6.1       | Work in Progress Card                                                 |          |            |
| 6.2       | Customer Signature/Job Ticket                                         |          |            |
| 6.3       | Customer Signature/Job Ticket - Continued                             |          | (D)(N)     |
| 7         | Billing Itemization                                                   | 603530   |            |
| 7a        | Billing Itemization - Directory Advertising                           | 603432   |            |
| 8         | New Service Information                                               | 607401   |            |
| 9         | Transfer Service Information                                          | 607402   |            |
| 10        | Collection Agency Contract                                            | 603220   |            |
| 11        | Building Owner's Consent                                              | 606833   |            |
| 12        | Work Completion Brochure                                              |          | (N)        |
| 13        | Credit Card - Business                                                | 603301   | (L)        |
| 14        | Letter to Customer - Itemization of Charges                           | 603523   |            |
| 15        | Directory Listing Request/Confirmation                                | 603106   |            |
| 16        | FX Change Order Confirmation Itemization                              | 603526   |            |
| 17        | CLEC Work Completion Notice                                           |          | (N)        |
| 18        | Directory Listing Notice                                              | 603117   |            |

(L) Material formerly on this sheet transferred to 21st Revised Sheet B.1

Continued

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Resolution No.

| FORMS     |                                                                    |           |           |
|-----------|--------------------------------------------------------------------|-----------|-----------|
| Sheet No. | Description                                                        | Form No.  | (T)       |
| 1         | Reserved for Future Use                                            |           |           |
| 2         | Certification for Verification of Disability                       | 605651    |           |
| 3         | ULS Certification Application                                      | 602051    |           |
| 4         | Reserved for Future Use                                            |           |           |
| 5         | Annual Customer Recertification (FULS Recertification within LAMA) | 5380DM    |           |
| 6         | Annual Customer Recertification (MULS Recertification within LAMA) | 5379DM    |           |
| 6.1       | Annual Customer Recertification (ULS Recertification Outside LAMA) | 5381DM    |           |
| 6.2       | Notification of ULS (ULS New Certification within LAMA)            | 5377DM    |           |
| 6.3       | Notification of ULS (ULS New Certification Outside LAMA)           | 5378DM    |           |
| 7         | Billing Itemization                                                | 603530    |           |
| 7a        | Billing Itemization - Directory Advertising                        | 603432    |           |
| 8         | New Service Information                                            | 607401    |           |
| 9         | Transfer Service Information                                       | 607402    |           |
| 10        | Collection Agency Contract                                         | 603220    |           |
| 11        | Building Owner's Consent                                           | 606833    |           |
| 12        | Reserved for Future Use                                            |           | (T)       |
|           |                                                                    |           | (D)       |
| 13        | Credit Card - Business                                             | 603301    | (T)       |
|           |                                                                    |           | (D)       |
| 14        | Letter to Customer - Itemization of Charges                        | 603523    | (T)       |
| 15        | Directory Listing Request/Confirmation                             | 603106    |           |
| 16        | FX Change Order Confirmation Itemization                           | 603526    |           |
| 17        | Reserved for Future Use                                            |           |           |
| 18        | Directory Listing Notice                                           | 603117    |           |
| 19        | Third Party Notification (Eastern Area)                            | OTR000224 |           |
| 20        | Third Party Notification (Southern Area)                           | OTR000225 |           |
| 21        | Third Party Notification (Northern Area)                           | OTR000226 |           |
| 22        | Payment Agent's Contract                                           | 603221    |           |
| 23        | FX Initial Order Confirmation Itemization                          | 603528    |           |
| 24        | Guaranty for Telephone Directory Reproduction Rights               | CL3315    |           |
| 25        | Reserved for Future Use                                            |           |           |
| 26        | Reserved for Future Use                                            |           | (T)       |
|           |                                                                    |           | (D)       |
| 27        | Public Telephone Contract - Commission                             | 603200    | (T)       |
| 28        | Public Telephone Contract - Noncommission                          | 603201    | (T)       |
| 29        | Reserved for Future Use                                            |           | (T)       |
|           |                                                                    |           | (D)       |
|           |                                                                    |           | (D)       |
|           |                                                                    |           | Continued |

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Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                                    | <u>Form No.</u> |
|------------------|---------------------------------|--------------------------------------------------------------------|-----------------|
| 1                | 2nd                             | Advanced Telephone Number - Customer Release                       | 603121          |
| 2                | 4th                             | Certification for Verification of Disability                       | 605651          |
| 3                | 4th                             | ULS Certification Application                                      | 602051          |
| 4                | 1st                             | Application to Lease Street Directory Service                      | 275-ADC         |
| 5                | 2nd                             | Annual Customer Recertification (FULS Recertification within LAMA) | 5380DM          |
| 6                | 3rd                             | Annual Customer Recertification (MULS Recertification within LAMA) | 5379DM          |
| 6.1              | Original                        | Annual Customer Recertification (ULS Recertification Outside LAMA) | 5381DM          |
| 6.2              | Original                        | Notification of ULS (ULS New Certification within LAMA)            | 5377DM          |
| 6.3              | Original                        | Notification of ULS (ULS New Certification Outside LAMA)           | 5378DM          |
| 7                | Original                        | Billing Itemization                                                | 603530          |
| 7a               | Original                        | Billing Itemization - Directory Advertising                        | 603432          |
| 8                | 1st                             | New Service Information                                            | 607401          |
| 9                | 1st                             | Transfer Service Information                                       | 607402          |
| 10               | 1st                             | Collection Agency Contract                                         | 603220          |
| 11               | 1st                             | Building Owner's Consent                                           | 606833          |
| 12 #             |                                 | -                                                                  | -               |
| 12a #            |                                 | -                                                                  | -               |
| 13               | 1st                             | Credit Card - Business                                             | 603301          |
| 13a #            |                                 | -                                                                  | -               |
| 14               | 2nd                             | Letter to Customer - Itemization of Charges                        | 603523          |
| 15               | 6th                             | Directory Listing Request/Confirmation                             | 603106          |
| 16               | 3rd                             | FX Change Order Confirmation Itemization                           | 603526          |
| 17 #             |                                 | -                                                                  | -               |
| 18               | 1st                             | Directory Listing Notice                                           | 603117          |
| 19               | 1st *                           | Third Party Notification (Eastern Area)                            | OTR000224 (T)   |
| 20               | 1st *                           | Third Party Notification (Southern Area)                           | OTR000225       |
| 21               | 1st *                           | Third Party Notification (Northern Area)                           | OTR000226 (T)   |
| 22               | 1st                             | Payment Agent's Contract                                           | 603221          |
| 23               | 2nd                             | FX Initial Order Confirmation Itemization                          | 603528          |
| 24               | Original                        | Guaranty for Telephone Directory Reproduction Rights               | CL3315          |
| 25 #             |                                 | -                                                                  | -               |
| 26 #             |                                 | -                                                                  | -               |
| 26.1             | 1st                             | Cancelled                                                          | -               |
| 27               | 2nd                             | Public Telephone Contract - Commission                             | 603200          |
| 28               | 1st                             | Public Telephone Contract - Noncommission                          | 603201          |
| 29               | 2nd                             | Cancelled                                                          | -               |

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\* Denotes change

Continued

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FORMS

| Sheet No. | Description                                                 | Form No.  |     |
|-----------|-------------------------------------------------------------|-----------|-----|
| 19        | Third Party Notification (Eastern Area)                     | OTR000224 | (L) |
| 20        | Third Party Notification (Southern Area)                    | OTR000225 |     |
| 21        | Third Party Notification (Northern Area)                    | OTR000226 |     |
| 22        | Payment Agent's Contract                                    | 603221    |     |
| 23        | FX Initial Order Confirmation Itemization                   | 603528    |     |
| 24        | Guaranty for Telephone Directory Reproduction Rights        | CL3315    |     |
| 25        | Reserved for Future Use                                     |           |     |
| 26        | Reserved for Future Use                                     |           |     |
| 27        | Public Telephone Contract - Commission                      | 603200    |     |
| 28        | Public Telephone Contract - Noncommission                   | 603201    |     |
| 29        | Reserved for Future Use                                     |           | (L) |
| 30        | Reserved for Future Use                                     |           |     |
| 31        | HICAP/Optinet High Capacity Digital Installation Check List | EG 4379   |     |
| 32        | Reserved for Future Use                                     |           |     |
| 33        | Supersedure PL / Interstate WATS Request                    | PL 6308   |     |
| 33.1      | Supersedure Request                                         | 603107    |     |
| 33.1.1    | Supersedure Request (Instructions)                          | --        |     |
| 33.2      | Solicitud de Cambio de Usuario                              | 000631    |     |
| 34        | Plant Rearrangement Request                                 | 603336    |     |
| 34.1      | Reserved for Future Use                                     |           |     |
| 35        | Reserved for Future Use                                     |           |     |
| 36        | Blanket Exemption Certificate - General                     | 603351    |     |
| 36.1      | Blanket Affidavit                                           | MS 2595   |     |
| 37        | Reserved for Future Use                                     |           |     |
| 37.1      | Telephone Service Payment Guaranty                          | 603143    |     |
| 38        | Reserved for Future Use                                     |           |     |
| 39        | Communications System Cancellation Contract                 | 602224    |     |
| 40        | Reserved for Future Use                                     |           |     |
| 41        | Caption Arrangement                                         | 608950    |     |
| 42        | Reserved for Future Use                                     |           |     |
| 43        | Carrier Access Billing System (CABS) Deposit Receipt        | 605424    |     |
| 44        | Reserved for Future Use                                     |           |     |
| 45        | Reserved for Future Use                                     |           |     |
| 46        | Reserved for Future Use                                     |           |     |
| 47        | Reserved for Future Use                                     |           |     |
| 48        | Confirmacion De Orden Telefonico                            | CL3106    |     |
| 49        | Order Confirmation Itemization                              | 603525    |     |
| 50        | Statement of Labor Charges (Front)                          | 001003PS  |     |
| 50.1      | Statement of Labor charges (Back)                           | 001003PS  |     |

(L) Material transferred from 40th Revised Sheet B

Continued

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FORMS

| Sheet<br>No. | Description                                                 | Form No. | (T) |
|--------------|-------------------------------------------------------------|----------|-----|
| 30           | Reserved for Future Use                                     |          |     |
| 31           | HICAP/Optinet High Capacity Digital Installation Check List | EG 4379  |     |
| 32           | Reserved for Future Use                                     |          |     |
| 33           | Supersedure PL / Interstate WATS Request                    | PL 6308  |     |
| 33.1         | Supersedure Request                                         | 603107   |     |
| 33.1.1       | Supersedure Request (Instructions)                          | --       |     |
| 33.2         | Solicitud de Cambio de Usuario                              | 000631   |     |
| 34           | Plant Rearrangement Request                                 | 603336   |     |
| 34.1         | Reserved for Future Use                                     |          |     |
| 35           | Reserved for Future Use                                     |          |     |
| 36           | Blanket Exemption Certificate - General                     | 603351   |     |
| 36.1         | Blanket Affidavit                                           | MS 2595  |     |
| 37           | Reserved for Future Use                                     |          |     |
| 37.1         | Telephone Service Payment Guaranty                          | 603143   |     |
| 38           | Reserved for Future Use                                     |          |     |
| 39           | Communications System Cancellation Contract                 | 602224   |     |
| 40           | Reserved for Future Use                                     |          |     |
| 41           | Caption Arrangement                                         | 608950   |     |
| 42           | Reserved for Future Use                                     |          | (T) |
|              |                                                             |          | (D) |
|              |                                                             |          | (D) |
| 43           | Carrier Access Billing System (CABS) Deposit Receipt        | 605424   | (T) |
| 44           | Reserved for Future Use                                     |          |     |
| 45           | Reserved for Future Use                                     |          |     |
| 46           | Reserved for Future Use                                     |          |     |
| 47           | Reserved for Future Use                                     |          |     |
| 48           | Confirmacion De Orden Telefonico                            | CL3106   |     |
| 49           | Order Confirmation Itemization                              | 603525   |     |
| 50           | Statement of Labor Charges (Front)                          | 001003PS |     |
| 50.1         | Statement of Labor charges (Back)                           | 001003PS | (T) |

(D)  
(D)

Continued

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Decision No.

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Resolution No.

FORMS

| Sheet No. | Original or Revision No. | Title                                                       | Form No. |     |
|-----------|--------------------------|-------------------------------------------------------------|----------|-----|
| 30        | #                        | --                                                          | --       |     |
| 31        | 2nd                      | HICAP/Optinet High Capacity Digital Installation Check List | EG 4379  |     |
| 32        | #                        | --                                                          | --       |     |
| 33        | 2nd                      | Supersedure PL / Interstate WATS RequestPL 6308             |          |     |
| 33.1      | 5th                      | Supersedure Request                                         | 603107   |     |
| 33.1.1    | Original                 | Supersedure Request (Instructions)                          |          |     |
| 33.2      | 1st                      | Solicitud de Cambio de Usuario                              | 000631   |     |
| 34        | 1st                      | Plant Rearrangement Request                                 | 603336   |     |
| 34.1      | 2nd                      | Cancelled                                                   |          |     |
| 35        | #                        | --                                                          | --       | (T) |
| 36        | 1st                      | Blanket Exemption Certificate - General                     | 603351   |     |
| 36.1      | Original                 | Blanket Affidavit                                           | MS 2595  |     |
| 37        | *                        | Reserved for Future Use                                     | --       | (T) |
| 37.1      | 2nd                      | Telephone Service Payment Guaranty                          | 603143   |     |
| 38        | #                        | --                                                          | --       |     |
| 39        | 2nd                      | Communications System Cancellation Contract                 | 602224   |     |
| 40        | #                        | --                                                          | --       |     |
| 41        | 1st                      | Caption Arrangement                                         | 608950   |     |
| 42        | #                        | --                                                          | --       |     |
| 42.1      | #                        | --                                                          | --       |     |
| 42.2      | #                        | --                                                          | --       |     |
| 42.3      | #                        | --                                                          | --       |     |
| 43        | 1st                      | Carrier Access Billing System (CABS) Deposit Reciept        | 605424   |     |
| 44        | 1st                      | Advance Payment / Deposit Receipt                           | --       |     |
| 45        | 1st                      | Customer Information Form                                   | --       |     |
| 46        | 1st                      | Customer Order Form                                         | --       |     |
| 47        | #                        | --                                                          | --       | (T) |
| 48        | Original                 | Confirmacion De Orden Telefonico                            | CL3106   |     |
| 49        | 1st                      | Order Confirmation Itemization                              | 603525   |     |
| 50        | 4th                      | Statement of Labor Charges (Front)                          | 001003PS |     |
| 50.1      | Original                 | Statement of Labor charges (Back)                           | 001003PS |     |

\* Denotes change  
# Withdrawn

Continued

Advice Letter No. 9899

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Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| Sheet No. | Original or Revision No. | Title                                                          | Form No. |     |
|-----------|--------------------------|----------------------------------------------------------------|----------|-----|
| 30 #      |                          | -                                                              | -        |     |
| 31        | 2nd                      | HICAP/Optinet High Capacity Digital Installation Check List    | EG 4379  |     |
| 32 #      |                          | -                                                              | -        |     |
| 33        | 2nd                      | Supersedure PL/Interstate WATS Request                         | PL 6308  |     |
| 33.1 *    | 5th                      | Supersedure Request                                            | 603107   | (T) |
| 33.1.1 *  | Original                 | Supersedure Request (Instructions)                             |          | (N) |
| 33.2      | 1st                      | Solicitud de Cambio de Usuario                                 | 000631   |     |
| 34        | 1st                      | Plant Rearrangement Request                                    | 603336   |     |
| 34.1      | 2nd                      | Cancelled                                                      |          |     |
| 35 #      |                          |                                                                |          |     |
| 36        | 1st                      | Blanket Exemption Certificate - General                        | 603351   |     |
| 36.1      | Original                 | Blanket Affidavit                                              | MS 2595  |     |
| 37        | 2nd                      | Telephone Calling Card Application for Non-Telephone Customers | 603806   |     |
| 37.1      | 2nd                      | Telephone Service Payment Guaranty                             | 603143   |     |
| 38 #      |                          | -                                                              | -        |     |
| 39        | 2nd                      | Communications System Cancellation Contract                    | 602224   |     |
| 40 #      |                          | -                                                              | -        |     |
| 41        | 1st                      | Caption Arrangement                                            | 608950   |     |
| 42 #      |                          | -                                                              | -        |     |
| 42.1 #    |                          | -                                                              | -        |     |
| 42.2 #    |                          | -                                                              | -        |     |
| 42.3 #    |                          | -                                                              | -        |     |
| 43        | 1st                      | Carrier Access Billing System (CABS) Deposit Receipt           | 605424   |     |
| 44        | 1st                      | Advance Payment/Deposit Receipt                                | -        |     |
| 45        | 1st                      | Customer Information Form                                      | -        |     |
| 46        | 1st                      | Customer Order Form                                            | -        |     |
| 47 #      |                          |                                                                |          |     |
| 48        | Original                 | Confirmacion De Orden Telefonico                               | CL3106   |     |
| 49        | 1st                      | Order Confirmation Itemization                                 | 603525   |     |
| 50        | 4th                      | Statement of Labor Charges (Front)                             | 001003PS |     |
| 50.1      | Original                 | Statement of Labor Charges (Back)                              | 001003PS |     |

\* Denotes Change  
# Withdrawn

Continued

Advice Letter No. 8747  
08, 1998

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18, 1998

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| Sheet<br>No. | Description                                     | Form No. |     |
|--------------|-------------------------------------------------|----------|-----|
| 51           | Adjustment Notification ( Eastern Area )        | 90005149 |     |
| 52           | Adjustment Notification ( Southern Area )       | 90005150 |     |
| 53           | Adjustment Notification ( Northern Area )       | 90005151 |     |
| 54           | Advance Payment Receipt                         | 603304   |     |
| 55           | Advance Payment - Line Extension Charge Receipt | 603084   |     |
| 56           | Counter Bill                                    | 603309   |     |
| 56.1         | Authorized Payment Agency - Counter Bill        | 603360   |     |
| 57           | Deposit Receipt                                 | 603306   |     |
| 58           | Reserved for Future Use                         |          |     |
| 59           | Call Details Request                            | 603323   |     |
| 60           | Monthly Bill (Residence)                        | --       | (T) |
| 60.1         | Monthly Bill (Residence) - Continued            |          | (T) |
| 61           | Monthly Bill (Business)                         | --       | (N) |
| 61.1         | Monthly Bill (Business) - Continued             |          | (N) |
| 61.2         | Reserved for Future Use                         |          |     |
| 62           | Returned Check Notice                           | 90002155 |     |
| 63           | Deposit Notice                                  | 603318   |     |
| 64           | Returned Check Enclosure                        | 603017   |     |
| 65           | Appointment Date                                | 603502   |     |
| 66           | Reserved for Future Use                         |          |     |
| 67           | Change in Scheduled Completion Date             | 603506   |     |

Continued

Advice Letter No. 11,858

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Executive Director  
 Regulatory Affairs

Resolution No.

FORMS

| Sheet<br>No. | Description                                     | Form No. |
|--------------|-------------------------------------------------|----------|
| 51           | Adjustment Notification ( Eastern Area )        | 90005149 |
| 52           | Adjustment Notification ( Southern Area )       | 90005150 |
| 53           | Adjustment Notification ( Northern Area )       | 90005151 |
| 54           | Advance Payment Receipt                         | 603304   |
| 55           | Advance Payment - Line Extension Charge Receipt | 603084   |
| 56           | Counter Bill                                    | 603309   |
| 56.1         | Authorized Payment Agency - Counter Bill        | 603360   |
| 57           | Deposit Receipt                                 | 603306   |
| 58           | Reserved for Future Use                         |          |
| 59           | Call Details Request                            | 603323   |
| 60           | Monthly Bill                                    | --       |
| 61           | Statement Form                                  | 603339   |
| 61.1         | Returned Check-Disconnect Notice (Front)        | 90002156 |
| 61.2         | Returned Check-Disconnect Notice (Back)         | 90002156 |
| 62           | Returned Check Notice                           | 90002155 |
| 63           | Deposit Notice                                  | 603318   |
| 64           | Returned Check Enclosure                        | 603017   |
| 65           | Appointment Date                                | 603502   |
| 66           | Reserved for Future Use                         |          |
| 67           | Change in Scheduled Completion Date             | 603506   |

(D)

Continued

Advice Letter No. 10,755

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Executive Director  
 Regulatory Affairs

Resolution No.

FORMS

| Sheet<br>No. | Description                                     | Form No. | (T) |
|--------------|-------------------------------------------------|----------|-----|
| 51           | Adjustment Notification ( Eastern Area )        | 90005149 |     |
| 52           | Adjustment Notification ( Southern Area )       | 90005150 |     |
| 53           | Adjustment Notification ( Northern Area )       | 90005151 |     |
| 54           | Advance Payment Receipt                         | 603304   |     |
| 55           | Advance Payment - Line Extension Charge Receipt | 603084   |     |
| 56           | Counter Bill                                    | 603309   |     |
| 56.1         | Authorized Payment Agency - Counter Bill        | 603360   |     |
| 57           | Deposit Receipt                                 | 603306   |     |
| 58           | Reserved for Future Use                         |          |     |
| 59           | Call Details Request                            | 603323   |     |
| 60           | Monthly Bill                                    | --       |     |
| 61           | Statement Form                                  | 603339   |     |
| 61.1         | Returned Check-Disconnect Notice (Front)        | 90002156 |     |
| 61.2         | Returned Check-Disconnect Notice (Back)         | 90002156 |     |
| 62           | Returned Check Notice                           | 90002155 |     |
| 63           | Deposit Notice                                  | 603318   |     |
| 64           | Returned Check Enclosure                        | 603017   |     |
| 65           | Appointment Date                                | 603502   |     |
| 66           | Letter of Authorization Scan-Alert              | 604913   |     |
| 67           | Change in Scheduled Completion Date             | 603506   | (T) |

(D)  
(D)

Continued

Advice Letter No. 10,380

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Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> | <u>Title</u>                                 | <u>Form No.</u> |
|------------------|---------------------------------|----------------------------------------------|-----------------|
| 51               | 2nd                             | Adjustment Notification<br>( Eastern Area )  | 90005149        |
| 52               | 2nd                             | Adjustment Notification<br>( Southern Area ) | 90005150        |
| 53               | 2nd                             | Adjustment Notification<br>( Northern Area ) | 90005151        |
| 54               | 2nd                             | Advance Payment Receipt                      | 603304          |
| 55               | 2nd                             | Advance Payment - Line Extension             | 603084          |
|                  |                                 | Charge Receipt                               | 603309          |
| 56               | 1st                             | Counter Bill                                 | 603360          |
| 56.1             | 1st                             | Authorized Payment Agency -<br>Counter Bill  | 603306          |
| 57               | 3rd                             | Deposit Receipt                              | 603323          |
| 58 #             |                                 |                                              |                 |
| 59               | 1st                             | Call Details Request                         | 603339          |
| 60               | 18th *                          | Monthly Bill                                 |                 |
| 61               | 1st                             | Statement Form                               | 90002156        |
| 61.1             | 7th                             | Returned Check-Disconnect Notice (Front)     | 90002156        |
| 61.2             | Original                        | Returned Check-Disconnect Notice (Back)      | 90002155        |
| 62               | 5th                             | Returned Check Notice                        | 603318          |
| 63               | 1st                             | Deposit Notice                               | 603017          |
| 64               | 1st                             | Returned Check Enclosure                     | 603502          |
| 65               | 1st                             | Appointment Date                             | 604913          |
| 66               | Original                        | Letter of Authorization Scan-Alert           | 603506          |
| 67               | 1st                             | Change in Scheduled Completion Date          |                 |

(T)

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\* Denotes change

Continued

Advice Letter No. 8304  
20, 1996

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Effective DEC

30, 1996  
Decision No.

Regional Director  
Regulatory & Industry Affairs

Resolution No.

| FORMS     |                                               |          |
|-----------|-----------------------------------------------|----------|
| Sheet No. | Description                                   | Form No. |
| 68        | Customer/Vendor Service Delay Report          | CL-3106  |
| 69        | Vendor Telephone Service Request              | CL-3112  |
| 70        | Delay Due to Temporary Shortage of Facilities | 603151   |
| 71        | Reserved for Future Use                       | (D)      |
| 72        | Reserved for Future Use                       |          |
| 73        | Reserved for Future Use                       |          |
| 74        | Reserved for Future Use                       | (D)      |
| 75        | Reserved for Future Use                       |          |
| 76        | Reserved for Future Use                       | (D)      |
| 77        | Welcome to GTE                                | 602631   |
| 78        | Reserved for Future Use                       |          |
| 79        | Reserved for Future Use                       |          |
| 80        | Reserved for Future Use                       |          |
| 81        | Annoyance Call Complaint Fact Sheet           | 603839   |
| 82        | Reserved for Future Use                       |          |
| 83        | Reserved for Future Use                       |          |
| 84        | Reserved for Future Use                       |          |
| 85        | Coin Telephone Refund of Overcharge           | 608705   |
| 86        | Reserved for Future Use                       |          |
| 87        | Scheduled Completion Advice                   | 603505   |
| 88        | Reserved for Future Use                       |          |
| 89        | Reserved for Future Use                       |          |
| 90        | Reserved for Future Use                       |          |
| 91        | Reserved for Future Use                       |          |
| 91.1      | List Service Request Memorandum               | 603299   |
| 92        | Refund Memorandum                             | 603330   |
| 93        | Customer Receipt                              | 603363   |
| 94        | Order Itemization of Service Change           | 603524   |
| 95        | Reserved for Future Use                       |          |

Continued

Advice Letter No. 10,750

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Effective MAR 12, 2004

Decision No.

Executive Director  
 Regulatory Affairs

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|                          |                                |                         |
|--------------------------|--------------------------------|-------------------------|
| Advice Letter No. 10,380 | Issued By                      | Date Filed JAN 16, 2003 |
|                          |                                | Effective FEB 16, 2003  |
| Decision No.             | Director<br>Regulatory Affairs | Resolution No.          |

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> | <u>Title</u>                                  | <u>Form No.</u> |     |
|------------------|---------------------------------|-----------------------------------------------|-----------------|-----|
| 68               | 1st                             | Customer/Vendor Service Delay Report          | CL-3106         |     |
| 69               | 1st                             | Vendor Telephone Service Request              | CL-3112         |     |
| 70               | 1st                             | Delay Due to Temporary Shortage of Facilities | 603151          |     |
| 71 *             | 3rd                             | Sorry We Missed You (Door Tag No Access)      | 90002642        | (C) |
| 72 *             | 2nd                             |                                               |                 | (C) |
| 73 *             | 2nd                             |                                               |                 | (D) |
| 74               | 2nd                             | Customer Notification- Install                | 90002103        | (D) |
| 75 #             |                                 | -                                             | -               |     |
| 76               | 2nd                             | Customer Notification-Repair                  | 90002102        |     |
| 77               | 1st                             | Welcome to GTE                                | 602631          |     |
| 78               | 1st                             | Cancelled                                     | -               |     |
| 79               | 2nd                             | Cancelled                                     |                 |     |
| 80               | 2nd                             | Cancelled                                     | -               |     |
| 81               | 1st                             | Annoyance Call Complaint Fact Sheet           | 603839          |     |
| 82 #             |                                 |                                               |                 |     |
| 83 #             |                                 | -                                             | -               |     |
| 84               | 2nd                             | Cancelled                                     |                 |     |
| 85               | 1st                             | Coin Telephone Refund of Overcharge           | 608705          |     |
| 86 #             |                                 | -                                             | -               |     |
| 87               | 1st                             | Scheduled Completion Advice                   | 603505          |     |
| 88 #             |                                 | -                                             | -               |     |
| 89 #             |                                 | -                                             | -               |     |
| 90 #             |                                 |                                               |                 |     |
| 91 #             |                                 |                                               |                 |     |
| 91.1             | 1st                             | List Service Request Memorandum               | 603299          |     |
| 92               | 1st                             | Refund Memorandum                             | 603330          |     |
| 93               | 1st                             | Customer Receipt                              | 603363          |     |
| 94               | 2nd                             | Order Itemization of Service Change           | 603524          |     |
| 95 #             |                                 | -                                             | -               |     |
| 95.1 #           |                                 | -                                             | -               |     |

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\* Denotes change

Continued

Advice Letter No. 5280

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P. Kevin Payne  
State Director

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Effective OCT 25, 1990

Decision No.

Regulatory & Industry Affairs

Resolution No.

| FORMS     |                                                                     |          |     |
|-----------|---------------------------------------------------------------------|----------|-----|
| Sheet No. | Description                                                         | Form No. | (T) |
| 96        |                                                                     |          |     |
| 96.1      | Notice of Payment Due (Hand Generated)                              | 603378   |     |
| 97        | Reserved for Future Use                                             |          | (T) |
|           |                                                                     |          | (D) |
| 98        | Disconnect Notice (Past Due Account)                                | 601324   | (T) |
| 98.1      | Disconnect Notice (Hand Generated)                                  | 603379   |     |
| 99        | Agreement - Electronic Business System Service                      | MS 2591  |     |
| 100       | Agreement - Electronic Business System Service (Shared System User) | MS 2592  |     |
| 101       | Reminder                                                            | CL-3271  |     |
|           |                                                                     |          | (D) |
|           |                                                                     |          | (D) |
| 102.2     | Request for Payment (Coin Box Long Distance Call)                   | 603522   | (T) |
| 103       | Reminder Notice                                                     | 601319   |     |
| 104       | Final Notice                                                        | 603579   |     |
| 105       | Final Notice                                                        | CL-3185  |     |
| 106       | Unidentified Payment                                                | 603448   |     |
| 106.1     | Treatment Notice - Unidentified Payment                             | AC-1033  |     |
| 107       | Reserved For Future Use                                             |          |     |
| 108       | Reserved For Future Use                                             |          |     |
| 109       | Notice of Payment Due                                               | CL-3426  |     |
| 110       | Maritime Radiotelephone Service Registration Request                | CL-3239  |     |
| 111       | Disconnect Notice (Returned Check)-Front                            | 90002157 |     |
| 111.1     | Disconnect Notice (Returned Check)-Back                             | 90002157 |     |
| 112       | Permanent Disconnect Notice                                         | 603357   |     |
| 113       | Correspondence Confirmation                                         | 90005194 |     |
| 114       | Notice of Payment Due                                               | 000529CA |     |
| 115       | Disconnect Notice                                                   | 000530CA |     |
| 116       | Letter Occupancy Denial - Business                                  | 000528CA |     |
| 117       | Letter Occupancy Denial - Residence                                 | 000527CA | (T) |
|           |                                                                     |          | (D) |
|           |                                                                     |          | (D) |

Continued

Advice Letter No. 10,380

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Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                                        | <u>Form No.</u> |     |
|------------------|---------------------------------|------------------------------------------------------------------------|-----------------|-----|
| 96               | 11th                            |                                                                        |                 |     |
| 96.1             | 5th                             | Notice of Payment Due (Hand Generated)                                 | 603378          |     |
| 97 #             |                                 |                                                                        |                 |     |
| 97.1 #           |                                 |                                                                        |                 |     |
| 98               | 14th                            | Disconnect Notice (Past Due Account)                                   | 601324          | (T) |
| 98.1             | 5th                             | Disconnect Notice (Hand Generated)                                     | 603379          |     |
| 99               | 1st                             | Agreement - Electronic Business System Service                         | MS 2591         |     |
| 100              | 2nd                             | Agreement - Electronic Business System Service<br>(Shared System User) | MS 2592         |     |
| 101              | 1st                             | Reminder                                                               | CL-3271         |     |
| 101.1 #          |                                 |                                                                        |                 |     |
| 102 #            |                                 |                                                                        |                 |     |
| 102.1 #          |                                 |                                                                        |                 |     |
| 102.2            | 1st                             | Request for Payment (Coin Box Long Distance Call)                      | 603522          |     |
| 103              | 1st                             | Reminder Notice                                                        | 601319          |     |
| 104              | 4th                             | Final Notice                                                           | 603579          |     |
| 105              | 3rd                             | Final Notice                                                           | CL-3185         |     |
| 106              | 1st                             | Unidentified Payment                                                   | 603448          |     |
| 106.1            | 1st                             | Treatment Notice - Unidentified Payment                                | AC-1033         |     |
| 107              | 2nd *                           | Reserved For Future Use                                                |                 | (T) |
| 108              | 3rd *                           | Reserved For Future Use                                                |                 | (T) |
| 109              | 2nd                             | Notice of Payment Due                                                  | CL-3426         |     |
| 110              | 2nd                             | Maritime Radiotelephone Service Registration Request                   | CL-3239         |     |
| 111              | 8th                             | Disconnect Notice (Returned Check)-Front                               | 90002157        |     |
| 111.1            | Original                        | Disconnect Notice (Returned Check)-Back                                | 90002157        |     |
| 112              | 4th                             | Permanent Disconnect Notice                                            | 603357          |     |
| 113              | 2nd                             | Correspondence Confirmation                                            | 90005194        |     |
| 114              | 3rd                             | Notice of Payment Due                                                  | 000529CA        |     |
| 115              | 1st                             | Disconnect Notice                                                      | 000530CA        |     |
| 116              | 1st                             | Letter Occupancy Denial - Business                                     | 000528CA        |     |
| 117              | 1st                             | Letter Occupancy Denial - Residence                                    | 000527CA        |     |

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\* Denotes change

Continued

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Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                                     | <u>Form No.</u> |     |
|------------------|---------------------------------|---------------------------------------------------------------------|-----------------|-----|
| 96               | 11th                            |                                                                     |                 |     |
| 96.1             | 5th                             | Notice of Payment Due (Hand Generated)                              | 603378          |     |
| 97 #             |                                 |                                                                     |                 |     |
| 97.1 #           |                                 |                                                                     |                 |     |
| 98               | 14th *                          | Disconnect Notice (Past Due Account)                                | 601324          | (C) |
| 98.1             | 5th                             | Disconnect Notice (Hand Generated)                                  | 603379          |     |
| 99               | 1st                             | Agreement - Electronic Business System Service                      | MS 2591         |     |
| 100              | 2nd                             | Agreement - Electronic Business System Service (Shared System User) | MS 2592         |     |
| 101              | 1st                             | Reminder                                                            | CL-3271         |     |
| 101.1 #          |                                 |                                                                     |                 |     |
| 102 #            |                                 |                                                                     |                 |     |
| 102.1 #          |                                 |                                                                     |                 |     |
| 102.2            | 1st                             | Request for Payment (Coin Box Long Distance Call)                   | 603522          |     |
| 103              | 1st                             | Reminder Notice                                                     | 601319          |     |
| 104              | 4th                             | Final Notice                                                        | 603579          |     |
| 105              | 3rd                             | Final Notice                                                        | CL-3185         |     |
| 106              | 1st                             | Unidentified Payment                                                | 603448          |     |
| 106.1            | 1st                             | Treatment Notice - Unidentified Payment                             | AC-1033         |     |
| 107              | 1st                             | Telephone Calling Card Notification                                 | 603858          |     |
| 108              | 2nd                             | Response to Application for a Non-Telephone Calling Card            | CL-3425         |     |
| 109              | 2nd                             | Notice of Payment Due                                               | CL-3426         |     |
| 110              | 2nd                             | Maritime Radiotelephone Service Registration Request                | CL-3239         |     |
| 111              | 8th                             | Disconnect Notice (Returned Check)-Front                            | 90002157        |     |
| 111.1            | Original                        | Disconnect Notice (Returned Check)-Back                             | 90002157        |     |
| 112              | 4th                             | Permanent Disconnect Notice                                         | 603357          |     |
| 113              | 2nd                             | Correspondence Confirmation                                         | 90005194        |     |
| 114              | 3rd                             | Notice of Payment Due                                               | 000529CA        |     |
| 115              | 1st                             | Disconnect Notice                                                   | 000530CA        |     |
| 116              | 1st                             | Letter Occupancy Denial - Business                                  | 000528CA        |     |
| 117              | 1st                             | Letter Occupancy Denial - Residence                                 | 000527CA        |     |

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\* Denotes change

Continued

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JUN 06, 1994

Issued By

Date Filed

P. Kevin Payne

Effective JUL

18, 1994

Decision No.

Regional Director  
Regulatory & Industry Affairs

Resolution No.

FORMS

| Sheet<br>No. | Description                                                   | Form No. | (T) |
|--------------|---------------------------------------------------------------|----------|-----|
| 118          | Returned Check-Disconnect Notice (CCCS)                       | 603367   |     |
| 119          | Disconnect Notice (CCCS)                                      | 603368   |     |
| 120          | Deposit Receipt (CCCS)                                        | 90004808 |     |
| 121          | Returned Check Notice (CCCS)                                  | 603370   |     |
| 122          | First Deposit Request Letter (CCCS)                           | 604350   |     |
| 123          | Reserved for Future Use                                       |          |     |
| 124          | Reserved for Future Use                                       |          |     |
| 125          | Second Deposit Request Letter (CCCS)                          | 604351   |     |
| 126          | Reserved for Future Use                                       |          |     |
| 127          | Reserved for Future Use                                       |          |     |
| 128          | Account Verification - CCCS                                   | 604328   |     |
| 129          | Customer Owned Pay Telephone (COPT) Application               | MS2512   |     |
| 130          | Service Application - Automatic Dialing And Announcing Device | 90003156 |     |
| 131          | Final Account Collection Letter - Nonpayment                  | --       |     |
| 132          | Final Account Collection Letter - Request of Customer         | --       |     |
| 133          | Reserved for Future Use                                       |          |     |
| 134          | Reserved for Future Use                                       |          |     |
| 135          | Reserved for Future Use                                       |          |     |
| 136          | Reserved for Future Use                                       |          |     |
| 137          | Reserved for Future Use                                       |          |     |
| 138          | Reserved for Future Use                                       |          | (T) |

(D)

Continued

Advice Letter No. 10,380

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Effective FEB 16, 2003

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                               | <u>Form No.</u> |     |
|------------------|---------------------------------|---------------------------------------------------------------|-----------------|-----|
| 118              | Original                        | Returned Check-Disconnect Notice (CCCS)                       | 603367          |     |
| 119              | Original                        | Disconnect Notice (CCCS)                                      | 603368          |     |
| 120              | 1st *                           | Deposit Receipt (CCCS)                                        | 90004808        | (C) |
| 121              | Original                        | Returned Check Notice (CCCS)                                  | 603370          |     |
| 122              | 3rd                             | First Deposit Request Letter (CCCS)                           | 604350          |     |
| 123              | 2nd                             | Cancelled                                                     |                 |     |
| 124              | 2nd                             | Cancelled                                                     |                 |     |
| 125              | 2nd                             | Second Deposit Request Letter (CCCS)                          | 604351          |     |
| 126              | 1st                             | Cancelled                                                     |                 |     |
| 127              | 1st                             | Cancelled                                                     |                 |     |
| 128              | Original                        | Account Verification - CCCS                                   | 604328          |     |
| 129              | Original                        | Customer Owned Pay Telephone (COPT) Application               | MS2512          |     |
| 130              | Original                        | Service Application - Automatic Dialing And Announcing Device | 90003156        |     |
| 131              | Original                        | Final Account Collection Letter - Nonpayment                  |                 |     |
| 132              | Original                        | Final Account Collection Letter - Request of Customer         |                 |     |
| 133              | Original                        | CentraNet Postcard - Front Rancho Cucamonga (BSOC)            | 000668          |     |
| 134              | Original                        | CentraNet Postcard - Back Rancho Cucamonga (BSOC)             | 000668          |     |
| 135              | Original                        | CentraNet Postcard - Front Newbury Park (BSOC)                | 000669          |     |
| 136              | Original                        | CentraNet Postcard - Back Newbury Park (BSOC)                 | 000669          |     |
| 137              | Original                        | CentraNet Postcard - Front Huntington Beach (BSOC)            | 000670          |     |
| 138              | Original                        | CentraNet Postcard - Back Huntington Beach (BSOC)             | 000670          |     |

\* Denotes change

Continued

Advice Letter No. 5402

Issued By  
 P. Kevin Payne  
 State Director

Date Filed JUL 29, 1992  
 Effective SEP 07, 1992

Decision No.

Regulatory & Industry Affairs

Resolution No.

FORMS

| Sheet<br>No. | Description                                                                                                                                                            | Form No. | (T) |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| 139          | Network Services Order Form - Part II                                                                                                                                  | 000962PS |     |
| 139.1        | Network Services Order Form - Part I                                                                                                                                   | 000749PS |     |
| 139.2        | Network Services Order Form - Part III                                                                                                                                 | 000828PS |     |
| 140          | Responsibility For Toll Charges                                                                                                                                        | 9005134  |     |
| 141          | Plant Rearrangement Advance Payment Agreement                                                                                                                          | 90005191 |     |
| 142          | Plant Rearrangement Final Payment Agreement                                                                                                                            | 90005192 |     |
| 143          | Plant Rearrangement Actual Cost Agreement                                                                                                                              | 90005193 |     |
| 144          | PIC Restriction - Establishment                                                                                                                                        | 000709PS |     |
| 145          | PIC Restriction Removal                                                                                                                                                | 000710PS |     |
| 146          | Solicitud De Restriccion - Establishment                                                                                                                               | 000693PS |     |
| 147          | Solicitud De Restriccion - Removal                                                                                                                                     | 000711PS |     |
| 148          | 800 Number Responsible Organization Change - Letter of Authorization                                                                                                   | 000843PS |     |
| 149          | 800 Number Letter of Authorization                                                                                                                                     | 000842PS |     |
| 150          | Cambio De la Campania Responsable del Numero 800 Carta de Authorizcion<br>(800 Number Responsible Organization Change - Letter of Authorization -<br>Spanish Language) | 000920PS |     |
|              |                                                                                                                                                                        |          | (T) |

(D)

Continued

Advice Letter No. 10,380

Issued By

Date Filed JAN 16, 2003  
 Effective FEB 16, 2003

Decision No.

Director  
 Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                                                                                                                                              | <u>Form No.</u> |
|------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 139              | 2nd                             | Network Services Order Form-Part II                                                                                                                                          | 000962PS        |
| 139.1            | 2nd *                           | Network Services Order Form-Part I                                                                                                                                           | 000749PS        |
| 139.2            | 1st                             | Network Services Order Form-Part III                                                                                                                                         | 000828PS        |
| 140              | Original                        | Responsibility For Toll Charges                                                                                                                                              | 9005134         |
| 141              | Original                        | Plant Rearrangement<br>Advance Payment Agreement                                                                                                                             | 90005191        |
| 142              | Original                        | Plant Rearrangement<br>Final Payment Agreement                                                                                                                               | 90005192        |
| 143              | Original                        | Plant Rearrangement<br>Actual Cost Agreement                                                                                                                                 | 90005193        |
| 144              | Original                        | PIC Restriction-<br>Establishment                                                                                                                                            | 000709PS        |
| 145              | Original                        | PIC Restriction<br>Removal                                                                                                                                                   | 000710PS        |
| 146              | Original                        | Solicitud De Restriccion-<br>Establishment                                                                                                                                   | 000693PS        |
| 147              | Original                        | Solicitud De Restriccion-<br>Removal                                                                                                                                         | 000711PS        |
| 148              | Original                        | 800 Number Responsible<br>Organization Change -<br>Letter of Authorization                                                                                                   | 000843PS        |
| 149              | Original                        | 800 Number Letter of<br>Authorization                                                                                                                                        | 000842PS        |
| 150              | Original                        | Cambio De la Campania Responsable<br>del Numero 800 Carta de Authorizcion<br>(800 Number Responsible Organization<br>Change - Letter of Authorization -<br>Spanish Language) | 000920PS        |

\* Denotes change

Continued

Advice Letter No. 8062

Issued By

Date Filed APR 18, 1996  
Effective JUN 15, 1996

Decision No.

Regional Director  
Regulatory & Industry Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Description</u>                                | <u>Form No.</u> |     |
|------------------|---------------------------------------------------|-----------------|-----|
| 151              | Toll Block Warning Notice                         | XXXXXXXX        |     |
| 152              | Credit Limit Notice                               | XXXXXXXX        |     |
| 153              | LinkIN <sup>SM</sup> Service Order Form - Page 1  | 5893CA          |     |
| 154              | Authorization Form for Unauthorized Call Transfer | XXXXXXXX        |     |
| 155              | Reserved for Future Use                           | XXXXXXXX        |     |
| 156              | Reserved for Future Use                           | XXXXXXXX        |     |
| 157              | Reserved for Future Use                           |                 |     |
| 158              | Application for Service (Corporate Rewards)       | XXXXXXXX        |     |
| 160              | VCAP-R Tariff Application                         | XXXXXXXX        | (N) |

(D)

Continued

Advice Letter No. 11,416

Issued By

Date Filed JAN 17, 2006

Effective FEB 18, 2006

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

| Sheet<br>No. | Description                                       | Form No. | (T)     |
|--------------|---------------------------------------------------|----------|---------|
| 151          | Toll Block Warning Notice                         | XXXXXXXX | (T)     |
| 152          | Credit Limit Notice XXXXXXXX                      |          | (D)     |
| 153          | LinkIN <sup>SM</sup> Service Order Form - Page 1  | 5893CA   | (D)     |
| 154          | Authorization Form for Unauthorized Call Transfer | XXXXXXXX | (T)     |
| 155          | Reserved for Future Use                           | XXXXXXXX | (T)     |
| 156          | Reserved for Future Use                           | XXXXXXXX | (T)     |
| 157          | Reserved for Future Use                           |          | (T)     |
| 158          | Application for Service (Corporate Rewards)       | XXXXXXXX | (T) (P) |

(D)

(P) Pending approval of Advice Letter No. 10,179.

Continued

Advice Letter No. 10,380

Issued By

Date Filed JAN 16, 2003

Effective FEB 16, 2003

Decision No.

Director  
 Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                   | <u>Form No.</u> |
|------------------|---------------------------------|---------------------------------------------------|-----------------|
| 151              | Original                        | Toll Block Warning Notice                         | XXXXXXXX        |
| 152              | Original                        | Credit Limit Notice                               | XXXXXXXX        |
| 153              | 2nd                             | LinkIN <sup>SM</sup> Service Order Form - Page 1  | 5893CA          |
| 153.1            | 3rd                             |                                                   |                 |
| 153.2            | 2nd                             |                                                   |                 |
| 154              | Original                        | Authorization Form for Unauthorized Call Transfer | XXXXXXXX        |
| 155              | Original (P)                    | Order Confirmation for Tariffed Services          | XXXXXXXX        |
| 156              | Original (P)                    | Application for Service (With Rates)              | XXXXXXXX        |
| 157              | Original (P)                    | Application for Service (No Rates)                | XXXXXXXX        |
| 158              | Original *                      | Application for Service (Corporate Rewards)       | XXXXXXXX        |

\* Denotes change  
(P) Pending approval of Advice Letter No. 10,178.

Continued

Advice Letter No. 10,179

Issued By

Date Filed AUG 13, 2002  
Effective JAN 29, 2003

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                   | <u>Form No.</u> |
|------------------|---------------------------------|---------------------------------------------------|-----------------|
| 151              | Original                        | Toll Block Warning Notice                         | XXXXXXXX        |
| 152              | Original                        | Credit Limit Notice                               | XXXXXXXX        |
| 153              | 2nd                             | LinkIN <sup>SM</sup> Service Order Form - Page 1  | 5893CA          |
| 153.1            | 3rd                             |                                                   |                 |
| 153.2            | 2nd                             |                                                   |                 |
| 154              | Original                        | Authorization Form for Unauthorized Call Transfer | XXXXXXXX        |
| 155              | Original *                      | Order Confirmation for Tariffed Services          | XXXXXXXX        |
| 156              | Original *                      | Application for Service (With Rates)              | XXXXXXXX        |
| 157              | Original *                      | Application for Service (No Rates)                | XXXXXXXX        |

\* Denotes change

Continued

Advice Letter No. 10,178

Issued By

Date Filed AUG 13, 2002

Effective SEPT 22, 2002

Decision No.

Director  
 Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                   | <u>Form No.</u> |
|------------------|---------------------------------|---------------------------------------------------|-----------------|
| 151              | Original                        | Toll Block Warning Notice                         | XXXXXXXX        |
| 152              | Original                        | Credit Limit Notice                               | XXXXXXXX        |
| 153              | 2nd                             | LinkIN <sup>SM</sup> Service Order Form - Page 1  | 5893CA          |
| 153.1            | 3rd                             |                                                   |                 |
| 153.2            | 2nd                             |                                                   |                 |
| 154              | Original *                      | Authorization Form for Unauthorized Call Transfer | XXXXXXXX        |

\* Denotes change

Continued

Advice Letter No. 9799

Issued By

Date Filed JUN 07, 2001

Effective JUL 25, 2001

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                                  | <u>Form No.</u> |
|------------------|---------------------------------|--------------------------------------------------|-----------------|
| 151              | Original                        | Toll Block Warning Notice                        | XXXXXXXX        |
| 152              | Original                        | Credit Limit Notice                              | XXXXXXXX        |
| 153              | 2nd *                           | LinkIN <sup>SM</sup> Service Order Form - Page 1 | 5893CA          |
| 153.1            | 3rd *                           |                                                  | (D)             |
| 153.2            | 2nd *                           |                                                  | (D)             |

\* Denotes change

Continued

Advice Letter No. 8787  
 23, 1998

Issued By

Date Filed JUL

Effective SEP

01, 1998

Decision No.

Director  
 Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet No.</u> | <u>Original or Revision No.</u> |                                     | <u>Form No.</u> |
|------------------|---------------------------------|-------------------------------------|-----------------|
| 151              | Original                        | Toll Block Warning Notice           | XXXXXXXX        |
| 152              | Original                        | Credit Limit Notice                 | XXXXXXXX        |
| 153              | 1st                             | LinkIN_ Service Order Form - Page 1 | 5893CA          |
| 153.1            | 2nd *                           | LinkIN_ Service Order Form - Page 2 | 5893CA          |
| 153.2            | 1st                             | LinkIN_ Service Order Form - Page 3 | 5893CA          |

\* Denotes change

Continued

Advice Letter No. 8521

Issued By

Date Filed JUL 01, 1997

Effective AUG 11, 1997

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

| <u>Sheet<br/>No.</u> | <u>Original or<br/>Revision No.</u> | <u>Title</u>        | <u>Form No.</u> |
|----------------------|-------------------------------------|---------------------|-----------------|
| 151                  | Original *                          | Toll Block Warning  | XXXXXX          |
| 152                  | Original *                          | Credit Limit Notice | XXXXXX          |

# Withdrawn  
\* Denotes change

Continued

Advice Letter No. 7887

Issued By

Date Filed OCT 19, 1995  
Effective FEB 23, 1996

Decision No.

Regional Director  
Regulatory & Industry Affairs

Resolution No. T-15831

FORMS

Reserved for Future Use

(T)

(D)

(D)

Continued

FORMS

Application for Emergency Subscriber List Service

(N)

Routing Code: 5V



APPLICATION FOR EMERGENCY SUBSCRIBER LIST SERVICE

|                                               |                                                     |                                                                                                      |                 |
|-----------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------|
| Customer Name<br>(hereinafter<br>"Customer"): | [type full corporate name here]                     | Main Billing Tel. No:                                                                                | [type BTN here] |
| Address:                                      |                                                     | Main Billing Address<br>(Must be within<br>geographic area for<br>which ESL Service is<br>requested) |                 |
| Fax Number:                                   | [type address here]<br>[type city, state, zip here] | Fax Number:                                                                                          |                 |
| Email:                                        | [type customer fax # here]                          | Email:                                                                                               |                 |
|                                               | [type customer email address here]                  |                                                                                                      |                 |

Customer applies for and agrees to purchase from Verizon California Inc. ("Verizon") Emergency Subscriber List Service as identified below and as further described in Verizon's applicable tariffs, including Verizon CA Inc., Schedule Cal. P.U.C. No. A-20b, (the "Services") for a minimum period of 36 consecutive months following execution of this Application and commencement of Services hereunder (the "Term Commitment Period"). The Services will be provided solely pursuant to, and subject to the rates, terms and conditions of Verizon's tariffs, including Verizon CA Inc. Schedule Cal. P.U.C. No. A-20b, in effect during the Term Commitment Period (the "Tariffs"), which are incorporated by this reference. Verizon's provision of Service shall be subject to the availability of suitable facilities. Verizon's Tariffs can be found at [www.verizon.com/tariffs](http://www.verizon.com/tariffs). Verizon's Tariffs are subject to change, consistent with applicable regulatory and legal requirements. Verizon's currently effective and prevailing Tariff shall apply.

The rates for the Services shall be as set forth in the Tariffs, which rates are summarized below. Customer shall also pay all applicable charges, fees, taxes and tariff surcharges, including federal End User Common Line Charges, charged pursuant to applicable law, regulations or Tariffs.

| Service<br>Option<br>(Customer to mark<br>with "X"<br>requested<br>Service<br>Option) | Tariff Service<br>Provided solely pursuant to Verizon CA Inc. Intrastate Tariff,<br>Schedule Cal. P.U.C. No. A-20b |  | Monthly Tariff<br>Unit Rate       | Non-recurring<br>Tariff Charges<br>/ Unit |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|-------------------------------------------|
|                                                                                       |                                                                                                                    |  |                                   |                                           |
| Option 1                                                                              | One time extract of Information (as defined below) with no updates                                                 |  | N/A                               | \$2,051.00                                |
| Option 2                                                                              | Initial extract of Information with daily updates                                                                  |  | \$15.27, per<br>10,000<br>records | \$1,812.02                                |
| Option 3                                                                              | Initial extract of Information with weekly updates                                                                 |  | \$6.55, per<br>10,000<br>records  | \$1,812.02                                |

☒ Mailing Address For Information Extract

|          |  |
|----------|--|
| Name:    |  |
| Address: |  |
| Phone:   |  |

Schedule Cal. P.U.C. No. A-20b

Page 1 of 2

VZ Generated By: [Contract Manager's Initials - Date]  
VZ Approved To Form: [Contract Manager's Initials - Date]

(N)

Continued

Advice Letter No. 12,429

Issued By

Date Filed JUL 17, 2009  
Effective AUG 16, 2009

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

(D)

(D)

Continued

FORMS

(N)

Daily Lifeline Certification Form - English - Page 1 of 3

(D) (N)



**YOU CAN LOWER YOUR BILL IF YOU QUALIFY FOR UNIVERSAL LIFELINE SERVICE**

**WHAT IS UNIVERSAL LIFELINE SERVICE** (Lifeline)?

- Lifeline provides basic telephone service at reduced rates to people who qualify
- There are two types of Lifeline service available in most areas:

**FLAT RATE** service provides unlimited local calling for \$5.34 per month. You benefit if you make a high number of local calls each month.

**MESSAGE RATE** service provides 60 untimed local calls for \$2.85 per month. Additional calls are 8 cents each. You benefit if you make a low number of local calls each month.

Other benefits...you get a credit for the amount of your monthly network access (FCC) charge for interstate calling. You also get a discount on installation charges.

**LIFELINE ELIGIBILITY REQUIREMENTS**

To receive Lifeline, you must meet these requirements established by the California Public Utilities Commission.

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.)  
Exception: If you're a Special Needs customer with a TTY, you may be eligible for two Lifeline numbers. For more information, please call us at 1-800-483-4000
2. Your total household income\* may not exceed \$19,600 each year depending on your household size as indicated below:

| Household Size    | Maximum Annual Income |
|-------------------|-----------------------|
| 1-2               | \$19,600              |
| 3                 | \$23,200              |
| 4                 | \$27,800              |
| Each add'l person | \$ 4,600              |

(N)

(D)

Continued

Advice Letter No. 10,750

Issued By

Date Filed FEB 10, 2004  
Effective MAR 12, 2004

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

Application for Emergency Subscriber List Service (Continued)

(N)

Note: Information Extract will be sent by Certified/Overnight Mail which requires a person to be named recipient (i.e., not entity name) and physical address (i.e., not P.O. Box)

☒ Order Information

|                              |                 |               |        |
|------------------------------|-----------------|---------------|--------|
| Requested Date:              |                 |               |        |
| Requested Delivery Date:     |                 |               |        |
| Select one of the following: |                 |               |        |
| ESN:                         | ESN #           | 9-1-1 Entity: | State: |
| Or Community Name:           | Community Name: |               | State: |
| Or 9-1-1 Entity:             | Entity Name:    |               | State: |

Verizon may assign or transfer part or all of this Application to any of its affiliates. Upon reasonable prior written notice to Verizon and consistent with applicable Tariff supersedure or other regulatory requirements, Customer may assign or transfer this Application to any company that is the successor to substantially all of its assets. All other attempted assignments shall be void without the prior written consent of the other party.

This Application and the Tariffs constitute the entire agreement between Customer and Verizon regarding the Services, and supersede all prior oral or written quotations, communications, understandings or agreements. In the event of a conflict between the Tariffs and this Application, the Tariffs shall control. Customer represents that its execution of this Application is based solely on its independent assessment of the rights and obligations set forth herein and not on any other oral or written quotations, communications, understandings or agreements.

In the event any of the Services are hereafter detrified, the terms of the Tariffs in effect immediately prior to such detriffing shall be deemed to be incorporated by reference in this Application and shall create a binding agreement with Customer for the Services, which agreement shall apply to the provision of the Services to the same extent as such Tariffs applied hereunder prior to such detriffing and shall remain in effect until the Services are terminated or until replaced by another agreement.

By signing this Application for Emergency Subscriber List Tariff Service, Customer certifies that: (1) it is an authorized provider of Emergency and Emergency Support Services consistent with Section 47 U.S.C. 222 (g), California Public Utilities Code Sections 2872 and 2891.1, and Sections I and II of the Tariff, and (2) as an authorized provider of such Emergency and Emergency Support Services, Customer desires to receive the Emergency Subscriber List Information ("Information"), provided by Verizon pursuant to Tariff, for the sole purpose of delivering or assisting in the delivery of Emergency and Emergency Support Services; and (3) Customer shall use the Emergency Subscriber List Information provided by Verizon pursuant to Tariff only for the permitted purpose described in the Tariff and herein; and (4) Customer shall at all times comply with the terms and conditions of the Tariff, including but not limited to Section IV.A concerning confidentiality of the Information.

Agreed and accepted:

[insert Customer's full corporate name]

By \_\_\_\_\_  
Name/Title \_\_\_\_\_  
Date \_\_\_\_\_

*Schedule Cal. P.U.C. No. A-206*

*Page 2 of 2*

VZ Generated By: [Contract Manager's Initials - Date]  
VZ Approved To Form: [Contract Manager's Initials - Date]

(N)

Continued

Advice Letter No. 12,429

Issued By

Date Filed JUL 17, 2009  
Effective AUG 16, 2009

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

(D)

(D)

Continued

FORMS

(N)

Daily Lifeline Certification Form - English - Page 2 of 3

(N)



3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second home or business.
5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

\*The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is:

Total Household Income - All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment\*\*, and all employment-related non-cash income.

\*\*Net business income as shown on IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility.

(N)

Continued

Advice Letter No. 10,750

Issued By

Date Filed FEB 10, 2004  
Effective MAR 12, 2004

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

(D)

(D)

Continued

FORMS

(N)

Daily Lifeline Certification Form - English - Page 3 of 3

(N)



**LIFELINE SERVICE APPLICATION**

To receive Lifeline service, you must meet the requirements listed on the previous page. If you are eligible for Lifeline service, please sign and date the bottom portion of this form and return it in the enclosed envelope.

**IMPORTANT - RETURN IMMEDIATELY**

We must receive your signed certification application within 30 DAYS after initiation of Lifeline service or your Lifeline telephone service will be changed to regular rates. These monthly rates will be retroactive to the date your Lifeline service began. You also will be billed regular service connection charges rather than Lifeline connection charges.

**Please detach and return in the enclosed envelope.**

Billing number: 805-372-0018

Billing name: ENGLISH CALIFORNIA 3

I hereby apply for Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

Verizon  
Processing Center  
Inglewood, CA  
90312-6055

\_\_\_\_\_  
Signature (Only Use Black Ink)

\_\_\_\_\_  
Date

(N)

Continued

Advice Letter No. 10,750

Issued By

Date Filed FEB 10, 2004

Effective MAR 12, 2004

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

(D)

(D)

Continued

Advice Letter No. 11,598

Issued By

Date Filed JUL 31, 2006  
Effective AUG 30, 2006

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

(N)

Daily Lifeline Certification Form - Spanish - Page 1 of 3

(N)



**USTED PUEDE REBAJAR SU FACTURA SI CALIFICA PARA EL SERVICIO UNIVERSAL LIFELINE**

**¿QUÉ ES EL SERVICIO "UNIVERSAL LIFELINE" (Llamado en general: Lifeline)?**

- Lifeline suministra servicio telefónico básico a precios reducidos, para quienes califican
- En la mayoría de las zonas, existen dos tipos de servicios Lifeline disponibles:

**TARIFA FIJA:** este servicio permite llamadas locales limitadas por \$5.34 mensuales. Usted se beneficia si realiza un gran número de llamadas locales por mes.

**TARIFA MEDIDA:** este servicio permite 60 llamadas locales sin límite de tiempo, por \$2.85 por mes. Las llamadas adicionales cuestan 8 centavos cada una. Usted se beneficia si hace pocas llamadas locales por mes.

También tiene la ventaja de obtener un crédito en los cargos mensuales de su acceso a la red FCC de la Comisión Federal de Comunicaciones, cuando hace llamadas entre estados. También recibe un descuento en los cargos por la instalación del servicio.

**REQUISITOS DE ELEGIBILIDAD DE LIFELINE**

Para recibir Lifeline, usted debe cumplir con los requerimientos establecidos por la Comisión de Servicios Públicos de California.

1. Usted puede contar con más de una línea telefónica en su hogar, pero solamente una puede tener el servicio Lifeline. (No existe límite para la cantidad de aparatos telefónicos) Excepción: si usted es un cliente con Necesidades Especiales y requiere servicio TTY, usted podría ser elegible para dos números telefónicos con servicio Lifeline. Para mayor información, sírvase llamarnos al 1-800-743-2483.
2. Su ingreso total familiar\* no puede ser superior a \$19,600 por año, de acuerdo con el tamaño de su familia, según se indica a continuación:

| Tamaño de la familia       | Ingreso máximo anual |
|----------------------------|----------------------|
| 1-2                        | \$19,600             |
| 3                          | \$23,200             |
| 4                          | \$27,800             |
| Por cada persona adicional | \$ 4,600             |

(N)

Continued

Advice Letter No. 10,750

Issued By

Date Filed FEB 10, 2004

Effective MAR 12, 2004

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

(D)

(D)

FORMS

(N)

Daily Lifeline Certification Form - Spanish - Page 2 of 3

(N)



3. Usted no figura como dependiente en la declaración de impuestos de otra persona.
4. Usted está utilizando el servicio Lifeline solamente en su residencia particular y no en otra residencia o negocio.
5. Los niveles de ingresos son ajustados todos los años. Usted deberá certificar anualmente que cumple con estas reglas de elegibilidad.

\*La definición de ingreso total del grupo familiar de acuerdo con la Orden General 153, Sección 1.3.7 de la Comisión de Servicios Públicos de California, determina que:

Ingreso total del grupo familiar incluye todos los ingresos de todos los miembros del grupo familiar de cualquier fuente de ingresos que se trate, sujetos o no, a impuestos pero sin limitarse a: sueldos, salarios, intereses, dividendos, sustento del cónyuge o pagos por sustento de hijos, pagos por asistencia pública, pensiones de seguridad social y jubilación, ingresos por cobro de rentas, ingresos por trabajos por cuenta propia\*\* y todos aquellos ingresos relacionados con un empleo aunque no se cobre dinero.

\*\*Ingreso neto por un negocio según está indicado en el Formulario 1040 del IRS, Schedule C, Línea 29. Si se indica una pérdida, no descuenta la Línea 29 de otros ingresos, para determinar la elegibilidad.

(N)

Continued

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**SOLICITUD DE SERVICIO LIFELINE**

Para recibir el servicio Lifeline, usted debe cumplir con los requisitos indicados en la página anterior. Si usted es elegible para recibir el servicio Lifeline, por favor coloque su firma y la fecha en la porción inferior de este formulario y remítalo en el sobre anexo.

**IMPORTANTE: REMÍTALO DE INMEDIATO**

Nosotros deberemos recibir su solicitud de certificación debidamente firmada, dentro de los 30 DÍAS después de haber iniciado el servicio Lifeline o de lo contrario, su servicio telefónico Lifeline será cambiado a tarifas regulares. Estas tarifas mensuales serán retroactivas a la fecha en que comenzara su servicio Lifeline. También se le cobrarán las tarifas regulares por cargos de conexión del servicio, en lugar de los cargos Lifeline por conexión.

**Por favor despegue y envíe en el sobre anexo.**

Número de  
facturación:  
(Billing Number)

805-372-0023

Nombre de  
facturación:  
(Billing Name)

SPANISH CALIFORNIA

Por la presente, solicito el Servicio Universal Lifeline. Certifico que he revisado y cumpla con los requisitos y acepto los términos y condiciones de tal servicio. Estoy al tanto de que mi elegibilidad está sujeta a verificación y si se encuentra que mis ingresos superan los límites, se me quitará el servicio Lifeline y se me facturarán los descuentos previos que yo no debería haber recibido. Estoy de acuerdo en certificar mi elegibilidad una vez por año.

Verizon  
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90312-6055

Firma (use solamente tinta negra)

Fecha

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符合申請普濟電話資格的人士可減少電話費用支出

什麼是普濟電話服務(Universal Lifeline Service - Lifeline)？

- 符合資格的普濟電話用戶可享受費率較低的基本電話服務。
- 多數地區的普濟電話服務分為兩種：

**單一費率(Flat Rate)**服務月費\$5.34，本地電話次數不限。如果您每月打的本地電話次數較多，此項服務較划算。

**計次費率(Message Rate)**服務月費\$2.85，每月最多可打60通不計時的本地電話。超過60通以後，每一通收費8分錢。如果您每月打的本地電話次數較少，此項服務較划算。

其他福利包括，免收接通州際電話的電話網路月費(FCC)，電話的安裝費用也有折扣。

**普濟電話用戶資格要求**

您必須符合加州公用事業委員會規定的資格要求，才能享受服務：

1. 您的家庭可有一條以上的電話線，但只有一條電話線可以獲得普濟電話服務。（電話機的數目不限。）例外情形為，如果您有特殊需要而需要TTY（聽力障礙電訊服務），則可有兩條普濟電話線。詳情請打中文電話1-800-483-8688查詢
2. 您的家庭年總收入\*不得超過 \$19,600，依家中人數多寡其上限為：

| 家庭人數  | 最高年收入    |
|-------|----------|
| 1-2人  | \$19,600 |
| 3人    | \$23,200 |
| 4人    | \$27,800 |
| 每增加1人 | \$ 4,600 |

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3. 您的名字未列入他人報稅單上受撫養人一欄。
4. 只能在主要住所使用普濟電話服務，不得在第二住所或公司使用。
5. 有關低收入的標準每年會調整。您必須每年證明您仍符合資格要求。

\*根據加州公用事業委員會總規程153條1.3.7節，家庭總收入的定義為：

家庭總收入—家中所有成員從任何來源獲得的所有收入，不論是否需納稅，包括，但不限於：工資、薪水、利息、配股、配偶贍養與子女撫養費、社會救濟金、社會安全福利金、退休金、租金收入、自雇業者的收入\*\*以及所有與工作有關的非現金收入。

\*\*國稅局1040號表C表格第29行顯示的營業淨收入。如果為虧損，在計算是否符合普濟電話服務資格時，請勿將第29行的虧損金額與其他收入抵消。

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**普濟電話服務申請表**

要享有普濟電話服務，您必須符合上一頁中所列之要求。如果您符合申請普濟電話的資格，請在本表下方簽名並註明日期，然後將表格放入附寄的信封裡寄回。

**注意：請立即將申請表寄回**

我們必須在普濟電話服務開始後的30日之內收到已簽名的申請表，否則您的普濟電話服務將會改為普通費率電話服務。而且需追繳自普濟電話服務開始以來已享受折扣的全部差額，包括按普通服務費率，而不是普濟電話的折扣費率收取接通費。

請剪下並放入所附的信封內寄回

帳單電話號碼： 805-372-0045 帳單用戶姓名： MANDARIN CALIFORNIA

本人在此申請普濟電話服務。本人已閱讀資格要求，在此證明符合要求，並接受普濟電話服務的條件與限制。本人了解本人資格仍須受查核，如果發現本人收入超過標準，將失去普濟電話服務，且應補繳已享受折扣的全部差額。本人了解必須每年重新申請該項服務。

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90312-6055

簽名（必須使用黑色的墨水筆或原子筆） 日期

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**유니버설 라이프라인 서비스를 받은 자격이 되시면 요금을 적게 내실 수 있습니다.**

**유니버설 라이프라인 서비스(라이프라인)란 무엇인가?**

- 라이프라인은 자격을 갖춘 분들에게 저렴한 요금으로 기본 전화 서비스를 제공합니다.
- 라이프라인 서비스에는 다음의 2가지 종류가 있으며 대부분의 지역에서 이용할 수 있습니다:

**고정 요금 (Flat Rate)** 서비스로는 월 \$5.34의 요금으로 시내 통화를 무제한으로 할 수 있습니다. 이 서비스는 매월 시내 통화를 많이 하는 경우에 유리합니다.

**측정 요금 (Message Rate)** 서비스로는 월 \$2.85로 매월 최고 60통화까지 시간 제한 없이 사용할 수 있습니다. 61번째 통화부터는 통화 당 8센트입니다. 이 서비스는 매월 시내 통화를 적게 하는 경우에 유리합니다.

다른 혜택...타주로 가는 통화에 부과되는 월별 네트워크 사용료(FCC)가 면제됩니다. 설치 요금의 할인도 받습니다.

**라이프라인 자격조건**

자격이 되려면, 캘리포니아주 공공 요금 위원회(The California Public Utilities Commission, CPUC)가 규정한 다음 요건들이 충족되어야 합니다:

1. 한 집에 하나 이상의 전화번호가 있어도 되지만 라이프라인 서비스는 한 번호에 대해서만 받을 수 있습니다 (전화기 수에는 제한이 없습니다.) 예외: TTY를 사용하는 특수 필요(Special Needs) 고객인 경우에는 2개의 라이프라인 번호를 가질 자격이 될 수도 있습니다. 보다 자세한 정보가 필요하신 경우, 1-800-483-7772로 전화해 주십시오.
2. 매년 식구 별 총 가구소득\*이 아래에 표시된 바와 같이 \$19,600를 초과해서는 안됩니다:

| 식구 수    | 연간 최대 소득 |
|---------|----------|
| 1-2     | \$19,600 |
| 3       | \$23,200 |
| 4       | \$27,800 |
| 추가 1인 당 | \$ 4,600 |

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3.사용자는 다른 사람의 세금 보고서에 부양자로 보고되지 않아야 합니다.

4.라이프라인 서비스는 거주 주택에서 사용해야 하며, 두 번째 주택이나 사업장에  
서 사용해서는 안됩니다.

5.매년 소득 수준이 조정됩니다. 반드시 이러한 자격 기준에 충족됨을 매년 증명해  
야 합니다.

\*캘리포니아주 공공 요금 위원회 일반 명령 153의 1.3.7항에 의거한 총 가구소득  
의 정의는 다음과 같습니다:

총 가구소득 - 모든 식구들이 모든 소득원으로부터 얻은 총수입으로서 과세대상이  
든 비과세대상이든 상관 없으며 임금, 봉급, 이자 수입, 주식 배당금, 배우자 부양  
비, 자녀 양육비, 정부 생활 보조금, 소셜 시큐리티 및 연금, 임대 소득, 자영업 수  
입\*\*, 모든 고용관련 비현금 수입 등이 포함됩니다.

\*\*IRS 양식 1040, Schedule C, 29번째 줄에 나온 순 사업소득, 손실을 입은 경  
우, 자격요건을 결정할 때 기타 소득에서 29번째 줄에 나온 액수를 감하지 마십시  
오.

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**라이프라인 서비스 신청**

라이프라인 서비스를 받으시려면 반드시 이전 페이지에 나와있는 요건에 충족되어  
야 합니다. 라이프라인 서비스에 대한 자격이 되는 경우, 이 양식의 아랫부분에  
서명하고 날짜를 적어 동봉된 봉투에 넣어 보내십시오.

**중요합니다 - 즉시 보내십시오**

반드시 저희가 서명한 증명 신청서를 라이프라인 서비스를 받기 시작하신 후 30일  
이내에 받아야 하며, 그렇지 않은 경우 라이프라인 전화 서비스는 일반 요금으로  
변경됩니다. 이 월요금은 귀하의 라이프라인 서비스가 시작된 날짜로 소급 적용되  
니다. 또한 라이프라인 연결료가 아니라 일반 서비스 연결료가 부과됩니다.

**아래의 양식을 잘라 내어 동봉된 봉투에 넣어서 보내주십시오.**

청구번호: 805-372-0004

청구이름: KOREAN CALIFORNIA

본인은 유니버설 라이프라인 서비스 갱신을 신청합니다. 자격요건을 검토하였으며  
그에 충족되고 그 서비스의 조건을 수락함을 증명합니다. 본인의 자격 충족 여부를  
확인받아야 하며, 저의 소득이 한도를 초과하는 것으로 밝혀지는 경우, 라이프라인  
서비스를 더 이상 받지 못하게 되며, 받지 않아야 했을 지난 할인요금을 소급 청구  
받게 됨을 이해합니다. 본인은 매년 자격을 갱신해야 함을 이해합니다.

Verizon  
Processing Center  
Inglewood, CA  
90312-6055

서명 (검정색 펜만 사용하십시오)

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**QUÝ VỊ CÓ THỂ GIẢM BỚT HÓA ĐƠN TIỀN ĐIỆN THOẠI NẾU QUÝ VỊ HỢP LỆ HƯỞNG DỊCH VỤ UNIVERSAL LIFELINE**

**DỊCH VỤ UNIVERSAL LIFELINE (Lifeline) LÀ GÌ?**

- Lifeline cung cấp dịch vụ điện thoại căn bản với giá thấp cho những người hội đủ điều kiện.
- Có hai loại dịch vụ Lifeline trên hầu hết các vùng:

**GIÁ CỐ ĐỊNH** cung cấp điện thoại địa phương vô giới hạn với giá \$5.34 mỗi tháng. Quý vị được hưởng lợi nhiều hơn nếu hàng tháng quý vị gọi nhiều cú điện thoại địa phương.

**GIÁ GỌI GIỚI HẠN** cung cấp 60 lần gọi điện thoại địa phương với giá \$2.85 mỗi tháng. Mỗi cú gọi phụ trội sẽ trả 8 xu. Quý vị được hưởng lợi nhiều hơn nếu quý vị gọi ít cú điện thoại địa phương.

Các lợi điểm khác... Quý vị được khấu trừ từ lệ phí tiếp cận vào hệ thống (FCC) cho các cú gọi xuyên bang. Quý vị còn được giảm bớt lệ phí gần đường dây.

**ĐIỀU KIỆN CỦA LIFELINE**

Để được cung cấp dịch vụ Lifeline, quý vị phải hội đủ các điều kiện của Ủy Ban Tiện Ích Công Cộng California:

1. Quý vị có thể có nhiều hơn một số điện thoại trong gia đình, nhưng chỉ một đường dây được dịch vụ Lifeline mà thôi. (Không giới hạn số lượng máy điện thoại). Ngoại trừ: Nếu quý vị là Khách Hàng Có Nhu Cầu Đặc Biệt với TTY, quý vị có thể hợp lệ được hai số Lifeline. Muốn biết thêm chi tiết, vui lòng gọi cho chúng tôi tại số miễn phí 1-800-483-2262.
2. Tổng số lợi tức\* trong gia đình không quá \$19,600 mỗi năm, tùy vào số người trong gia đình như được ấn định như sau:

| Số người trong nhà               | Tối đa lợi tức hàng năm |
|----------------------------------|-------------------------|
| 1-2                              | \$19,600                |
| 3                                | \$23,200                |
| 4                                | \$27,800                |
| Cộng thêm cho mỗi người phụ trội | \$ 4,600                |

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3. Quý vị không được liệt kê là người lệ thuộc trong bản khai thuế của người khác.
  4. Chỉ sử dụng dịch vụ Lifeline cho nơi cư ngụ chính của mình, không dùng cho căn nhà thứ hai hay cơ sở thương mại.
  5. Mỗi năm mức lợi tức của quý vị được điều chỉnh. Quý vị phải chứng minh hàng năm rằng mình còn vẫn hội đủ điều kiện.
- \*Định nghĩa tổng số lợi tức gia đình dựa theo Sắc Lệnh 153, Đoạn 1.3.7 của Ban Tiện ích Công Cộng California là:

Tổng số lợi tức gia đình - Mọi nguồn lợi tức của tất cả những người trong gia đình, từ bất cứ nguồn nào dù bị đóng thuế hay không thuế, bao gồm nhưng không giới hạn: lương, lương bổng, tiền lời, tiền chia cổ phần, tiền cấp dưỡng cho người phối ngẫu và tiền cấp dưỡng nuôi con, tiền trợ cấp xã hội, tiền an sinh xã hội và hưu bổng, tiền cho thuê nhà, lợi tức từ cơ sở thương mại của mình\*\*, và tất cả các lợi tức kiếm được không trả bằng tiền mặt.

\*\*Tổng số lợi tức thương mại có ghi trong mẫu 1040 của Sở Thuế (IRS), Mẫu C, Dòng 29. Nếu bị lỗ, xin đừng trừ dòng 29 từ các lợi tức khác để xác định điều kiện hợp lệ.

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**MẪU ĐƠN XIN LẠI DỊCH VỤ LIFELINE**

Muốn hưởng dịch vụ LifeLine, quý vị phải hội đủ các tiêu chuẩn đòi hỏi được liệt kê nơi trang trước. Nếu quý vị hợp lệ để hưởng dịch vụ Lifeline, vui lòng ký tên và để ngày vào phần dưới mẫu đơn này và gửi lại cho chúng tôi theo bao thư đính kèm.

**LƯU Ý QUAN TRỌNG – GỬI LẠI CHO CHÚNG TÔI NGAY**

Chúng tôi phải nhận được mẫu đơn có chữ ký của quý vị trong vòng 30 NGÀY sau khi khởi sự dịch vụ Lifeline nếu không dịch vụ điện thoại Lifeline của quý vị sẽ được chuyển sang giá bình thường. Giá này sẽ hồi tố lại đến ngày dịch vụ Lifeline của quý vị bắt đầu. Quý vị cũng sẽ bị tính tiền lệ phí nối đường dây dịch vụ bình thường thay vì lệ phí nối đường dây Lifeline.

Xin xé rời phần này và gửi lại theo phong bì đính kèm.

Số hóa đơn: 805-372-0006

Tên người trong hóa đơn: VIETNAMESE CALIFORNIA

Tôi nộp đơn sau đây xin dịch vụ Lifeline. Tôi xác nhận là tôi đã xem lại và hội đủ tiêu chuẩn đòi hỏi, và chấp nhận quy luật và điều kiện của dịch vụ này. Tôi hiểu rằng việc hội đủ điều kiện của tôi sẽ được xác minh và nếu người ta phát giác rằng lợi tức của tôi quá mức giới hạn, tôi sẽ bị mất dịch vụ Lifeline và sẽ phải trả tiền được giảm trước đây mà lẽ ra tôi không hợp lệ hưởng. Tôi hiểu rằng tôi phải chứng minh việc hội đủ điều kiện của tôi hàng năm.

Verizon  
Processing Center  
Inglewood, CA  
90312-6055

Chữ ký (Ký Bằng Mực Đen)

Ngày

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Daily Lifeline Certification Form - Native American Lifeline - Page 1 of 3

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**YOU CAN LOWER YOUR BILL IF YOU QUALIFY  
FOR NATIVE AMERICAN LIFELINE SERVICE**

**WHAT IS NATIVE AMERICAN LIFELINE SERVICE (NALL)?**

The Federal Native American Lifeline program provides discounts on basic phone service in addition to those provided with regular Lifeline service to qualified persons.

FLAT RATE service provides unlimited local calling for \$1 per month.

INSTALLATION CHARGES up to \$100 are covered to establish phone service.

Other benefits...you get a credit for the amount of your monthly network access (FCC) charge for interstate calling.

**NATIVE AMERICAN LIFELINE ELIGIBILITY REQUIREMENTS**

To qualify for the Federal Native American Lifeline program, you must:

1. Live on a federally recognized tribal land.
2. Participate in one of the following programs:
  - Bureau of Indian Affairs General Assistance (BIA GA)
  - Tribally Administered Temporary Aid for Needy Families (TANF)
  - Head Start Program
  - National Free School Lunch Program

or

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3. Have an annual household income that is not more than the requirements listed below.

Your total household income\* may not exceed \$19,600 each year depending on your household size, as indicated below:

| Household Size         | Maximum Annual Income |
|------------------------|-----------------------|
| 1-2                    | \$19,600              |
| 3                      | \$23,200              |
| 4                      | \$27,800              |
| Each additional person | \$ 4,600              |

\*The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is:

Total Household Income -- All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self employment\*\*, and all employment-related non-cash income.

\*\* Net business income as shown on the IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility.

**ADDITIONAL ELIGIBILITY REQUIREMENTS**

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones). Exception: If you're a Special Needs customer with a TTY, you may be eligible for two Lifeline numbers. For more information please call us at 1-800-483-4000.
2. You're not listed as a dependent on another person's tax return.
3. You're using Lifeline service only in your primary residence, not a second home or business.
4. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

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Daily Lifeline Certification Form - Native American Lifeline - Page 3 of 3

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**NATIVE AMERICAN LIFELINE SERVICE APPLICATION**

To receive Native American Lifeline service, you must meet the requirements listed on the previous pages. If you are eligible, please sign and date the bottom portion of this form and return it in the enclosed envelope.

**IMPORTANT - RETURN IMMEDIATELY**

We must receive your signed certification application within 30 DAYS after initiation of Native American Lifeline (NALL) service or your NALL telephone service will be changed to regular rates. These monthly rates will be retroactive to the date your NALL service began. You also will be billed regular service connection charges rather than Lifeline connection charges.

Please detach and return in the enclosed envelope.

Billing Number: 530-625-0011 Billing Name: NALL CALIFORNIA

I hereby apply for Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

\_\_\_\_\_  
Signature (Only Use Black Ink)

\_\_\_\_\_  
Date

Verizon  
Processing Center  
Inglewood, CA  
90313-0009

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Advice Letter No. 10,750

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Daily Lifeline Certification Form - Second Lifeline Line - Page 1 of 3  
English Version

Universal LifeLine Telephone Service



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

(N)

**SELF CERTIFICATION FORM FOR SPECIAL NEEDS CUSTOMERS WHO QUALIFY FOR TWO LIFELINE NUMBERS**

**WHAT IS UNIVERSAL LIFELINE SERVICE (Lifeline)?**

- Lifeline provides basic telephone service at reduced rates to people who qualify.
- There are two types of Lifeline service available in most areas:

**FLAT RATE** service provides unlimited local calling for \$5.34 per month. You benefit if you make a high number of local calls each month.

**MESSAGE RATE** service provides 60 untimed local calls for \$2.85 per month. Additional calls are 8 cents each. You benefit if you make a low number of local calls each month.

Other benefits, you get a credit for the amount of your monthly network access (FCC) charge for interstate calling. You also get a discount on Lifeline installation charges.

**LIFELINE ELIGIBILITY REQUIREMENTS**

To receive Lifeline, you must meet these requirements established by the California Public Utilities Commission.

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY and three-way calling, you're eligible for two Lifeline numbers.
2. Your total household income\* may not exceed \$19,600 each year depending on your household size, as indicated below:

| Household Size         | Maximum Annual Income |
|------------------------|-----------------------|
| 1-2                    | \$19,600              |
| 3                      | \$23,200              |
| Each additional person | \$ 4,600              |

\*The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is:

Total Household Income - All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment\*\*, and all employment-related non-cash income.

\*\*Net business income as shown on IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility

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Daily Lifeline Certification Form - Second Lifeline Line - Page 2 of 3 - English

(N)

3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second home or business.
5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

**SPECIAL NEEDS ELIGIBILITY REQUIREMENTS - TWO LIFELINE NUMBERS**

If you are a Special Needs customer, you may be eligible to receive two Lifeline numbers to help you communicate with others. The second Lifeline number is offered at the same reduced rate as the first number and the second one-time connection charge is at the same reduced rate as the first.

To receive two Lifeline numbers, you must meet the regular Lifeline requirements listed above and on the previous page. In addition, you must meet the following requirements:

1. You or another household member is disabled.
2. The disabled household member has submitted a medical certificate of their disability to Verizon or the California Deaf and Disabled Telecommunications Program (DDTP) and that certificate complies with Public Utility Code 2281.
3. The medical certificate indicates the household member's need for a TTY device.
4. The disabled household member has immediate and continuous access within the household to a TTY device.
5. The household subscribes to three-way calling (which is free for Special Needs customers).

**LIFELINE SERVICE APPLICATION - TWO LIFELINE NUMBERS**

If you're eligible for Lifeline service on two numbers, please sign and date the bottom portion of this form and return it in the enclosed envelope.

**IMPORTANT - RETURN IMMEDIATELY**

We must receive your signed certification application within 30 DAYS or your Lifeline telephone service will be changed to regular rates. These monthly rates will be retroactive to the date your Lifeline service began. You also will be billed regular service connection charges rather than Lifeline connection charges.

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Daily Lifeline Certification Form - Second Lifeline Line - Page 3 of 3 - English

(N)

**Please return in the enclosed envelope to:**

Verizon Communications/ULTS  
PO Box 22705  
Long Beach, CA 90801-5705

Billing number:

Billing name:

I hereby apply for Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

In addition, I certify that I or another household member is disabled. I also certify that the disabled household member has submitted a medical certificate of his/her disability to Verizon or the DDTP that indicates his/her need for a TTY. I also certify that the disabled household member has immediate and continuous access to a TTY and that the household subscribes to three-way calling.

(Important: If you are the Verizon account holder and also are the parent/guardian of a disabled household member who is a minor or who cannot because of his/her disability sign this self certification form, please sign twice below.)

\_\_\_\_\_  
Signature of Verizon account holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of disabled household  
Member (if different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian of  
disabled household member  
(if applicable)

\_\_\_\_\_  
Date

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Lifeline Daily Certification Form - Second Lifeline Line - Page 1 of 3  
Spanish Version  
Universal LifeLine Telephone Service



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

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**FORMULARIO DE AUTO-CERTIFICACIÓN PARA CLIENTES CON NECESIDADES ESPECIALES QUE CALIFICAN PARA DOS NÚMEROS DE LÍNEA LIFELINE**

**¿EN QUÉ CONSISTE EL SERVICIO LIFELINE UNIVERSAL?**

• El servicio Lifeline brinda el servicio telefónico básico a las personas que califican para tarifas reducidas.

• Hay dos tipos de servicio Lifeline disponibles en la mayoría de las áreas:

El servicio de **TARIFA FIJA** ofrece llamadas locales ilimitadas a \$5.34 mensuales. Usted se beneficia si efectúa un gran número de llamadas locales cada mes.

El servicio de **TARIFA POR MENSAJE** ofrece 60 llamadas locales sin límite de tiempo por \$2.85 mensuales. Las llamadas adicionales se cobran a 8 centavos cada una. Usted se beneficia si efectúa pocas llamadas locales cada mes.

Otros beneficios... a usted se le acredita el importe de su cargo de acceso mensual a la red (FCC) para llamadas interestatales. También recibe un descuento en los cargos de instalación del Servicio Lifeline.

**REQUISITOS PARA CALIFICAR PARA LA LÍNEA LIFELINE**

Para calificar para la Línea Lifeline, usted debe cumplir con estos requisitos establecidos por la Comisión de Servicios Públicos de California.

1. Usted puede tener más de un número telefónico en su casa, pero sólo uno debe tener el Servicio Lifeline. (No hay ningún límite con relación al número de teléfonos que usted puede tener) Hay una excepción: Si usted es un cliente con Necesidades Especiales con un teletipo y llamada de tres vías, usted tiene derecho a tener dos números de Servicio Lifeline.

2. Los ingresos totales\* de su grupo familiar no deben ser mayores de \$19,600 anuales, dependiendo la cantidad de personas en su grupo familiar, como se indica a continuación:

| Grupo Familiar             | Ingreso Anual Máximo |
|----------------------------|----------------------|
| 1-2                        | \$19,600             |
| 3                          | \$23,200             |
| Por cada persona adicional | \$ 4,600             |

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\*La definición de ingresos totales del grupo familiar es la siguiente, de acuerdo a la Orden General 153, Sección 1.3.7 de la Comisión de Servicios Públicos de California:

Ingresos Totales del Grupo Familiar - Todos los ingresos, de todos los miembros de la familia, no importa cual sea su origen, sujetos o no a impuestos, incluyendo, pero sin limitarse a: jornales, salarios, intereses, dividendos, pagos de ayuda económica al cónyuge y a los hijos, pagos de asistencia pública, seguridad social y pensiones, ingresos de alquiler, ingresos de trabajos por cuenta propia\*\*, y todos los ingresos no en dinero relacionados con el empleo.

\*\* Los ingresos netos comerciales que se indican en el Formulario 1040, Planilla C, Línea 29 del Servicio de Impuestos (IRS) Si se indica una pérdida, no reste la Línea 29 de los demás ingresos para determinar si cumple con los requisitos.

3. Usted no debe figurar como persona dependiente en la declaración de impuestos de otra persona.

4. Usted sólo puede usar el Servicio Lifeline en su residencia principal, y no en una segunda casa o negocio.

5. Todos los años se ajustan los niveles de ingresos. Usted debe certificar anualmente que cumple con estos requisitos para calificar.

**REQUISITOS ESPECIALES PARA CALIFICAR PARA DOS LÍNEAS LIFELINE**

Si usted es un cliente con Necesidades Especiales, usted podría calificar para recibir dos números de Línea Lifeline para ayudarle a comunicarse con otras personas. Se le ofrece la segunda línea Lifeline a la misma tarifa reducida que el primer número, y el segundo cargo de conexión por única vez tiene la misma tarifa reducida que la primera conexión.

Para recibir dos números de Línea Lifeline, usted debe cumplir los requisitos normales de línea Lifeline indicados en la página anterior. Además, debe cumplir los siguientes requisitos:

1. Usted es incapacitado, u otro miembro de su familia lo es.
2. El miembro del grupo familiar incapacitado ha presentado un certificado médico de su incapacidad a Verizon o al Programa de Telecomunicaciones para Sordos e Incapacitados de California (DDTP), y dicho certificado cumple con los requisitos del Reglamento de Servicios Públicos 2281.
3. El certificado médico indica que el miembro del grupo familiar necesita un dispositivo teletipo (TTY)
4. El miembro incapacitado de la familia tiene acceso inmediato y continuo dentro de la casa a un dispositivo teletipo.
5. El grupo familiar está suscrito a llamada de tres vías (la cual es gratis para clientes con necesidades especiales).

**SOLICITUD DE SERVICIO LIFELINE - DOS NÚMEROS LIFELINE**

Si usted cumple los requisitos para el Servicio Lifeline para dos números, por favor firme y feche el talón de este formulario, y devuélvalo en el sobre adjunto.

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Lifeline Daily Certification Form - Second Lifeline Line - Page 3 of 3 - Spanish

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**IMPORTANTE - DEVUÉLVALO INMEDIATAMENTE**

Debemos recibir su solicitud de certificación firmada dentro de los 30 DÍAS, o su servicio telefónico Lifeline será cambiado a las tarifas normales. Estas tarifas mensuales serán retroactivas a la fecha en que comenzó su servicio Lifeline. También se le cobrarán los cargos normales por el servicio de conexión en lugar de los cargos reducidos de conexión Lifeline.

**Por favor firme y devuelva este talón en el sobre adjunto.**

**Verizon Communications/ULTS  
PO Box 22705  
Long Beach, CA 90801-5705**

Número de cuenta:

A nombre de:

Por el presente solicito el Servicio Lifeline Universal. Certifico que he analizado los requisitos y que cumplo con los mismos, y que acepto los términos y condiciones de dicho servicio. Comprendo que mi calificación está sujeta a verificación, y que si se comprueba que mis ingresos superan el límite permitido, seré dado de baja del Servicio Lifeline, y se me cobrarán los descuentos anteriores que no debería haber recibido. Entiendo que debo certificar anualmente que cumplo con los requisitos.

Además, certifico que yo soy incapacitado, o que otro miembro del grupo familiar lo es. También certifico que el miembro incapacitado del grupo familiar ha presentado un certificado médico de su incapacidad a Verizon o al Programa de Telecomunicaciones para Sordos e Incapacitados de California (DDTP). Además, certifico que el miembro incapacitado del grupo familiar tiene acceso inmediato y continuo a un teletipo, y que el grupo familiar está suscrito a llamada de tres vías.

(Importante: si usted es el titular de la cuenta de Verizon y también es el padre / tutor de un miembro incapacitado del grupo familiar que es menor de edad, o que no puede firmar este formulario de auto certificación a causa de su incapacidad, por favor firme dos veces más abajo.).

\_\_\_\_\_  
Firma del titular de la cuenta de Verizon

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del miembro incapacitado del  
Grupo familiar (si no es la misma persona)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del padre / tutor del miembro  
incapacitado del grupo familiar (si corresponde)

\_\_\_\_\_  
Fecha

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Chinese Version  
Universal LifeLine Telephone Service



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

特殊需要顧客申請兩個"通用基本通訊救濟服務"號碼

(N)

自我申請表

什麼是"通用基本通話救濟服務" (簡稱"通訊救濟服務") ?

- 該項目向符合條件的人提供較低話費費率的基本電話服務。
- 在大多數地區有兩種"通訊救濟服務"：

**固定電話費率：**每月支付5.34美元，可以不受限制撥打本地電話。如果你每月使用本地電話次數較多，你就會從中受益。

**計次電話費率：**每月支付2.85美元，你可以撥打60次不限時間的電話。超過60次，按每次8美分計費。如果你每月使用本地電話次數較少，你就會從中受益。

其他受益：你每月跨州通話網絡連接費（聯邦通訊委員會）可以獲得部分補償。安裝"通訊救濟服務"可以獲得折扣。

"通訊救濟服務"資格要求

如果你想獲得"通訊救濟服務"，必須符合加利福尼亞公共設施委員會制定的以下要求：

1. 在你的家裡可能有一個以上電話號碼，但只能一個電話號碼使用"通訊救濟服務"。（電話數量沒有限制。）例外：如果你是屬於有特殊需要的消費者，擁有電傳打字機（TTY）和使用二向通話，那麼你可以擁有兩個"通訊救濟服務"號碼。
2. 你的家庭每年總收入\*應當不超過19600美元，這個數值可以根據你的家庭規模大小有所調整，如下所示：

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| 家庭規模大小  | 最高年收入     |
|---------|-----------|
| 1-2     | 19,600 美元 |
| 3       | 23,200 美元 |
| 每增加1人遞增 | 4,600 美元  |

\*根據加利福尼亞公共設施委員會第153號通令第1 . 3.7款的規定，家庭總收入的定義是：

家庭總收入--所有家庭成員取得的、無論來源如何、是否應當納稅的收入總和，包括但不限於：工資，薪金，利息，紅利，扶養配偶和子女救濟金，公共救濟金，社會保險和退休金，租房收入，自我經營收入\*\*，以及所有的受雇獲得的非現金收入。

\*\* 經營淨收入在美國國稅局表1040 中項目清單C第29行。如果這裡顯示虧損，不要把第29行的數值從其它收入中減去來決定是否符合條件。

3. 沒有被 列入他人所得稅申報單中。
4. 你只在你的主要居住場所使用 “通訊救濟服務”，而不是在另外的家或者公司使用。
5. 每年的收入標準要作調整。你必須每年提供文件證明你仍然符合條件。

**特殊需要資格要求--兩個“通訊救濟服務”號碼**

如果你是特殊需要顧客，為了與別人進行交流，你可以獲得兩個“通訊救濟服務”號碼。第二個“通訊救濟服務”號碼與第一個“通訊救濟服務”號碼一樣，享受相同的降低通話費率和安裝費折扣的優惠。

為了獲得兩個“通訊救濟服務”號碼，你必須符合上一頁列出的正常“通訊救濟服務”的要求。另外，你必須符合下列要求：

1. 你或者另外有一位家庭成員為殘疾人。
2. 殘疾的家庭成員 已經向Verizon或者加利福尼亞聾啞和殘疾人通訊項目（DDTP）提交過有關其殘疾的醫學證明，該證明應當符合公共事務第2281號標準（Public UtilityCode2281）。
3. 醫學證明表明該家庭成員需要電傳打字機（TTY）。
4. 該殘疾的家庭成員在家中直接和連續使用電傳打字機。
5. 該家庭已申請三向通話服務（對特殊需要顧客免費）。

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**"通訊救濟服務" 申請--兩個"通訊救濟服務"號碼**

如果你符合兩個"通訊救濟服務"號碼所要求的條件，請在本表格的底部簽上名字和日期，裝入信封封好，然後寄回。

**重要提示：請立刻寄回**

我們必須在 30 天內收到你簽署的申請，否則你的"通訊救濟服務"電話就會改為正常費率。在你獲得"通訊救濟服務"服務以前，你將按正常費率支付月度收費，你將收到正常通話服務帳單，而不是"通訊救濟服務"通話帳單。

**請拆下此頁裝入信封封好後寄回。**

地址：

VerizonCommunications/ULTS  
POBox22705  
LongBeach, CA90801-5705

帳單編號：帳單姓名：

我現在申請"通訊救濟服務"，我保證我已經認真閱讀過並符合其資格要求，我接受這項服務的所有條款和條件。我知道我的資格條件需要進行證明，如果發現我的收入超過限額，我將會被中止"通訊救濟服務"，並且要支付先前不應獲得的話費折扣部分。我知道我必須每年提交一次資格證明。

此外，我保證我或者其他的某位家庭成員為殘疾人。我也同時保證，殘疾的家庭成員已經向 Verizon 或者加利福尼亞聾啞和殘疾人通訊項目（DDTP）提交過有關其殘疾的醫學證明，並且該醫學證明表明該家庭成員需要電傳打字機（TTY）。我也保證該殘疾的家庭成員在家中直接和連續使用電傳打字機，並且我的家庭已申請三向通話服務。

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(重要提示: 如果你擁有 Verizon 帳號, 同時又是某個殘疾家庭成員的父母/  
監護人, 而該殘疾家庭成員是未成年人, 或者由於殘疾不能簽署該自我申請表, 請  
在下面簽兩次。)

\_\_\_\_\_  
Verizon 帳號持有者簽名

\_\_\_\_\_  
日期

\_\_\_\_\_  
殘疾家庭成員簽名 (如果不同)

\_\_\_\_\_  
日期

\_\_\_\_\_  
殘疾家庭成員的父母/監護人 (如果適用)

\_\_\_\_\_  
日期

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Universal LifeLine Telephone Service



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

1 개의 라이프라인 번호를 신청할 자격 있는 특수 기능 필요 고객들을 위한  
본인 확인 신청 서식

유니버설 라이프라인(Lifeline) 서비스란 무엇일까요?

- 라이프라인은 자격이 해당되는 분들에게 낮은 요금으로 기본 전화 서비스를 제공할 수 있습니다.
- 거의 대부분의 지역에서 두 가지 유형의 라이프라인 서비스를 이용하실 수 있습니다.

고정 요금 서비스는 월 5 달러 34 센트(\$5.34)로 시내 통화를  
무제한으로하실 수 있습니다. 매달 시내 통화를 많이 하는  
가정에 혜택이 됩니다.

측정 요금 서비스는 월 5 달러 85 센트(\$5.85)로 60 회의 통화를  
시간의 제한없이하실 수 있습니다. 추가 통화는 1 회당 4 센트  
입니다.

기타 혜택으로는... 타주 통화를 위한 월간 통신회선 이용료(연방통신위원회)에  
대해 요금 면제 혜택을 드립니다. 라이프라인 가설비도 할인해 드립니다.

**라이프라인 자격 요건**

라이프라인의 혜택을 받으시려면 가주 공공요금위원회가 설정한 자격  
요건에 해당되어야 합니다.

1. 맥의 가정에 1 개 이상의 전화 번호를 가지실 수 있지만, 단 1 개  
뿐이라도 됩니다. (전화선의 수에는 제한이 없습니다.)  
예외, 청각 장애자용이나 3 자 통화 같은 특수 기능 필요 고객이라면  
1 개의 번호에 라이프라인을 적용 받으실 수 있습니다.
2. 아래 표에 표시된 바 가족 수에 따른 맥의 가구당 총소득\*이 한 해에  
\$19,600 이 넘지 않아야 합니다.

| 가족 수    | 연간 소득 최고액 |
|---------|-----------|
| 1-2     | \$19,600  |
| 3       | \$23,200  |
| 추가 1 인당 | \$ 4,600  |

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\*가주 공공요금위원회 일반규칙 153 호 137 항에 따른 가구당 총소득의 정의는 다음과 같습니다

\*\*가구당 총소득: 임금, 급여, 이자, 배당금, 배우자 생활 지원금 및 자녀 양육비, 정부 생활 보조금, 소셜 시큐어리티 및 연금, 임대 수입, 자영업\*\* 으로부터의 수입, 그리고 모든 고용 관련 비현금 혜택 등을 포함하나 이에 한정되지 않는, 과세 대상 또는 비과세 대상의, 모든 수입원으로 부터의, 모든 가구 구성원들의 총 수입

IRS Form 1040, 스케줄 C, 29 행에 나와 있는 사업 순수입, 만일 손실이 있을 경우 자격 요건을 결정하기 위해 다른 소득으로부터 29 행을 빼지 마십시오.

3. 다른 사람의 세금 보고에 부양 가족으로 올라 있지 않아야 합니다.
4. 라이프라인 서비스는 제 2 주택이나 업소가 아니고, 자신의 주거지에서만 사용할 수 있습니다.
5. 매년 소득 자격 요건이 조정됩니다. 따라서 매년 이 자격 요건에 해당됨을 증명하셔야 합니다.

**2 개 라이프라인 번호 - 특수 기능 필요 고객  
자격 요건**

특수 기능 필요 고객이라면 외부와의 통신의 편의를 드리기 위해 2 개의 라이프라인 번호를 신청할 자격이 있을 수도 있습니다. 두 번째 라이프라인 번호도 첫번째 번호와 동일하게 할 인된 요금으로 제공되며, 두 번째 번호의 일시불 설치 요금도 첫번째 것과 같이 할인된 요금을 적용해 드립니다.

2 개의 라이프라인 번호를 받으시려면 앞 페이지에 열거된 자격 요건에 해당되어야 합니다. 그 밖에 다음의 요건들도 해당되어야 합니다:

1. 자신이나 가족 중 다른 사람이 장애자일 경우.
2. 장애자인 가족원이 장애자 진단서를 Verizon 이나 캘리포니아주 청각 및 신체 장애자 통신 프로그램(DDTP) 당국에 제출했으며, 그 진단서가 공공사업법 2281 조에 따르고 있을 경우.
3. 그 진단서가 해당 가족이 장애자 통신(TTY) 장치의 필요성을 지적하고 있을 경우.
4. 장애인 가족원이 가정에서 장애자 통신(TTY) 장치에 직접적이고 계속적인 접근이 가능할 경우.

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5. 해당 가정에서 (특수 기능 필요 고객에게 무료로 제공되는) 3자 통화 기능을 신청해 사용하고 있을 경우.

**2 개 번호의 - 라이프라인 서비스의 신청**

2 개의 번호에 라이프라인 서비스를 신청할 자격이 있으시면 이 서식 아래 부분에 서명하고 일자를 기입한 후 동봉한 봉투에 넣어 보내주시시오.

**중요 사항 - 즉시 보내 주십시오.**

서명하신 이 신청서를 **30 일** 이내에 돌려 보내 주셔야 합니다. 아니면 손님의 라이프라인 전화 서비스가 일반 전화 요금들로 바뀌게 됩니다. 그렇게 되면 이 요금들은 손님의 라이프라인이 시작된 시기로 소급되어 적용됩니다. 손님은 또한 라이프라인 가설비가 아닌 일반 전화 가설비로 청구서를 받게 됩니다.

**아래를 잘라서 동봉한 봉투에 넣어 보내주시시오.**

**Verizon Communications/ULTS  
PO Box 22705  
Long Beach, CA 90801-5705**

청구 번호:

청구 대상자 이름:

본인은 유니버설 라이프라인을 신청합니다. 본인은 자격 요건을 검토한 결과 자격이 있으며, 이 서비스의 규정과 조건들을 수락합니다. 본인의 신청 자격은 확인될 것이며, 본인의 소득이 한도액을 초과한 사실이 발견될 경우 라이프라인 서비스는 중단되고 본인이 지금까지 받지 않아야 했던 종전의 할인 요금에 대한 청구서를 받게 될 것임을 잘 알고 있습니다. 본인은 또한 매년 유자격 사실을 증명해야 함도 알고 있습니다. 또한 매년 나의 유자격 사실을 증명해야 한다는 것도 알고 있습니다.

그 밖에, 본인 또는 다른 가족원이 장애자임을 본인은 확인합니다. 또한 장애자인 가족원이 Verizon 에 자신의 장애 진단서 또는 청각 장애자용 전화가 필요함을 표시하는 DDTP 를 제출하였음도 본인은 확인합니다. 그리고 장애자인 가족원이 장애자용 전화에 직접적이고 계속적으로 접속하며, 우리 가구가 3 자 통화 서비스를 사용하고 있음도 확인합니다.

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(주지 사항: 손님이 Verizon 계정 소유자로서 미성년자 또는 장애자이므로 이 확인 서식에 스스로 서명할 수 없는 장애자 가족원의 부모/후견인일 경우에는 아래에 두 번 서명해 주십시오.)

\_\_\_\_\_  
Verizon 계정 소유자의 서명

\_\_\_\_\_  
일자

\_\_\_\_\_  
장애 가족원의 서명

\_\_\_\_\_  
일자

\_\_\_\_\_  
장애 가족원의 부모/후견인의 서명

\_\_\_\_\_  
일자

\_\_\_\_\_  
서명 (검정 잉크 펜만 사용)

\_\_\_\_\_  
일자

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(N)

**MẪU ĐƠN TỰ XÁC NHẬN CHO KHÁCH HÀNG CÓ NHU CẦU ĐẶC BIỆT VÀ  
HỘI ĐỦ ĐIỀU KIỆN CHO HAI SỐ LIFELINE**

**DỊCH VỤ UNIVERSAL LIFELINE (Lifeline) LÀ GÌ?**

\* Lifeline cung cấp dịch vụ điện thoại căn bản với giá thấp cho những người hội đủ điều kiện.

\* Có hai loại dịch vụ Lifeline trên hầu hết các vùng:

**GIÁ CỐ ĐỊNH** cung cấp điện thoại địa phương không giới hạn với giá \$5.34 mỗi tháng. Quý vị được lợi nhiều hơn nếu gọi điện thoại trong địa phương nhiều hàng tháng.

**GIÁ GỌI GIỚI HẠN** cung cấp 60 lần gọi điện thoại địa phương với giá \$2.85 mỗi tháng. Mỗi cú gọi phụ trội sẽ trả 8 xu. Quý vị được lợi nhiều hơn gọi điện thoại trong địa phương ít.

Các lợi điểm khác... Quý vị được miễn trừ từ lệ phí tiếp cận vào hệ thống (FCC) cho các cú gọi xuyên bang. Quý vị còn được giảm bớt lệ phí gán đường dây Lifeline.

**ĐIỀU KIỆN CỦA LIFELINE**

Để được LifeLine, quý vị phải đáp ứng các điều kiện do Ban Tiềm Ích Công Cộng California thiết lập.

1. Quý vị có thể có nhiều hơn một số điện thoại trong gia đình, nhưng chỉ một đường dây được dịch vụ LifeLine. (Không giới hạn số lượng máy điện thoại). Ngoại trừ: Nếu quý vị là Khách Hàng Có Nhu Cầu Đặc Biệt với TTY và dịch vụ đường dây ba chiều, quý vị hội đủ điều kiện cho hai số LifeLine.
2. Tổng số lợi tức trong gia đình không quá \$19,600 mỗi năm, tùy vào số người trong gia đình như được ấn định như sau:

| Số người trong nhà | Tối đa lợi tức hàng năm |
|--------------------|-------------------------|
| 1-2                | \$19,600                |
| 3                  | \$23,200                |
| Thêm mỗi đầu người | \$ 4,600                |

\* Định nghĩa tổng số lợi tức gia đình dựa theo lệnh 153, Đoạn 1.3.7 của Ban Tiềm Ích Công Cộng là:

Tổng số lợi tức gia đình - Mọi nguồn lợi tức của tất cả những người trong gia đình, từ bất cứ nguồn nào dù bị đóng thuế hay không thuế, kể cả nhưng không giới hạn như lương giờ, lương năm, tiền lãi, tiền chia cổ phần, tiền hỗ trợ cho người phôi ngẫu và tiền cấp dưỡng trẻ, tiền trợ cấp công cộng, tiền an sinh xã hội và hưu bổng, tiền cho thuê nhà, lợi tức từ cơ sở thương mại và tất cả các lợi tức kiếm được không trừ bằng tiền mặt.

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\*\* Tổng số lợi tức thương mại có ghi trong mẫu 1040 của IRS, Lịch Trình C, Dòng 29. Nếu bị thất hụt, xin đừng trừ dòng 29 từ các lợi tức khác để xác định điều kiện.

3. Quý vị không được liệt kê là người lệ thuộc trong bản khai thuế của người khác.
4. Chỉ sử dụng dịch vụ LifeLine cho nơi cư ngụ chính, không dùng cho căn nhà thứ hai hay có sở thương mại.
5. Mỗi năm mức lợi tức của quý vị được điều chỉnh. Quý vị phải chứng minh hàng năm rằng mình còn vẫn hội đủ điều kiện.

**ĐIỀU KIỆN HỘI ĐỦ ĐIỀU KIỆN CHO NHU CẦU ĐẶC BIỆT - HAI SỐ LIFELINE**

Nếu là Khách Hàng Có Nhu Cầu Đặc Biệt, quý vị có thể hội đủ điều kiện để được hai số LifeLine để giúp liên lạc với người khác. Đường dây thứ hai được cùng giá giảm như đường dây thứ nhất và đường dây thứ hai có lệ phí gán một lần cũng cùng giá giảm như đường dây đầu.

Muốn được hai số LifeLine, quý vị phải đáp ứng các tiêu chuẩn thông thường của Lifeline được liệt kê nơi trang đầu. Ngoài ra, quý vị phải đáp ứng các điều kiện như sau:

1. Quý vị hay một người nào đó trong nhà bị tàn tật.
2. Người bị tàn tật trong gia đình phải đệ trình chứng nhận y tế về sự tàn tật của mình đến Verizon hay Chương Trình Truyền Thông cho Người Bị Lãng Tai và Tàn Tật (DDTP) và chứng nhận đó phải phù hợp với Sắc Luật 2281 của Ban Tiềm Ích Công Cộng.
3. Chúng nhận y tế phải chỉ định rằng người trong gia đình cần một dụng cụ TTY.
4. Người tàn tật trong gia đình được tiếp cận ngay và tiếp tục sử dụng dụng cụ TTY trong nhà.
5. Gia đình có đặt mua dịch vụ đường dây ba chiều (dịch vụ này miễn phí cho khách hàng có nhu cầu đặc biệt).

**ĐƠN XIN DỊCH VỤ LIFELINE - HAI SỐ LIFELINE**

Nếu hội đủ điều kiện cho dịch vụ Lifeline với hai số, xin ký tên và đề ngày vào phần cuối của mẫu này và gởi đi trong phong bì đính kèm.

**ĐIỀU QUAN TRỌNG: GỌI LẠI NGAY LẬP TỨC**

Chúng tôi phải nhận được đơn xin với chữ ký xác nhận trong vòng 30 NGÀY hay dịch vụ điện thoại của quý vị sẽ chuyển sang giá bình thường. Giá hàng tháng này sẽ được tính lại kể từ ngày dịch vụ LifeLine bắt đầu. Quý vị cũng sẽ trả lệ phí bình thường để gán đường dây thay vì lệ phí gán của LifeLine.

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**Xin xé rời phần này và gửi lại trong phong bì đính kèm.**

**Verizon Communications/ULTS  
Po Box 22705  
Long Beach, Ca 90801-5705**

Số hóa đơn:

Tên người trong hóa đơn:

Tôi đệ đơn xin dịch vụ Lifeline. Tôi chứng nhận rằng tôi đã duyệt và đáp ứng điều kiện, cùng chấp nhận quy luật và điều kiện cho dịch vụ này. Tôi cũng hiểu rằng việc hội đủ điều kiện này còn tùy vào sự xác minh về lợi tức và nếu lợi tức của tôi quá mức ấn định, tôi sẽ không còn được dịch vụ Lifeline và phải trả tiền được giảm trước đây mà tôi không hợp lệ để được. Tôi hiểu rằng tôi phải xác minh việc hội đủ điều kiện của tôi hàng năm.

Ngoài ra, tôi chứng nhận rằng, tôi hay một người trong gia đình bị tàn tật. Và tôi cũng xác nhận rằng người bị tàn tật trong gia đình đã đệ trình chứng minh y tế về sự tàn tật của mình đến Verizon hay DDTP cho biết mình cần TTY. Tôi cũng chứng nhận là người bị tàn tật trong gia đình được tiếp cận ngay và tiếp tục sử dụng dụng cụ TTY trong nhà và gia đình có đặt mua dịch vụ đường dây ba chiều.

(Điều quan trọng: Nếu quý vị là người đứng tên xin Verizon và cũng là cha mẹ hay người giám hộ của người trong gia đình bị tàn tật là con nhỏ hay vì không thể tự ký tên vào mẫu tự xác nhận, hãy ký tên hai lần dưới đây.

\_\_\_\_\_  
Chữ ký của người đứng tên trưởng mục Verizon

\_\_\_\_\_  
Ngày

\_\_\_\_\_  
Chữ ký của người tàn tật trong gia đình  
(nếu là người khác)

\_\_\_\_\_  
Ngày

\_\_\_\_\_  
Chữ ký của cha mẹ/người giám hộ của  
người tàn tật trong gia đình (nếu có)

\_\_\_\_\_  
Ngày

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Telephone Number  
Account Number  
Statement Ending

**YOU CAN LOWER YOUR BILL IF YOU QUALIFY  
FOR UNIVERSAL LIFELINE SERVICE**

**WHAT IS UNIVERSAL LIFELINE SERVICE (Lifeline)?**

- Lifeline provides basic telephone service at reduced rates to people who qualify.
- There are two types of Lifeline service available in most areas:

**FLAT RATE** service provides unlimited local calling for \$5.34 per month.  
You benefit if you make a high number of local calls each month.

**MESSAGE RATE** service provides 60 untimed local calls for \$2.85 per month.  
Additional calls are 8 cents each. You benefit if you make a low  
number of local calls each month.

Other benefits...you get a credit for the amount of your monthly network access  
(FCC) charge for interstate calling. You also get a discount on installation  
charges.

**WHO QUALIFIES?**

To qualify, you must meet these requirements:

1. You can have more than one telephone number in your household, but only  
one may have Lifeline service. (There's no limit to the number of phones.)  
Exception: If you're a Special Needs customer with a TTY, you may be  
eligible for two Lifeline numbers. For more information, please call us at  
1-800-794-4741.
2. Your total household income\* before tax is no more than:  

| HOUSEHOLD SIZE    | ANNUAL GROSS INCOME |
|-------------------|---------------------|
| 1 - 2             | \$ 19,600           |
| 3                 | \$ 23,200           |
| Each add'l person | \$ 4,600            |
3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second  
home or business.
5. Each year income levels are adjusted. You must certify annually that  
you meet these eligibility rules.

\* See enclosed Lifeline brochure for income guidelines

**TO CHANGE TO LIFELINE** immediately, call us at 1-800-483-4000 or you can  
mail in the form on the next page. If you have questions about Lifeline service,  
call our special toll-free Lifeline information number at 1-800-794-4741.

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Telephone Number  
Account Number  
Statement Ending

**PODRA REDUCIR EL IMPORTE DE SU CUENTA SI REUNE LOS  
REQUISITOS PARA EL SERVICIO TELEFONICO UNIVERSAL**

**QUE ES EL SERVICIO TELEFONICO UNIVERSAL?**

- EL SERVICIO TELEFONICO UNIVERSAL ("LIFELINE") OFRECE SERVICIO TELEFONICO BASICO A TARIFAS REDUCIDAS A PERSONAS QUE CUMPLAN CON DETERMINADOS REQUISITOS.
- EN LA MAYOR PARTE DE LAS AREAS, SE CUENTA CON DOS TIPOS DE SERVICIO TELEFONICO UNIVERSAL:

CON EL **SERVICIO DE CUOTA FIJA**, PODRA HACER UN NUMERO ILIMITADO DE LLAMADAS LOCALES POR SOLO \$5.34 AL MES. ESTA TARIFA LE CONVIENE SI HACE MUCHAS LLAMADAS LOCALES CADA MES.

CON EL **SERVICIO MEDIDO**, PODRA HACER UN MAXIMO DE 60 LLAMADAS LOCALES, SIN LIMITE DE TIEMPO, A UN COSTO DE \$2.85 AL MES. CADA LLAMADA ADICIONAL LE COSTARA 8 CENTAVOS. ESTA TARIFA LE CONVIENE SI HACE POCAS LLAMADAS LOCALES CADA MES.

OTRAS VENTAJAS... SE LE BONIFICARA EL IMPORTE DEL CARGO MENSUAL DE ACCESO A LA RED DE LLAMADAS INTERESTATALES (FCC). TAMBIEN OBTENDRA UN DESCUENTO SOBRE LOS CARGOS DE INSTALACION.

**QUIEN TIENE DERECHO AL SERVICIO UNIVERSAL?**

PARA RECIBIR ESTE SERVICIO, DEBE DE CUMPLIR CON ESTOS REQUISITOS:

1. PODRA TENER MAS DE UN (1) NUMERO TELEFONICO EN SU HOGAR, PERO SOLO UNO PUEDE TENER EL SERVICIO UNIVERSAL. (NO HAY LIMITE AL NUMERO DE APARATOS). EXCEPCION: SI USTED ES UNA PERSONA CON NECESIDADES ESPECIALES Y TIENE QUE USAR UN APARATO TTY PODRIA TENER DERECHO A DOS NUMEROS CON SERVICIO UNIVERSAL. SI DESEA INFORMACION ADICIONAL, LLAMENOS AL 1-800-794-4741.

2. EL TOTAL DE INGRESOS\*, ANTES DEL PAGO DE IMPUESTOS, DE TODAS LAS PERSONAS QUE VIVEN EN SU HOGAR NO PODRA EXCEDER DE:

| PERSONAS EN EL HOGAR   | INGRESO ANUAL TOTAL |
|------------------------|---------------------|
| 1 - 2                  | \$ 19,600           |
| 3                      | \$ 23,200           |
| CADA PERSONA ADICIONAL | \$ 4,600            |

3. NO APARECE COMO DEPENDIENTE ECONOMICO EN LA DECLARACION DE IMPUESTOS DE OTRA PERSONA.
4. EL SERVICIO TELEFONICO UNIVERSAL DEBE SER EXCLUSIVAMENTE PARA SU RESIDENCIA PRINCIPAL, NO PARA UNA SEGUNDA RESIDENCIA O NEGOCIO.
5. ESTOS NIVELES DE INGRESO SE MODIFICAN ANUALMENTE, POR LO QUE TENDRA USTED QUE VOLVER A SOLICITAR EL SERVICIO ANUALMENTE.

\* VEA LAS PAUTAS DE INGRESO EN EL FOLLETO DEL SERVICIO TELEFONICO UNIVERSAL QUE SE ADJUNTA

**SI DESEA CAMBIAR AL SERVICIO UNIVERSAL**, DE INMEDIATO COMUNIQUESE CON NOSOTROS AL 1-800-743-2483 O PUEDE ENVIAR POR CORREO EL FORMATO QUE SE ENCUENTRA EN LA SIGUIENTE HOJA. SI TIENE ALGUNA PREGUNTA SOBRE EL SERVICIO UNIVERSAL, LLAME, SIN CARGO, AL NUMERO ESPECIAL DE INFORMACION SOBRE EL SERVICIO TELEFONICO UNIVERSAL AL 1-800-794-4741.

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Telephone Number  
Account Number  
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**LIFELINE SERVICE  
APPLICATION**

If you meet the eligibility requirements and want to sign up for Lifeline service, please:

• Check the appropriate box on the form below and indicate whether you want Flat Rate or Message Rate service. (CHOOSE ONLY ONE.)

• Sign and date the attached form.

• Put the form in the enclosed envelope with your bill payment, add the proper postage and send it to us. Your Lifeline service will begin when we receive your request. (To establish Lifeline, there is a one-time charge of \$10 spread over three months.)

**SOLICITUD PARA EL SERVICIO  
TELEFONICO UNIVERSAL**

SI USTED SATISFACE LOS REQUISITOS CORRESPONDIENTES Y DESEA RECIBIR EL SERVICIO UNIVERSAL, POR FAVOR:

• MARQUE CON PALOMITA EL CUADRO CORRESPONDIENTE EN EL FORMATO AL CALCE PARA INDICAR SI PREFERE SERVICIO DE CUOTA FIJA O SERVICIO MEDIDO. (ESCOJA SOLO UNA OPCION.)

• FIRME Y ESCRIBA LA FECHA EN EL FORMATO.

• COLOQUE EL FORMATO EN EL SOBRE ANEXO, JUNTO CON EL PAGO DE SU CUENTA. COLOQUE LA ESTAMPILLA CORRESPONDIENTE EN EL SOBRE Y ENVIENOSLO. SU SERVICIO TELEFONICO UNIVERSAL ENTRARA EN VIGOR CUANDO RECIBAMOS SU SOLICITUD. (PARA ESTABLECER EL SERVICIO TELEFONICO UNIVERSAL, SE LE COBRARA UN CARGO UNICO DE \$10, EN TRES MENSUALIDADES.)

Please detach form below and return in the enclosed envelope.  
DESPRENDA ESTE FORMATO Y DEVUELVALO EN EL SOBRE ADJUNTO.

I want to be a new Lifeline customer. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually. I also understand there will be a one-time charge to establish Lifeline, and I choose: (Check only one)

☐ Flat Rate/CUOTA FIJA  
☐ Message Rate/SERVICIO MEDIDO

DESEO SUSCRIBIRME AL SERVICIO TELEFONICO UNIVERSAL. HAGO CONSTAR QUE CUMPLO CON TODOS LOS REQUISITOS Y ACEPTO LOS TERMINOS Y LAS CONDICIONES DE ESTE SERVICIO. ENTIENDO QUE MI ELEGIBILIDAD ESTA SUJETA A VERIFICACION Y QUE SI SE DESCUBRE QUE MI INGRESO EXCEDE EL LIMITE, SE CANCELARA MI SERVICIO Y ME PODRIAN FACTURAR TODOS LOS DESCUENTOS QUE HAYA RECIBIDO. ENTIENDO QUE ANUALMENTE TENDRE QUE REVALIDAR MI DERECHO A RECIBIR ESTE SERVICIO. TAMBIEN ENTIENDO QUE SE ME COBRARA UN CARGO UNICO PARA INSTALAR ESTE SERVICIO Y ELIJO: (MARQUE SOLO UNA):

Signature (Only Use Black Ink)  
FIRMA (UTILICE NADA MAS TINTA NEGRA)

Date  
FECHA

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**RECERTIFICATION OF UNIVERSAL LIFELINE SERVICE**

The California Public Utilities Commission (CPUC) requires that all residential customers who have Universal Lifeline Service certify their eligibility for this service each year. Even if you established service less than a year ago, you need to recertify at this time.

**WHAT IS UNIVERSAL LIFELINE SERVICE (Lifeline)?**

- Lifeline provides basic telephone service at reduced rates to people who qualify.
- There are two types of Lifeline service available in most areas:

**FLAT RATE** service provides unlimited local calling for \$5.34 per month. You benefit if you make a high number of local calls each month.

**MESSAGE RATE** service provides 60 untimed local calls for \$2.85 per month. Additional calls are 8 cents each. You benefit if you make a low number of local calls each month.

Other benefits...you get a credit for the amount of your monthly network access (FCC) charge for interstate calling. You also get a discount on installation charges.

**LIFELINE ELIGIBILITY REQUIREMENTS**

To qualify, you must meet these requirements:

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY, you may be eligible for two Lifeline numbers. For more information, please call us at 1-800-794-4741.

2. Your total household income\* before tax is no more than:

| HOUSEHOLD SIZE    | ANNUAL GROSS INCOME |
|-------------------|---------------------|
| 1-2               | \$19,600            |
| 3                 | \$23,200            |
| 4                 | \$27,800            |
| Each add'l person | \$ 4,600            |

3. You're not listed as a dependent on another person's tax return.

4. You're using Lifeline service only in your primary residence, not a second home or business.

5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

\* See enclosed Lifeline brochure for income guidelines

If you meet the new eligibility requirements and want to continue to receive this service, please complete the form on the next page and return it by

If you no longer qualify for Lifeline or do not want to continue the service, you do NOT need to return this form. Beginning , you will automatically change to regular measured rate service if you are a Lifeline message rate customer or to regular flat rate service if you are a Lifeline flat rate customer.

If you want to switch your Lifeline service from message rate to flat rate or from flat rate to message rate, call your Verizon customer representative at 1-800-483-4000 by . If you have any questions about Lifeline service, call our special toll-free Lifeline information number at 1-800-794-4741.

THIS IS NOT A BILL / ESTO NO ES UNA FACTURA

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**REVALIDACION DE SERVICIO TELEFONICO UNIVERSAL**

LA COMISION DE SERVICIOS PUBLICOS DE CALIFORNIA (CPUC, POR SUS SIGLAS EN INGLES) REQUIERE QUE TODO SUSCRIPTOR RESIDENCIAL CON SERVICIO TELEFONICO UNIVERSAL ("LIFELINE") REVALIDE ANUALMENTE SU DERECHO A SEGUIR RECIBIENDO ESTE SERVICIO. AUN CUANDO USTED HAYA CONTRATADO EL SERVICIO HACE MENOS DE DOCE MESES, EN ESTA FECHA LE TOCA RATIFICAR QUE TODAVIA CUMPLE CON LOS REQUISITOS ESTABLECIDOS.

**¿QUE ES EL SERVICIO TELEFONICO UNIVERSAL?**

- EL SERVICIO TELEFONICO UNIVERSAL ("LIFELINE") OFRECE SERVICIO TELEFONICO BASICO A TAR REDUCIDAS A PERSONAS QUE CUMPLAN CON DETERMINADOS REQUISITOS.
- EN LA MAYOR PARTE DE LAS AREAS, SE CUENTA CON DOS TIPOS DE SERVICIO UNIVERSAL:

CON EL SERVICIO DE CUOTA FIJA, PODRA HACER UN NUMERO ILIMITADO DE LLAMADAS LOCALES POR SOLO \$5.34 AL MES. ESTA TARIFA LE CONVIENE SI HACE MUCHAS LLAMADAS LOCALES CADA MES.

CON EL SERVICIO MEDIDO, PODRA HACER UN MAXIMO DE 60 LLAMADAS LOCALES, SIN LIMITE DE TIEMPO, A UN COSTO DE \$2.85 AL MES. CADA LLAMADA ADICIONAL LE COSTARA 8 CENTAVOS. ESTA TARIFA LE CONVIENE SI HACE POCAS LLAMADAS LOCALES CADA MES.

OTRAS VENTAJAS... SE LE BONIFICARA EL IMPORTE DEL CARGO MENSUAL DE ACCESO A LA RED (FCC) DE LLAMADAS INTERESTATALES. TAMBIEN OBTENDRA UN DESCUENTO SOBRE LOS CARGOS DE INSTALACION.

**¿QUIEN TIENE DERECHO AL SERVICIO UNIVERSAL?**

PARA RECIBIR ESTE SERVICIO, DEBE DE CUMPLIR CON ESTOS REQUISITOS:

1. PODRA TENER MAS DE UN (1) NUMERO TELEFONICO EN SU HOGAR, PERO SOLO UNO PUEDE TENER EL SERVICIO UNIVERSAL. (NO HAY LIMITE AL NUMERO DE TELEFONOS). EXCEPCION: SI USTED ES UNA PERSONA CON NECESIDADES ESPECIALES Y CON UN APARATO TTY, PODRIA TENER DERECHO A DOS NUMEROS CON SERVICIO UNIVERSAL. SI DESEA INFORMACION ADICIONAL, LLAMENOS AL 1-800-794-4741.

2. EL TOTAL DE INGRESOS\*, ANTES DEL PAGO DE IMPUESTOS, DE TODAS LAS PERSONAS QUE VIVEN EN SU HOGAR NO PODRA EXCEDER DE:

| PERSONAS EN EL HOGAR   | INGRESO ANUAL TOTAL |
|------------------------|---------------------|
| 1 o 2                  | \$19,600            |
| 3                      | \$23,200            |
| 4                      | \$27,800            |
| CADA PERSONA ADICIONAL | \$ 4,600            |

3. NO APARECE COMO DEPENDIENTE ECONOMICO EN LA DECLARACION DE IMPUESTOS DE OTRA PERSONA.

4. EL SERVICIO TELEFONICO UNIVERSAL SE USA EXCLUSIVAMENTE PARA SU RESIDENCIA PRINCIPAL, NO PARA UNA SEGUNDA RESIDENCIA O NEGOCIO.

5. ANUALMENTE SE MODIFICAN ESTOS NIVELES DE INGRESOS. POR LO TANTO, EL SUSCRIPTOR DEBERA CERTIFICAR QUE SATISFACE LOS REQUISITOS DE ELEGIBILIDAD.

\*VEA LAS PAUTAS DE INGRESO EN EL FOLLETO DEL SERVICIO TELEFONICO UNIVERSAL QUE SE ADJUNTA. SI USTED REUNE LOS NUEVOS REQUISITOS Y DESEA CONTINUAR DISFRUTANDO DE ESTE SERVICIO, SIRVASE LLENAR EL FORMULARIO QUE SE ENCUENTRA EN LA SIGUIENTE HOJA Y DEVOLVERLO ANTES DEL

NO SERA NECESARIO DEVOLVER EL FORMULARIO SI YA NO SATISFACE LOS REQUISITOS ESTABLECIDOS O SI NO DESEA CONTINUAR CON EL SERVICIO. SI ACTUALMENTE ES SUSCRIPTOR DEL SERVICIO TELEFONICO UNIVERSAL CON SERVICIO MEDIDO, A PARTIR DEL LUNES SE LE CAMBIARA AUTOMATICAMENTE AL SERVICIO MEDIDO NORMAL O SI ES SUSCRIPTOR CON CUOTA FIJA, SE LE CAMBIARA AL SERVICIO NORMAL DE CUOTA FIJA.

SI DESEA CAMBIAR SU SERVICIO UNIVERSAL DE SERVICIO MEDIDO AL DE CUOTA FIJA O VICEVERSA, COMUNIQUESE CON UN REPRESENTANTE DE ATENCION AL PUBLICO DE VERIZON AL 1-800-743-2483 ANTES DEL SI TIENE ALGUNA PREGUNTA SOBRE EL SERVICIO UNIVERSAL, LLAME, SIN COSTO, AL NUMERO ESPECIAL DE INFORMACION 1-800-794-4741.



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Advice Letter No. 10,750

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Regulatory Affairs

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**LIFELINE RENEWAL APPLICATION**

If you meet the eligibility requirements and want to continue Lifeline service, please:

- Sign and date the attached form.
- Put the form in the enclosed envelope with your bill payment, add the proper postage and send it to us by \_\_\_\_\_. (If you fail to respond by \_\_\_\_\_, there will be a one time charge of \$10 spread over three months to re-establish Lifeline.)

**SOLICITUD PARA SEGUIR RECIBIENDO EL SERVICIO TELEFONICO UNIVERSAL**

SI USTED REUNE ESTOS REQUISITOS Y DESEA CONTINUAR DISFRUTANDO DEL SERVICIO UNIVERSAL, SIRVASE HACER LO SIGUIENTE:

- FIRME Y ESCRIBA LA FECHA EN EL FORMATO ANEXO
- COLOQUE EL FORMATO EN EL SOBRE ANEXO, JUNTO CON EL PAGO DE SU CUENTA. COLOQUE LA ESTAMPILLA CORRESPONDIENTE EN EL SOBRE Y ENVIELO ANTES DEL \_\_\_\_\_. (SI NO CONTESTA ANTES DEL \_\_\_\_\_, SE LE COBRARA UN CARGO UNICO DE \$10, EN TRES MENSUALIDADES, PARA REANUDAR EL SERVICIO UNIVERSAL.)

Please detach form below and return in the enclosed envelope.  
DESPRENDA ESTE FORMATO Y DEVUELVALO EN EL SOBRE ANEXO.

I hereby apply to renew my Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

POR MEDIO DE LA PRESENTE, SOLICITO LA CONTINUACION DEL SERVICIO TELEFONICO UNIVERSAL. HAGO CONSTAR QUE CUMPLO CON TODOS LOS REQUISITOS Y ACEPTO LOS TERMINOS Y LAS CONDICIONES DE ESTE SERVICIO. ENTIENDO QUE LA LIMITACION DE MI INGRESO MAXIMO ESTA SUJETA A VERIFICACION. SI SE DESCUBRE QUE MI INGRESO EXCEDE EL LIMITE, SE CANCELARA MI SERVICIO Y ME PODRIAN FACTURAR TODOS LOS DESCUENTOS QUE NO DEBI HABER RECIBIDO. ENTIENDO QUE ANUALMENTE TENDRE QUE REVALIDAR MI DERECHO A RECIBIR ESTE SERVICIO.

Signature / FIRMA \_\_\_\_\_ Date / FECHA \_\_\_\_\_  
Only use black ink. / UTILICE NADA MAS TINTA NEGRA.

Verizon  
Inglewood, CA  
90312-6055

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**普濟電話重新申請表**

加州公用事業委員會(CPUC)要求,所有使用普濟電話服務的住宅用戶每年必須重新申請。即使現在距離您上一次申請的時間還不足一年,您現在仍需重新申請。

**什麼是普濟電話服務(Universal Lifeline Service - Lifeline)?**

- 符合資格的普濟電話用戶可享受費率較低的基本電話服務。
- 多數地區的普濟電話服務分為兩種:

**單一費率(Flat Rate)**服務月費\$5.34,本地電話次數不限。如果您每月打的本地電話次數較多,此項服務較划算。

**計次費率(Message Rate)**服務月費\$2.85,每月最多可打60通不計時的本地電話。超過60通以後,每一通收費8分錢。如果您每月打的本地電話次數較少,此項服務較划算。

其他福利包括,免收接通州際電話的電話網路月費(FCC),電話的安裝費用也有折扣。

**普濟電話用戶資格要求**

您必須符合加州公用事業委員會規定的資格要求,才能享受服務:

1. 您的家庭可有一條以上的電話線,但只有一條電話線可以獲得普濟電話服務。(電話機的數目不限。 )例外情形為,如果您有特殊需要而需要TTY(聽力障礙電訊服務),則可有兩條普濟電話線。詳情請打華語電話1-800-483-8688查詢。

2. 您的稅前家庭年總收入\*不得超過:

| 家庭人數  | 最高年收入    |
|-------|----------|
| 1 - 2 | \$19,600 |
| 3     | \$23,200 |
| 4     | \$27,800 |
| 每增加1人 | \$4,600  |

3. 您的名字未列入他人報稅單上受撫養人一欄。
4. 只能在主要住所使用普濟電話服務,不得在第二住所或公司使用。
5. 有關低收入標準每年會調整。您必須每年證明您仍符合資格要求。

\*有關家庭收入方面的規定請見所附的普濟電話冊子。

如果您符合最新的資格要求且希望繼續使用普濟電話服務,請在表格下頁的表格上簽名並註明日期,放入附寄的信封裡,在10月 日前寄回。

如果您不再符合普濟電話資格要求,或希望停止普濟電話服務,您不需要寄回表格。從10月 日星期一起,您的電話會自動轉到普通電話服務。如果您原是普濟電話計次費率用戶,您的電話將轉為普通計次費率服務。如果您原是普濟電話單一費率用戶,您的電話將轉為普通單一費率服務。

如果您希望將普濟電話服務由計次費率轉為單一費率,或由單一費率轉為計次費率,請在10月 日前打1-800-483-8688與Verizon華語用戶服務代表聯繫。如果您有任何有關普濟電話服務的問題,也可打該免費電話專線查詢。

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**RECERTIFICATION OF UNIVERSAL LIFELINE SERVICE**

The California Public Utilities Commission (CPUC) requires that all residential customers who have Universal Lifeline Service certify their eligibility for this service each year. Even if you established service less than a year ago, you need to recertify at this time.

**WHAT IS UNIVERSAL LIFELINE SERVICE (Lifeline)?**

- Lifeline provides basic telephone service at reduced rates to people who qualify.
- There are two types of Lifeline service available in most areas:

**FLAT RATE** service provides unlimited local calling for \$5.34 per month. You benefit if you make a high number of local calls each month.

**MESSAGE RATE** service provides 60 untimed local calls for \$2.85 per month. Additional calls are 8 cents each. You benefit if you make a low number of local calls each month.

Other benefits...you get a credit for the amount of your monthly network access (FCC) charge for interstate calling. You also get a discount on installation charges.

**LIFELINE ELIGIBILITY REQUIREMENTS**

To qualify, you must meet these requirements:

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY, you may be eligible for two Lifeline numbers. For more information, please call us at 1-800-794-4741.

2. Your total household income\* before tax is no more than:

| HOUSEHOLD SIZE    | ANNUAL GROSS INCOME |
|-------------------|---------------------|
| 1-2               | \$19,600            |
| 3                 | \$23,200            |
| 4                 | \$27,800            |
| Each add'l person | \$ 4,600            |

3. You're not listed as a dependent on another person's tax return.

4. You're using Lifeline service only in your primary residence, not a second home or business.

5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

\* See enclosed Lifeline brochure for income guidelines

If you meet the new eligibility requirements and want to continue to receive this service, please complete the form on the next page and return it by

If you no longer qualify for Lifeline or do not want to continue the service, you do NOT need to return this form. Beginning Monday, you will automatically change to regular measured rate service if you are a Lifeline message rate customer or to regular flat rate service if you are a Lifeline flat rate customer.

If you want to switch your Lifeline service from message rate to flat rate or from flat rate to message rate, call your Verizon customer representative at 1-800-483-4000 by . If you have any questions about Lifeline service, call our special toll-free Lifeline information number at 1-800-794-4741.



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**LIFELINE RENEWAL APPLICATION**

If you meet the eligibility requirements and want to continue Lifeline service, please:

- Sign and date the attached form.
- Put the form in the enclosed envelope with your bill payment, add the proper postage and send it to us by . (If you fail to respond by , there will be a one time charge of \$10 spread over three months to re-establish Lifeline.)

**普濟電話重新申請表**

如果您符合資格要求並希望繼續使用普濟電話服務，請：

- 在所附的表格上簽名並註明日期
- 將表格和帳單付款放入附寄的信封裡，貼郵票後在10月 日前寄回。(如果您未在10月21日前回覆，重新接通普濟電話服務時每條電話線須付\$10的一次性費用，分三個月繳交。)

**Please detach form below and return in the enclosed envelope.**  
請撕下表格，放入附寄的信封裡寄回。

I hereby apply to renew my Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

本人在此重新申請普濟電話服務。本人已閱讀資格要求，在此證明符合要求，並接受普濟電話服務的條件與限制。本人了解本人資格仍須受查核，如果發現本人收入超過標準，將失去普濟電話服務，且應補繳已享受折扣的全部差額。本人了解必須每年重新申請該項服務。

Signature / 簽名  
(必須使用黑色的墨水筆或原子筆)

Date/日期

Verizon  
Inglewood, CA  
90312-6055

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**유니버설 라이프라인 서비스의 갱신**

캘리포니아주 공공 요금 위원회(The California Public Utilities Commission, CPUC)는 유니버설 라이프라인 서비스를 받고 있는 모든 가정용 전화 고객들이 매년 서비스 이용 자격을 갱신하도록 요구하고 있습니다. 서비스를 받으신지 1년 미만이라도 지금 자격을 갱신해야 합니다.

**유니버설 라이프라인 서비스(라이프라인)란?**

- 라이프라인은 자격을 갖춘 분들에게 저렴한 요금으로 기본 전화 서비스를 제공합니다.
- 라이프라인 서비스에는 다음의 2가지 종류가 있으며 대부분의 지역에서 이용할 수 있습니다:

**고정 요금(FLAT RATE)** 서비스로는 월 \$5.34로 시내 통화를 무제한으로 할 수 있습니다. 이 서비스는 매월 시내통화를 많이 하는 경우에 유리합니다.

**측정 요금(MESSAGE RATE)** 서비스로는 월 \$2.85로 시내전화를 최고 60통화까지 시간제한 없이 할 수 있습니다. 61번째 통화부터는 통화 당 8센트입니다. 이 서비스는 매월 시내 통화를 적게 하는 경우에 유리합니다.

다른 혜택...타주로 가는 통화에 부과되는 월별 네트워크 사용료(FCC)가 면제됩니다. 설치 요금에 대한 할인도 받습니다.

**라이프라인 자격조건**

자격이 되려면, 다음 요건들이 충족되어야 합니다:

- 한 집에 하나 이상의 전화번호가 있어도 되지만 라이프라인 서비스는 한 번호에 대해서만 받을 수 있습니다 (전화기 수에는 제한이 없습니다.) 예외: TTY를 사용하는 특수 필요(Special Needs) 고객인 경우에는 2개의 라이프라인 번호를 가질 자격이 될 수도 있습니다. 보다 자세한 정보가 필요하시면 1-800-483-7772로 전화해 주십시오.
- 과세 전 매년 식구 별 총 가구소득\*이 아래에 표시된 액수를 초과해서는 안됩니다:

| 식구 수    | 연간 총 소득추가 1인 |
|---------|--------------|
| 1-2     | \$19,600     |
| 3       | \$23,200     |
| 4       | \$27,800     |
| 추가 1인 당 | \$4,600      |

- 사용자는 다른 사람의 세금 보고서에 부양자로 보고되지 않아야 합니다.
- 라이프라인 서비스는 거주 주택에서 사용해야 하며, 두 번째 주택이나 사업장에서 사용해서는 안됩니다.
- 매년 소득 수준이 조정됩니다. 반드시 이러한 자격 기준이 충족됨을 매년 증명해야 합니다.

\*소득 지침에 대해서는 동봉된 라이프라인 브로슈어를 참조하십시오

새로운 자격요건에 충족되고 계속 이 서비스를 받기를 원하시면 다음 페이지에 나와있는 양식을 작성해서 10월 21일까지 보내주십시오.

더 이상 라이프라인 서비스를 받을 자격이 되지 않거나 이 서비스를 계속 받기를 원치 않으시는 경우에는, 이 양식을 보내지 않아도 됩니다. 10월 21일 월요일부터 라이프라인 측정 요금 고객인 경우에는 일반 측정 요금으로, 라이프라인 고정요금 고객인 경우에는 일반 고정요금 서비스로 자동 변경됩니다.

라이프라인 서비스를 고정 요금에서 측정 요금으로 또는 측정 요금에서 고정 요금으로 변경하시려면, 10월 21일까지 1-800-483-7772의 Verizon 고객 담당직원에게 전화하십시오. 라이프라인 서비스에 관한 문의사항이 있는 경우에도 해당 무료 전화번호로 전화하십시오.

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**RECERTIFICATION OF UNIVERSAL LIFELINE SERVICE**

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2. Your total household income\* before tax is no more than:

| HOUSEHOLD SIZE    | ANNUAL GROSS INCOME |
|-------------------|---------------------|
| 1-2               | \$19,600            |
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| 4                 | \$27,800            |
| Each add'l person | \$ 4,600            |

3. You're not listed as a dependent on another person's tax return.

4. You're using Lifeline service only in your primary residence, not a second home or business.

5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

\* See enclosed Lifeline brochure for income guidelines

If you meet the new eligibility requirements and want to continue to receive this service, please complete the form on the next page and return it by

If you no longer qualify for Lifeline or do not want to continue the service, you do NOT need to return this form. Beginning Monday, , you will automatically change to regular measured rate service if you are a Lifeline message rate customer or to regular flat rate service if you are a Lifeline flat rate customer.

If you want to switch your Lifeline service from message rate to flat rate or from flat rate to message rate, call your Verizon customer representative at 1-800-483-4000 by . If you have any questions about Lifeline service, call our special toll-free Lifeline information number at 1-800-794-4741.



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Advice Letter No. 10,750

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Regulatory Affairs

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**LIFELINE RENEWAL APPLICATION**

If you meet the eligibility requirements and want to continue Lifeline service, please:

- Sign and date the attached form.
- Put the form in the enclosed envelope with your bill payment, add the proper postage and send it to us by . (If you fail to respond by , there will be a one time charge of \$10 spread over three months to re-establish Lifeline.)

**라이프라인 갱신 신청서**

자격요건에 충족되고 계속 라이프라인 서비스를 받기를 원하시면 다음에 따라 주십시오:

- 첨부된 양식에 서명하고 날짜를 적으십시오.
- 청구서 납부액과 함께 양식을 동봉된 봉투에 넣어 해당되는 우표를 붙여 10월 21일까지 저희에게 보내주십시오. (10월 21일까지 연락하지 않는 경우, 라이프라인 서비스를 다시 받으시려면 1회 부과되는 \$10의 요금이 3개월 동안 나누어서 부과됩니다.)

Please detach form below and return in the enclosed envelope.  
아래의 양식을 잘라내어 동봉된 봉투에 넣어 보내주십시오.

I hereby apply to renew my Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

본인은 유니버설 라이프라인 서비스 갱신을 신청합니다. 자격요건을 검토하였으며 그에 충족되고 그 서비스의 조건을 수락함을 증명합니다. 본인의 자격 충족 여부를 확인받아야 하며, 저의 소득이 한도를 초과하는 것으로 밝혀지는 경우, 라이프라인 서비스를 더 이상 받지 못하게 되며, 받지 않았어야 했을 지난 할인요금을 소급 청구 받게 됨을 이해합니다. 본인은 매년 자격을 갱신해야 함을 이해합니다.

Signature/서명  
(흑색 펜만 사용하십시오)

Date/날짜

Verizon  
Inglewood, CA  
90312-6055

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Advice Letter No. 10,750

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**ĐƠN GIA HẠN DỊCH VỤ UNIVERSAL LIFELINE**

Ủy Ban Tiện Ích Công Cộng California (California Public Utilities Commission -- CPUC) đòi hỏi tất cả các khách hàng tư gia có dịch vụ Universal Lifeline Service phải xác định việc hội đủ điều kiện của họ cho dịch vụ này mỗi năm. Ngay cả khi mới thiết lập dịch vụ dưới một năm vừa qua, quý vị cũng cần xác định lại vào lúc này.

**DỊCH VỤ UNIVERSAL LIFELINE (Lifeline) LÀ GÌ?**

- Lifeline cung cấp dịch vụ điện thoại cần bản với giá thấp cho những người hội đủ điều kiện.
- Có hai loại dịch vụ Lifeline trên hầu hết các vùng:

**GIÁ CỐ ĐỊNH** cung cấp điện thoại địa phương vô giới hạn với giá \$5.34 mỗi tháng. Quý vị được hưởng lợi nhiều hơn nếu hàng tháng quý vị gọi nhiều cú điện thoại địa phương.

**GIÁ GỌI GIỚI HẠN** cung cấp 60 lần gọi điện thoại địa phương với giá \$2.85 mỗi tháng. Mỗi cú gọi phụ trội sẽ trả 8 xu. Quý vị được hưởng lợi nhiều hơn nếu quý vị gọi ít cú điện thoại địa phương.

Các lợi điểm khác... Quý vị được khấu trừ từ lệ phí tiếp cận vào hệ thống (FCC) cho các cú gọi xuyên bang. Quý vị còn được giảm bớt lệ phí gần đường dây.

**ĐIỀU KIỆN CỦA LIFELINE**

Để được cung cấp dịch vụ Lifeline, quý vị phải hội đủ các điều kiện sau đây:

1. Quý vị có thể có nhiều hơn một số điện thoại trong gia đình, nhưng chỉ một đường dây được dịch vụ LifeLine mà thôi. (Không giới hạn số lượng máy điện thoại). Ngoại trừ: Nếu quý vị là Khách Hàng Có Nhu Cầu Đặc Biệt với TTY và dịch vụ gọi ba chiều, quý vị hợp lệ được hai số LifeLine. Muốn biết thêm chi tiết, vui lòng gọi cho chúng tôi tại số 1-800-483-2262.

2. Tổng số lợi tức\* trong gia đình trước khi trừ thuế không quá:

| SỐ NGƯỜI TRONG NHÀ               | TỐI ĐA LỢI TỨC HÀNG NĂM |
|----------------------------------|-------------------------|
| 1 - 2                            | \$19,600                |
| 3                                | \$23,200                |
| 4                                | \$27,800                |
| Cộng thêm cho mỗi người phụ trội | \$4,600                 |

3. Quý vị không được liệt kê là người lệ thuộc trong bản khai thuế của người khác.

4. Chỉ sử dụng dịch vụ LifeLine cho nơi cư ngụ chính của mình, không dùng cho căn nhà thứ hai hay cơ sở thương mại.

5. Mỗi năm mức lợi tức của quý vị được điều chỉnh. Quý vị phải chứng minh hàng năm rằng mình còn vẫn hội đủ điều kiện.

\*Xin xem tập hướng dẫn Lifeline để biết chi tiết về mức lợi tức hợp lệ.

Nếu quý vị hội đủ các điều kiện hợp lệ mới về mức lợi tức và muốn tiếp tục nhận được dịch vụ, vui lòng ký tên và để ngày vào phần cuối của mẫu đơn này và gửi lại cho chúng tôi theo phong bì đính kèm trước ngày 21 tháng Mười.

Nếu quý vị không còn hợp lệ để hưởng dịch vụ Lifeline hoặc không muốn tiếp tục dịch vụ này nữa, quý vị KHÔNG cần phải gửi lại mẫu đơn này. Bắt đầu từ ngày Thứ Hai 21 tháng Mười, quý vị sẽ được tự động chuyển sang dịch vụ giá thông thường tính theo số lần gọi nếu quý vị là khách hàng đang sử dụng dịch vụ giá gọi giới hạn Lifeline hoặc được chuyển sang giá cố định thông thường nếu quý vị là khách hàng đang sử dụng dịch vụ giá cố định Lifeline.

Nếu muốn đổi dịch vụ Lifeline của mình từ giá giới hạn sang giá cố định hay từ giá cố định sang giá giới hạn, hãy gọi đại diện khách hàng Verizon của mình tại số 1-800-483-2262 trước ngày 21 tháng Mười. Hay gọi chúng tôi tại số này nếu có bất cứ thắc mắc nào về dịch vụ Lifeline.

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Advice Letter No. 10,750

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**RECERTIFICATION OF UNIVERSAL LIFELINE SERVICE**

The California Public Utilities Commission (CPUC) requires that all residential customers who have Universal Lifeline Service certify their eligibility for this service each year. Even if you established service less than a year ago, you need to recertify at this time.

**WHAT IS UNIVERSAL LIFELINE SERVICE (Lifeline)?**

- Lifeline provides basic telephone service at reduced rates to people who qualify.
- There are two types of Lifeline service available in most areas:

**FLAT RATE** service provides unlimited local calling for \$5.34 per month. You benefit if you make a high number of local calls each month.

**MESSAGE RATE** service provides 60 untimed local calls for \$2.85 per month. Additional calls are 8 cents each. You benefit if you make a low number of local calls each month.

Other benefits...you get a credit for the amount of your monthly network access (FCC) charge for interstate calling. You also get a discount on installation charges.

**LIFELINE ELIGIBILITY REQUIREMENTS**

To qualify, you must meet these requirements:

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY, you may be eligible for two Lifeline numbers. For more information, please call us at 1-800-794-4741.
2. Your total household income\* before tax is no more than:

| HOUSEHOLD SIZE    | ANNUAL GROSS INCOME |
|-------------------|---------------------|
| 1-2               | \$19,600            |
| 3                 | \$23,200            |
| 4                 | \$27,800            |
| Each add'l person | \$ 4,600            |

3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second home or business.
5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

\* See enclosed Lifeline brochure for income guidelines

If you meet the new eligibility requirements and want to continue to receive this service, please complete the form on the next page and return it by ..

If you no longer qualify for Lifeline or do not want to continue the service, you do NOT need to return this form. Beginning Monday, .., you will automatically change to regular measured rate service if you are a Lifeline message rate customer or to regular flat rate service if you are a Lifeline flat rate customer.

If you want to switch your Lifeline service from message rate to flat rate or from flat rate to message rate, call your Verizon customer representative at 1-800-483-4000 by .. If you have any questions about Lifeline service, call our special toll-free Lifeline information number at 1-800-794-4741.



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Page 3

**LIFELINE RENEWAL APPLICATION**

If you meet the eligibility requirements and want to continue Lifeline service, please:

- Sign and date the attached form.
- Put the form in the enclosed envelope with your bill payment, add the proper postage and send it to us by . (If you fail to respond by , there will be a one time charge of \$10 spread over three months to re-establish Lifeline.)

**MẪU ĐƠN GIA HẠN DỊCH VỤ LIFELINE**

Nếu quý vị hội đủ các điều kiện hợp lệ và muốn tiếp tục hưởng dịch vụ Lifeline, vui lòng:

- Ký tên và để ngày vào phần dưới mẫu đơn này.
- Bỏ đơn vào phong bì đính kèm cùng với chi phiếu trả tiền hóa đơn điện thoại, dán đầy đủ tem và gửi lại cho chúng tôi vào ngày 21 tháng Mười. (Nếu quý vị không gửi lại cho chúng tôi vào ngày 21 tháng Mười, quý vị sẽ bị tính một lần tiền lệ phí là \$10 cho một số điện thoại kéo dài trong thời gian ba tháng để tái lập dịch vụ Lifeline.)

Please detach form below and return in the enclosed envelope.

Xin tách rời phần dưới đây và gửi lại cho chúng tôi theo phong bì đính kèm.

I hereby apply to renew my Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

Tôi nộp đơn này xin gia hạn Dịch Vụ Universal Lifeline. Tôi xác nhận là tôi đã xem lại và hội đủ tiêu chuẩn đòi hỏi, và chấp nhận quy luật và điều kiện của dịch vụ này. Tôi hiểu rằng việc hội đủ điều kiện của tôi sẽ được xác minh và nếu người ta phát giác rằng lợi tức của tôi quá mức giới hạn, tôi sẽ bị mất dịch vụ Lifeline và sẽ phải trả tiền được giảm trước đây mà lẽ ra tôi không hợp lệ hưởng. Tôi hiểu rằng tôi phải chứng minh việc hội đủ điều kiện của tôi hàng năm.

Signature/Chữ ký  
(Chỉ Ký Bằng Mực Đen Mà Thôi)

Date/Ngày

Verizon  
Inglewood, CA  
90312-6055

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Advice Letter No. 10,750

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Annual Recertification Form - Native American Lifeline - Page 1 of 5

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**RECERTIFICATION OF NATIVE AMERICAN LIFELINE SERVICE**

The California Public Utilities Commission (CPUC) requires that all residential customers who have Universal Lifeline Service certify thier eligibility for this service each year. Even if you established service less than a year ago, you need to recertify at this time.

**WHAT IS NATIVE AMERICAN LIFELINE SERVICE (NALL)?**

The Federal Native American Lifeline program provides discounts on basic phone service in addition to those provided with regular Lifeline service to qualified persons.

FLAT RATE service provides unlimited local calling for \$1 per month.

INSTALLATION CHARGES up to \$100 are covered to establish phone service.

Other benefits...you get a credit for the amount of your monthly network access (FCC) charge for interstate calling.

**NATIVE AMERICAN LIFELINE ELIGIBILITY REQUIREMENTS**

To qualify for the Federal Native American Lifeline program, you must:

1. Live on a federally recognized tribal land.
2. Participate in one of the following programs:
  - Bureau of Indian Affairs General Assistance (BIA GA)
  - Tribally Administered Temporary Aid for Needy Families (TANF)
  - Head Start Program
  - National Free School Lunch Program

or

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3. Have an annual household income that is not more than the requirements listed below.

Your total household income\* may not exceed \$19,600 each year depending on your household size, as indicated below:

| Household Size         | Maximum Annual Income |
|------------------------|-----------------------|
| 1-2                    | \$19,600              |
| 3                      | \$23,200              |
| 4                      | \$27,800              |
| Each additional person | \$ 4,600              |

\*The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is:

Total Household Income -- All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self employment\*\*, and all employment-related non-cash income.

\*\* Net business income as shown on the IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility.



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Advice Letter No. 10,750

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**ADDITIONAL ELIGIBILITY REQUIREMENTS**

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones). Exception: If you're a Special Needs customer with a TTY, you may be eligible for two Lifeline numbers. For more information please call us at 1-800-483-4000.
2. You're not listed as a dependent on another person's tax return.
3. You're using Lifeline service only in your primary residence, not a second home or business.
4. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

If you meet the new eligibility requirements and want to continue to receive this service, please complete the form on the next page and return it by

If you no longer qualify for Lifeline or do not want to continue the service, you do NOT need to return this form. Beginning you will automatically change to regular flat rate service.

If you no longer qualify for or do not want to continue your Lifeline service but would prefer switching your service to regular measured rate service, call your Verizon customer representative at 1-800-483-4000. If you have any questions about Lifeline service, call our special toll-free Lifeline information number at 1-800-794-4741.

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**LIFELINE RENEWAL APPLICATION**

If you meet the eligibility requirements and want to continue Native American Lifeline service, please:

- Sign and date the attached form.
- Put the form in the enclosed envelope with your bill payment, add the proper postage and send it to us by  
(If you fail to respond by , there will be a one time charge of \$10 spread over three months to re-establish Lifeline.)

Please detach and return in the enclosed envelope.

Billing Number:

Billing Name:

I hereby apply to renew my Native American Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that I do not qualify, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

\_\_\_\_\_  
Signature (Only Use Black Ink)

\_\_\_\_\_  
Date

Verizon  
Processing Center  
Inglewood, CA  
90313-0009

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Lifeline Recertification Form - Second Lifeline Line - Page 1 of 3  
Universal LifeLine Telephone Service English Version



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

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**RECERTIFICATION FORM FOR SPECIAL NEEDS CUSTOMERS WHO QUALIFY  
FOR TWO LIFELINE NUMBERS**

The California Public Utilities Commission (CPUC) requires that all residential customers who have Universal Lifeline Service certify their eligibility for this service each year. Even if you established service less than a year ago, you need to recertify at this time.

**WHAT IS UNIVERSAL LIFELINE SERVICE (Lifeline)?**

- Lifeline provides basic telephone service at reduced rates to people who qualify.
- There are two types of Lifeline service available in most areas:

**FLAT RATE** service provides unlimited local calling for \$5.34 per month. You benefit if you make a high number of local calls each month.

**MESSAGE RATE** service provides 60 untimed local calls for \$2.85 per month. Additional calls are 8 cents each. You benefit if you make a low number of local calls each month.

Other benefits...you get a credit for the amount of your monthly network access (FCC) charge for interstate calling. You also get a discount on installation charges.

**LIFELINE ELIGIBILITY REQUIREMENTS**

To have Lifeline service, you must meet these requirements established by the California Public Utilities Commission.

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY, you may be eligible for two Lifeline numbers. For more information, please call us at 1-800-483-4000.
2. Your total household income\* may not exceed \$19,600 each year depending on your household size, as indicated below:

| Household Size         | Maximum Annual Income |
|------------------------|-----------------------|
| 1-2                    | \$19,600              |
| 3                      | \$23,200              |
| Each additional person | \$ 4,600              |

3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second home or business.
5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

\*The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is: Total Household Income - All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment\*\*, and all employment-related non-cash income.

\*\*Net business income as shown on IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility.

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Lifeline Recertification Form - Second Lifeline Line - Page 2 of 3  
English

(N)

**SPECIAL NEEDS ELIGIBILITY REQUIREMENTS – TWO LIFELINE NUMBERS**

If you are a Special Needs customer, you may be eligible to have two Lifeline numbers to help you communicate with others. The second Lifeline number is offered at the same reduced rate as the first number and the second one-time connection charge is at the same reduced rate as the first.

To have two Lifeline numbers, you must meet the regular Lifeline requirements listed on the previous page. In addition, you must meet the following requirements:

1. You or another household member is disabled.
2. The disabled household member has submitted a medical certificate of their disability to the California Deaf and Disabled Telecommunications Program (DDTP) and that certificate complies with Public Utility Code 2281.
3. The medical certificate indicates the household member's need for a TTY device.
4. The disabled household member has immediate and continuous access within the household to a TTY device.
5. The household, if single member, subscribes to three-way calling (which is free for Special Needs customers).

If you meet the new income eligibility requirements and want to continue to receive this service, please sign and date the bottom portion of this form and return it in the enclosed envelope by Monday, October 20.

If you no longer qualify for Lifeline or do not want to continue the service, you do NOT need to return this form. Beginning October 20, you will automatically change to regular measured rate service if you are a Lifeline message rate customer or to regular flat rate service if you are a Lifeline flat rate customer.

If you want to switch your Lifeline service from message rate to flat rate or from flat rate to message rate, call your Verizon customer representative by October 20. If you have any questions about Lifeline service, call our special toll-free Lifeline information number at 1-800-794-4741.

**LIFELINE RENEWAL APPLICATION – TWO LIFELINE NUMBERS**

If you meet the eligibility requirements and want to continue Lifeline service, please:

- **Sign and date the attached form.**
- Put the form in the enclosed envelope, add the proper postage and send it to us by October 20. (If you fail to respond by October 20, there will be a one time charge of \$10 per number spread over three months to re-establish Lifeline.)

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Advice Letter No. 10,750

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Lifeline Recertification Form - Second Lifeline Line - Page 3 of 3  
English

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**Please detach and return in the enclosed envelope to:**

Verizon Communications/ULTS  
PO Box 22705  
Long Beach, CA 90801-5705

Billing number:

Billing name:

I hereby apply for Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

In addition, I certify that I or another household member is disabled. I also certify that the disabled household member has submitted a medical certificate of his/her disability to the DDTP that indicates his/her need for a TTY. I also certify that the disabled household member has immediate and continuous access to a TTY and that the household, if single member, subscribes to three-way calling.

(Important: If you are the Verizon account holder and also are the parent/guardian of a disabled household member who is a minor or who cannot because of his/her disability sign this self certification form, please sign twice below.)

\_\_\_\_\_  
Signature of Verizon account holder  
(Only Use Black Ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of disabled household  
member (if different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian of  
disabled household member  
(if applicable)

\_\_\_\_\_  
Date

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Lifeline Recertification Form - Second Lifeline Line - Page 1 of 3  
Universal LifeLine Telephone Service Spanish Version



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

(N)

**REVALIDACIÓN PARA LOS SUSCRIPTORES CON NECESIDADES ESPECIALES QUE TIENEN DERECHO A DOS NÚMEROS DEL SERVICIO TELEFÓNICO UNIVERSAL**

La Comisión de Servicios Públicos de California (CPUC) requiere que todo suscriptor residencial con Servicio Telefónico Universal ("Lifeline") revalide cada año su derecho a seguir recibiendo este servicio. Aun cuando usted haya contratado el servicio hace menos de un año, en esta fecha le toca ratificar que todavía cumple con los requisitos establecidos.

**¿QUÉ ES EL SERVICIO TELEFÓNICO UNIVERSAL?**

- El Servicio Telefónico Universal ("Lifeline") ofrece servicio telefónico básico a tarifas reducidas a personas que cumplan con determinados requisitos.
- En la mayor parte de las áreas, se cuenta con dos tipos de Servicio Universal:

Con el **SERVICIO DE CUOTA FIJA**, podrá hacer un número ilimitado de llamadas locales por sólo \$5.34 al mes. Esta tarifa le conviene si hace muchas llamadas locales cada mes.

Con el **SERVICIO MEDIDO**, podrá hacer un máximo de 60 llamadas locales, sin límite de tiempo, a un costo de \$2.85 al mes. Cada llamada adicional le costará 8 centavos. Esta tarifa le conviene si hace pocas llamadas locales cada mes.

Otras ventajas... Se le bonificará el importe del cargo mensual de acceso a la red de llamadas interestatales (FCC). También obtendrá un descuento sobre los cargos de instalación.

**¿QUIÉN TIENE DERECHO AL SERVICIO UNIVERSAL?**

Para recibir este servicio, debe de cumplir con estos requisitos establecidos por la Comisión de Servicios Públicos de California:

1. Podrá tener más de un número telefónico en su hogar, pero sólo uno puede tener el Servicio Universal. (No hay límite al número de aparatos).  
Excepción: Si usted es una persona con necesidades especiales y tiene que usar un aparato TTY, podría tener derecho a dos números con Servicio Universal. Si desea información adicional, llámenos al 1-800-743-2483.
2. El total de ingresos\*, antes del pago de impuestos, de todas las personas que viven en su hogar no podrá exceder de \$19,600 anuales dependiendo de la cantidad de personas que vivan en su hogar, como se indica abajo:

| PERSONAS EN EL HOGA    | INGRESO ANUAL TO |
|------------------------|------------------|
| 1 ó 2                  | \$19,600         |
| 3                      | \$23,200         |
| Cada persona adicional | \$ 4,600         |

\* La definición del ingreso familiar total de acuerdo a la Orden General 153 de la Comisión de Servicios Públicos de California, Sección 1.3.7 es la siguiente: Ingreso Familiar Total – El ingreso total de todos los miembros de la familia, sin importar de qué fuente se deriva, gravable o no, incluyendo, en forma no limitativa: sueldos, salarios, intereses, dividendos, pensiones alimenticias para cónyuge o hijos, asistencia pública, seguro social, pensiones de jubilación, ingreso de arrendamientos, ingreso de trabajo por cuenta propia\*\* y todo ingreso que no sea en efectivo que esté relacionado con el trabajo.

\*\*El ingreso neto del negocio como aparece en el formulario 1040 del IRS, Programa C, Línea 29. Para determinar la elegibilidad, si muestra pérdida, no deduzca la Línea 29 de otro ingreso.

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Lifeline Recertification Form - Second Lifeline Line - Page 2 of 3  
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3. No aparece como dependiente económico en la declaración de impuestos de otra persona.
4. El Servicio Telefónico Universal debe ser exclusivamente para su residencia principal, no para una segunda residencia o negocio.
5. Estos niveles de ingreso se modifican cada año, por lo que tendrá usted que certificar anualmente que satisface los requisitos de elegibilidad.

**REQUISITOS DE ELEGIBILIDAD PARA PERSONAS CON NECESIDADES ESPECIALES – DOS  
NÚMEROS DE SERVICIO UNIVERSAL**

Si usted es una persona con necesidades especiales, pudiera tener derecho a dos números con el Servicio Universal para ayudarlo a comunicarse con los demás. El segundo número se ofrece con la misma tarifa económica que el primero y el cargo único de conexión es el mismo que el que pagó por el primero.

Para tener dos números con el Servicio Universal, debe cumplir con los requisitos que aparecen en la página anterior. Además, también debe reunir los siguientes requisitos:

1. Usted u otra persona que vive en su casa sufren una incapacidad.
2. La persona incapacitada que vive en su casa presentó un certificado médico de su incapacidad al Programa de Telecomunicaciones para Personas con Discapacidades y Problemas Auditivos de California (DDTP, por sus siglas en inglés) y ese certificado cumple con el Código 2281 de Servicios Públicos.
3. El certificado médico indica la necesidad de la persona que reside en su hogar de tener un aparato TTY.
4. La persona incapacitada que reside en su hogar tiene acceso inmediato y continuo dentro de la casa a un aparato TTY.
5. El servicio telefónico, si se trata de una sola persona, incluye la opción de llamadas tripartitas (que es gratuito para los suscriptores con Necesidades Especiales).

Si usted reúne los nuevos requisitos de ingreso y desea continuar disfrutando de este servicio, sírvase llenar el formulario que se encuentra al final de este aviso y devolverlo en el sobre que se adjunta antes del lunes 20 de octubre.

NO será necesario devolver el formulario si ya no satisface los requisitos establecidos o si no desea continuar con el servicio. Si actualmente es suscriptor del servicio telefónico universal con servicio medido, a partir del 20 de octubre se le cambiará automáticamente al servicio medido normal o si es suscriptor con cuota fija, se le cambiara al servicio normal de cuota fija.

Si desea cambiar su servicio universal de servicio medido al de cuota fija o viceversa, comuníquese con un representante de atención al público de Verizon antes del 20 de octubre. Si tiene alguna pregunta sobre el servicio universal, llame, sin costo, al número especial de información 1-800-794-4741.

**SOLICITUD PARA RENOVAR EL SERVICIO TELEFÓNICO UNIVERSAL – DOS NÚMEROS**

Si usted reúne los requisitos de elegibilidad y desea continuar disfrutando del Servicio Universal, sírvase hacer lo siguiente:

- **Firme y escriba la fecha en el formato anexo**
- Coloque el formato en el sobre anexo. Coloque la estampilla correspondiente en el sobre y envíelo antes del 20 de octubre. (Si no contesta antes del 20 de octubre, se le cobrará un cargo único de \$10, en tres mensualidades, para reanudar el Servicio Universal.)

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Spanish

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**Desprenda este formato y devuélvalo en el sobre anexo.**

Verizon Communications/ULTS  
PO Box 22705  
Long Beach, CA 90801-5705

Número de facturación:

Nombre de la facturación:

Por medio de la presente solicito el Servicio Telefónico Universal. Hago constar que cumplo con todos los requisitos y acepto los términos y las condiciones de este servicio. Entiendo que la limitación de mi ingreso máximo está sujeta a verificación y que si se descubre que mi ingreso excede el límite, se cancelará mi servicio y me pudieran facturar todos los descuentos que haya recibido. Entiendo que cada año tendré que revalidar mi derecho a recibir este servicio.

Además, hago constar que estoy incapacitado yo u otra persona que reside en mi hogar. También declaro que la persona incapacitada que reside en mi hogar presentó un certificado médico de su incapacidad a DDTP que indica que es necesario contar con un aparato TTY. También declaro que la persona incapacitada que reside en mi hogar tiene acceso inmediato y continuo a un aparato TTY y que, de tratarse de una sola persona, se suscribe al servicio de llamadas tripartitas.

(Importante: Si la cuenta de Verizon está a su nombre y también es el padre / tutor de la persona incapacitada que reside en su hogar quien es menor de edad o debido a su incapacidad no puede firmar el formulario de auto certificación, sírvase firmar al calce dos veces).

\_\_\_\_\_  
Firma de la persona que tiene la cuenta  
de Verizon  
(Nada más use tinta negra)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de la persona incapacitada  
(Si es diferente a la de arriba)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del padre / tutor de la  
persona incapacitada (si es aplicable)

\_\_\_\_\_  
Fecha

(N)

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Universal LifeLine Telephone Service Chinese Version



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

(N)

**有兩條普濟電話線的特殊需要用戶的重新申請表**

加州公用事業委員會(CPUC)要求,所有使用普濟電話服務的住宅用戶每年必須重新申請。即使現在距離您上一次申請的時間還不足一年,您現在仍需重新申請。

**什麼是普濟電話服務(UniversalLifelineService-Lifeline) ?**

- 符合資格的普濟電話用戶可享受費率較低的基本電話服務。
- 多數地區的普濟電話服務分為兩種:

**單一費率(FlatRate)** 服務月費\$5.34,本地電話次數不限。如果您每月打的本地電話次數較多,此項服務較划算。

**計次費率(MessageRate)** 服務月費\$2.85,每月最多可打 60 通不計時的本地電話。超過 60 通以後,每一通收費 8 分錢。如果您每月打的本地電話次數較少,此項服務較划算。

其他福利包括,免收接通州際電話的電話網路月費(FCC),電話的安裝費用也有折扣。

**普濟電話用戶資格要求**

您必須符合加州公用事業委員會規定的資格要求,才能享受服務:

1. 您的家庭可有一條以上的電話線,但只有一條電話線可以獲得普濟電話服務。(電話機的數目不限。)例外情形為,如果您有特殊需要而需要 TTY(聽力障礙電訊服務),則可有兩條普濟電話線。詳情請打中文電話 1-800-483-8688 查詢。
2. 您的家庭年總收入\*不得超過\$19,600 依家中人數多寡其上限為:

| 家庭人數    | 最高年收入    |
|---------|----------|
| 1-2 人   | \$19,600 |
| 3 人     | \$23,200 |
| 每增加 1 人 | \$ 4,600 |
3. 您的名字未列入他人報稅單上受撫養人一欄。
4. 只能在主要住所使用普濟電話服務,不得在第二住所或公司使用。
5. 有關低收入的標準每年會調整。您必須每年證明您仍符合資格要求。

\*根據加州公用事業委員會總規程 153 條 1.3.7 節,家庭總收入的定義為:

家庭總收入—家中所有成員從任何來源獲得的所有收入,不論是否需納稅,包括,但不限於:工資、薪水、利息、配股、配偶贍養與子女撫養費、社會救濟金、社會安全福利金、退休金、租金收入、自雇業者的收入\*\*以及所有與工作有關的非現金收入。

\*\*國稅局 1040 號表 C 表格第 29 行顯示的營業淨收入。如果為虧損,在計算是否符合普濟電話服務資格時,請勿將第 29 行的虧損金額與其他收入抵消。

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Lifeline Recertification Form - Second Lifeline Line - Page 2 of 3  
Chinese

(N)

**有特殊需要人士的资格要求 — 兩條普濟電話線**

如果您為有特殊需要的用戶，為助您與他人溝通，您可能符合申請兩條普濟電話線的资格要求。第二條普濟電話線和第一條普濟電話線享有同樣低廉的月費，其一次性接通費用也相同。

要申請兩條普濟電話線，您除了必須符合上一頁所述的一般普濟電話资格要求外，還須符合下列要求：

1. 您或家中有其他成員為殘障人士。
2. 該殘障成員已將醫師所開的殘障證明送交加州失聰及殘障人士電訊計劃(DDTP)，且殘障證明符合公用事業法規 2281 條要求。
3. 醫師證明顯示家中成員需要 TTY 電訊設備。
4. 殘障成員在家中可立即開始使用 TTY 電訊設備。
5. 用戶申請了多方通話服務（有特殊需要的用戶可免費獲得該項服務）。

如果您符合最新的资格要求且希望繼續使用普濟電話服務，請在表格下方簽名並註明日期，放入附寄的信封裡，在 10 月 21 日前寄回。

如果您不再符合普濟電話资格要求，或希望停止普濟電話服務，您不需要寄回表格。從 10 月 21 日起，您的電話會自動轉到普通電話服務。如果您原是普濟電話計次費率用戶，您的電話將轉為普通計次費率服務。如果您原是普濟電話單一費率用戶，您的電話將轉為普通單一費率服務。

如果您希望將普濟電話服務由計次費率轉為單一費率，或由單一費率轉為計次費率，請在 10 月 21 日前打 1-800-483-8688 與 Verizon 華語用戶服務代表聯繫。如果您有任何有關普濟電話服務的問題，也可打該免費電話專線查詢。

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普濟電話重新申請表 — 兩條普濟電話線

如果您符合資格要求並希望繼續使用普濟電話服務，請：

- 在所附的表格上簽名並註明日期
- 將表格放入附寄的信封裡，貼郵票後在 10 月 21 日前寄回。（如果您未在 10 月 21 日前回覆，重新接通普濟電話服務時每條電話線須付\$10 的一次性費用，分三個月繳交。）

請撕下表格，放入附寄的信封裡寄回。

帳單電話號碼：

帳單用戶姓名：

本人在此重新申請普濟電話服務。本人已閱讀資格要求，在此證明符合要求，並接受普濟電話服務的條件與限制。本人了解本人資格仍須受查核，如果發現本人收入超過標準，將失去普濟電話服務，且應補繳已享受折扣的全部差額。本人了解必須每年重新申請該項服務。

此外，本人亦證明本人或家中有其他成員為殘障。本人證明家中殘障成員已將醫師所開的殘障證明送交加州失聰及殘障人士電訊計劃(DDTP)，顯示需要 TTY 電訊設備。本人亦證明殘障成員在家中可立即開始使用 TTY 電訊設備，且本人家中已申請多方通話服務。

(請注意：如果您為 Verizon 帳戶戶主且為家中殘障成員的父母／監護人，而且家中殘障成員為未成年人或因其殘障無法親自簽名，請在下面簽兩次名。)

Verizon 帳戶戶主簽名  
(必須使用黑色的墨水筆或原子筆)

日期

家中殘障成員簽名（如果非戶主）

日期

家中殘障成員父母／監護人簽名（如適用）

日期

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Universal LifeLine Telephone Service Korean Version



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

(N)

**2 개의 라이프라인 번호를 가질 자격이 되는 특수 필요(SpecialNeeds) 고객의 갱신 신청서**

캘리포니아주 공공 요금 위원회(TheCaliforniaPublicUtilitiesCommission,CPUC) 는 유니버설 라이프라인 서비스를 받고 있는 모든 가정용 전화 고객들이 매년 서비스 이용 자격을 갱신하도록 요구하고 있습니다. 서비스를 받은지 1 년 미만이라도 지금 자격을 갱신해야 합니다.

**유니버설 라이프라인 서비스(라이프라인)란 무엇인가?**

- 라이프라인은 자격을 갖춘 분들에게 저렴한 요금으로 기본 전화 서비스를 제공합니다.
- 라이프라인 서비스에는 다음의 2 가지 종류가 있으며 대부분의 지역에서 이용할 수 있습니다:

**고정 요금(FLATRATE)** 서비스로는 월\$5.34 로 시내 통화를 무제한으로 할 수 있습니다. 이 서비스는 매월 시내통화를 많이 하는 경우에 유리합니다.

**측정 요금(MESSAGERATE)** 서비스로는 월\$2.85 로 시내전화를 최고60 통화까지 시간제한 없이 할 수 있습니다. 6 1 번째 통화부터는 통화 당8 센트입니다. 이 서비스는 매월 시내 통화를 적게 하는 경우에 유리합니다.

다른 혜택...타주로 거는 통화에 부과되는 월별 네트워크 사용료(FCC)가 면제됩니다. 설치 요금에 대한 할인도 받습니다.

**라이프라인 자격조건**

자격이 되려면,CPUC 가 규정한 다음 요건들이 충족되어야 합니다:

- 한 집에 하나 이상의 전화번호가 있어도 되지만 라이프라인 서비스는 한 번호에 대해서만 받을 수 있습니다( 전화기 수에는 제한이 없습니다.) 예외:TTY 를 사용하는 특수 필요(SpecialNeeds) 고객인 경우에는2 개의 라이프라인 번호를 가질 자격이 될 수도 있습니다. 문의사항이 있으면 1-800-483-7772 로 연락하십시오.

- 매년 식구 별 총 가구소득\*이 아래에 표시된 바와 같이\$19,600를 초과해서는 안됩니다:

| 식구     | 연간 최대 소득 |
|--------|----------|
| 1-2    | \$19,600 |
| 3      | \$23,200 |
| 추가 1 인 | \$ 4,600 |

- 사용자는 다른 사람의 세금 보고서에 부양자로 보고되지 않아야 합니다.

- 라이프라인 서비스는 거주 주택에서 사용해야 하며, 두 번째 주택이나 사업장에서 사용해서는 안됩니다.

- 매년 소득 수준이 조정됩니다. 반드시 이러한 자격 기준이 충족됨을 매년 증명해야 합니다.

\*캘리포니아주 공공 요금 위원회(CPUC) 일반 명령 153 의 1.3.7 항에 의거한 총 가구소득의 정의는 다음과 같습니다:

총 가구소득- 모든 식구들이 모든 소득원으로부터 얻은 총수입으로서 과세대상이든 비과세대상이든 상관 없으며 임금, 봉급, 이자 수입, 주식 배당금, 배우자 부양비, 자녀 양육비, 정부 생활 보조금, 소셜 시큐리티 및 연금, 임대 소득, 자영업 수입\*\*, 모든 고용관련 비현금 수입 등이 포함됩니다.

\*\*IRS 양식 1040,ScheduleC,29 번째 줄에 나온 순 사업소득, 손실을 입은 경우, 자격요건을 결정할 때 기타 소득에서29 번째 줄에 나온 액수를 감하지 마십시오.

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**특수 필요 자격 조건-2 개의 라이프라인 번호**

귀하가 특수 필요 고객인 경우, 다른 사람들과의 의사소통에 도움이 되도록 2 개의 라이프라인 번호를 가질 자격이 될 수도 있습니다. 두 번째 라이프라인 번호에 대해 첫 번째 번호와 동일한 할인 금액이 적용되며 두 번째 번호에 대한 1 회 가설료도 첫 번째 번호의 가설료와 동일한 할인 금액입니다.

두 개의 라이프라인 번호를 가지시려면 이전 페이지에 나와있는 일반 라이프라인 요건에 반드시 충족되고 다음 요건들에도 충족되어야 합니다:

1. 귀하나 가구의 다른 성원이 장애인이어야 합니다.
2. 장애인 가구 성원은 자신의 장애에 대한 의료 증명서를 캘리포니아 청각 장애인 원격통신 프로그램(DDTP)으로 제출해야 합니다. 제출한 의료 증명서는 PUC 규정 228.1 을 준수해야 합니다.
3. 의료 증명서에는 해당 가구성원에게 TTY 기기가 필요하다는 것이 표시되어야 합니다.
4. 장애인 가구성원은 가구 내에서 TTY 기기를 즉각적이고 지속적으로 이용할 수 있어야 합니다.
5. 1 인 가구인 경우, 3 자 통화 서비스(특수 필요 고객의 경우에는 무료임)를 받고 있어야 합니다.

새로운 자격조건에 충족되고 이 서비스를 계속 받기를 원하시면 이 양식의 아랫부분에 서명하고 날짜를 적은 후 동봉된 봉투에 넣어 10 월 21 일까지 반송하십시오.

더 이상 라이프라인에 대한 자격이 없거나 이 서비스를 계속 받기를 원하지 않으시면, 이 양식을 보내지 않으셔도 됩니다. 10 월 21 일부터 라이프라인 측정 요금 고객은 일반 측정 요금 서비스로, 라이프라인 고정 요금 고객은 일반 고정 요금 서비스로 자동 변경됩니다.

라이프라인 서비스를 측정 요금에서 고정 요금으로 또는 고정 요금에서 측정 요금으로 변경하시려면 10 월 21 일까지 고객 담당직원에게 변경하십시오. 라이프라인 서비스에 관해 질문이 있으시면 저희의 특별 무료 라이프라인 정보 번호인 1-800-483-7772 로 전화하십시오.

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**라이프라인 갱신 신청서-2 개의 라이프라인 번호**

자격요건이 충족되고 라이프라인 서비스를 계속 받기를 원하시면 다음 조치를 취해 주십시오:

- 첨부된 양식에 서명하고 날짜를 적으십시오.
- 동봉된 봉투에 양식을 넣고 우표를 붙여서 10 월21 일까지 저희에게 보내주십시오.  
(10 월21 일까지 보내지 않는 경우, 라이프라인 서비스를 다시 받으려면 각 번호에 대해\$ 10 의 요금이 3 개월간 분할 부과됩니다.)

아래의 양식을 잘라 내어 동봉된 봉투에 넣어서 보내주십시오.

청구번호:

청구이름:

본인은 유니버설 라이프라인 서비스 갱신을 신청합니다. 자격요건을 검토하였으며 그에 충족되고 그 서비스의 조건을 수락함을 증명합니다. 본인의 자격 충족 여부를 확인받아야 하며, 저의 소득이 한도를 초과하는 것으로 밝혀지는 경우, 라이프라인 서비스를 더 이상 받지 못하게 되며, 받지 않아야 했을 지난 할인요금을 소급 청구 받게 됨을 이해합니다. 본인은 매년 자격을 갱신해야 함을 이해합니다.

또한, 저는 제 자신이나 다른 가구성원이 장애자임을 증명합니다. 또한 장애자인 가구성원이 자신에게 TTY 가 필요하다는 것이 표시된 장애에 대한 의료 증명서를DDTP 로 제출하였음을 증명합니다. 또한 장애자 가구성원이 신속하고 지속적으로TTY 를 이용할 수 있으며 1 인으로 구성된 가구인 경우,3 자 통화 서비스를 받고 있다는 것을 증명합니다.

(중요사항: 귀하에게Verizon 계정이 있고 미성년자이거나 장애로 인해 이 본인 증명서에 서명할 수 없는 장애가 있는 가구성원의 부모/보호자인 경우, 아래에 두 번 서명하십시오.)

Verizon 계정 소유자의 서명  
(검정색 펜만 사용하십시오.)

날짜

장애자 가구성원의 서명( 다른 경우)

날짜

장애자 가구성원의부모/보호자의 서명  
(해당되는 경우)

날짜

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Universal LifeLine Telephone Service Vietnamese Version



Verizon Communications, CAX03ULS  
P.O. Box 22705  
Long Beach, CA 90801-5705

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**MẪU ĐƠN TỰ XÁC NHẬN LẠI CHO KHÁCH HÀNG CÓ NHU CẦU ĐẶC BIỆT HỢI ĐỦ ĐIỀU KIỆN CHO KHAI SỔ LIFELINE**

Ủy Ban Tiện Ích Công Cộng California (California Public Utilities Commission -- CPUC) đòi hỏi tất cả các khách hàng tư gia có dịch vụ Universal Lifeline Service phải xác định việc hội đủ điều kiện của họ cho dịch vụ này mỗi năm. Ngay cả khi mới thiết lập dịch vụ dưới một năm vừa qua, quý vị cũng cần xác định lại vào lúc này.

**DỊCH VỤ UNIVERSAL LIFELINE (Lifeline) LÀ GÌ?**

- Lifeline cung cấp dịch vụ điện thoại cần bản với giá thấp cho những người hội đủ điều kiện.
- Có hai loại dịch vụ Lifeline trên hầu hết các vùng:

**GIÁ CỐ ĐỊNH** cung cấp điện thoại địa phương vô giới hạn với giá \$5.34 mỗi tháng. Quý vị được hưởng lợi nhiều hơn nếu hàng tháng quý vị gọi nhiều cú điện thoại địa phương.

**GIÁ GỌI GIỚI HẠN** cung cấp 60 lần gọi điện thoại địa phương với giá \$2.85 mỗi tháng. Mỗi cú gọi phụ trội sẽ trả 8 xu. Quý vị được hưởng lợi nhiều hơn nếu quý vị gọi ít cú điện thoại địa phương.

Các lợi điểm khác... Quý vị được khấu trừ từ lệ phí tiếp cận vào hệ thống (FCC) cho các cú gọi xuyên bang. Quý vị còn được giảm bớt lệ phí gần đường dây.

**ĐIỀU KIỆN CỦA LIFELINE**

Để được cung cấp dịch vụ Lifeline, quý vị phải hội đủ các điều kiện của Ủy Ban Tiện Ích Công Cộng California:

1. Quý vị có thể có nhiều hơn một số điện thoại trong gia đình, nhưng chỉ một đường dây được dịch vụ Lifeline mà thôi. (Không giới hạn số lượng máy điện thoại). Ngoại trừ: Nếu quý vị là Khách Hàng Có Nhu Cầu Đặc Biệt với TTY, quý vị có thể hợp lệ được hai số Lifeline. Muốn biết thêm chi tiết, vui lòng gọi cho chúng tôi tại số miễn phí 1-800-483-2262.
2. Tổng số lợi tức\* trong gia đình không quá \$19,600 mỗi năm, tùy vào số người trong gia đình như được ấn định như sau:

| Số người trong nhà               | Tối đa lợi tức hàng năm |
|----------------------------------|-------------------------|
| 1-2                              | \$19,600                |
| 3                                | \$23,200                |
| Cộng thêm cho mỗi người phụ trội | \$ 4,600                |

3. Quý vị không được liệt kê là người lệ thuộc trong bản khai thuế của người khác.
4. Chỉ sử dụng dịch vụ Lifeline cho nơi cư ngụ chính của mình, không dùng cho căn nhà thứ hai hay cơ sở thương mại.
5. Mỗi năm mức lợi tức của quý vị được điều chỉnh. Quý vị phải chứng minh hàng năm rằng mình còn vẫn hội đủ điều kiện.

\*Định nghĩa tổng số lợi tức gia đình dựa theo Sắc Lệnh 153, Đoạn 1.3.7 của Ban Tiện Ích Công Cộng California là:

Tổng số lợi tức gia đình - Mọi nguồn lợi tức của tất cả những người trong gia đình, từ bất cứ nguồn nào dù bị đóng thuế hay không thuế, bao gồm nhưng không giới hạn: lương, lương bổng, tiền lời, tiền chia cổ phần, tiền cấp dưỡng cho người phối ngẫu và tiền cấp dưỡng nuôi con, tiền trợ cấp xã

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hội, tiền an sinh xã hội và hưu bổng, tiền cho thuê nhà, lợi tức từ cơ sở thương mại của mình\*\*, và tất cả các lợi tức kiếm được không trả bằng tiền mặt.

\*\*Tổng số lợi tức thương mại có ghi trong mẫu 1040 của Sở Thuế (IRS), Mẫu C, Dòng 29. Nếu bị lỗi, xin đừng trừ dòng 29 từ các lợi tức khác để xác định điều kiện hợp lệ.

**ĐIỀU KIỆN CHO NHU CẦU ĐẶC BIỆT - HAI SỐ LIFELINE**

Nếu là Khách Hàng Có Nhu Cầu Đặc Biệt, quý vị có thể hội đủ điều kiện để được hai số Lifeline để liên lạc với người khác. Đường dây thứ hai được cùng giá giảm như đường dây thứ nhất và đường dây thứ hai được hưởng một lần lệ phí gắn cùng với giá giảm như đường dây đầu.

Muốn được hai số Lifeline, quý vị phải hội đủ các tiêu chuẩn thông thường của Lifeline được liệt kê nơi trang trước. Ngoài ra, quý vị phải hội đủ các điều kiện như sau:

1. Quý vị hay một người nào đó trong nhà bị tàn tật.
2. Người bị tàn tật trong gia đình phải nộp giấy chứng nhận y tế về sự tàn tật của mình cho Chương Trình Truyền Thông cho Người Bị Lãng Tai và Tàn Tật (DDTP) và chứng nhận đó phải phù hợp với Luật 2281 của Ban Tiềm Ích Công Cộng.
3. Chứng nhận y tế phải nêu rõ người trong gia đình cần một dụng cụ TTY.
4. Người tàn tật trong gia đình được tiếp cận ngay và liên tục sử dụng dụng cụ TTY trong nhà.
5. Nếu gia đình độc thân, có đặt mua dịch vụ đường dây ba chiều (dịch vụ này miễn phí cho khách hàng có nhu cầu đặc biệt).

Nếu quý vị hội đủ các điều kiện hợp lệ mới về mức lợi tức và muốn tiếp tục nhận được dịch vụ, vui lòng ký tên và để ngày vào phần cuối của mẫu đơn này và gửi lại cho chúng tôi theo phong bì đính kèm trước ngày 21 tháng Mười.

Nếu quý vị không còn hợp lệ để hưởng dịch vụ Lifeline hoặc không muốn tiếp tục dịch vụ này nữa, quý vị không cần phải gửi lại mẫu đơn này. Bắt đầu từ ngày 21 tháng Mười, quý vị sẽ được tự động chuyển sang dịch vụ giá thông thường tính theo số lần gọi nếu quý vị là khách hàng đang sử dụng dịch vụ giá gọi giới hạn Lifeline hoặc được chuyển sang giá cố định thông thường nếu quý vị là khách hàng đang sử dụng dịch vụ giá cố định Lifeline.

Nếu quý vị muốn chuyển sang dịch vụ Lifeline từ giá gọi giới hạn sang giá cố định hoặc từ giá cố định sang giá gọi giới hạn, hãy gọi điện thoại cho đại diện phục vụ khách hàng vào ngày 21 tháng Mười. Nếu quý vị có bất cứ thắc mắc nào về dịch vụ Lifeline, hãy gọi số điện thoại thông tin Lifeline đặc biệt miễn phí của chúng tôi 1-800-483-2262.

(N)

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(D)

Continued

FORMS

(N)

Lifeline Recertification Form - Second Lifeline Line - Page 3 of 3  
Vietnamese

(N)

**MẪU XIN LẠI DỊCH VỤ LIFELINE - HAI SỐ LIFELINE**

Nếu quý vị hội đủ các điều kiện hợp lệ và muốn tiếp tục hưởng dịch vụ Lifeline, vui lòng:

- **Ký tên và để ngày vào phần dưới mẫu đơn này.**
- Bỏ đơn vào phong bì đính kèm, dán đầy đủ tem và gửi lại cho chúng tôi vào ngày 21 tháng Mười.  
(Nếu quý vị không gửi lại cho chúng tôi vào ngày 21 tháng Mười, quý vị sẽ bị tính một lần tiền lệ phí là \$10 cho một số điện thoại kéo dài trong thời gian ba tháng để tái lập dịch vụ Lifeline.)

**Xin xé rời phần này ra và gửi lại theo phong bì đính kèm.**

Số hóa đơn:

Tên người trong hóa đơn:

Tôi nộp đơn sau đây xin Dịch Vụ Universal Lifeline. Tôi xác nhận là tôi đã xem lại và hội đủ tiêu chuẩn đòi hỏi, và chấp nhận quy luật và điều kiện của dịch vụ này. Tôi hiểu rằng việc hội đủ điều kiện của tôi sẽ được xác minh và nếu người ta phát giác rằng lợi tức của tôi quá mức giới hạn, tôi sẽ bị mất dịch vụ Lifeline và sẽ phải trả tiền được giảm trước đây mà lẽ ra tôi không hợp lệ hưởng. Tôi hiểu rằng tôi phải chứng minh việc hội đủ điều kiện của tôi hàng năm.

Ngoài ra, tôi xác nhận rằng, tôi hay một người trong gia đình bị tàn tật. Và tôi cũng xác nhận rằng người bị tàn tật trong gia đình đã nộp giấy chứng minh y tế về sự tàn tật của mình cho DDTP nêu rõ nhu cầu về TTY. Tôi cũng xác nhận là người bị tàn tật trong gia đình được tiếp cận ngay và liên tục sử dụng dụng cụ TTY trong nhà và gia đình, nếu độc thân, có đặt mua dịch vụ đường dây ba chiều.

(Lưu ý quan trọng: Nếu quý vị là người đứng tên xin Verizon và cũng là cha mẹ/người giám hộ của người trong gia đình bị tàn tật còn nhỏ hay không thể tự ký tên vào mẫu xác nhận này, hãy ký tên hai lần dưới đây.)

\_\_\_\_\_  
Chữ ký của người đứng tên trương mục Verizon  
(Ký Bảng Mục Đen)

\_\_\_\_\_  
Ngày

\_\_\_\_\_  
Chữ ký của người tàn tật trong gia đình  
(nếu là người khác)

\_\_\_\_\_  
Ngày

\_\_\_\_\_  
Chữ ký của cha mẹ/người giám hộ của  
người tàn tật trong gia đình (nếu có)

\_\_\_\_\_  
Ngày

(N)

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(N)

Work Authorization/Completion Acknowledgement

(D) (N)

| Billing Telephone Number                                                                                 |                                                                                | Date                                                                                                                                   | Service Order / Trouble Ticket Number                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|
| Customer Name                                                                                            |                                                                                | RES <input type="checkbox"/> BUS <input type="checkbox"/>                                                                              | Telephone / Circuit ID #                                                                                                              |  |
| Address                                                                                                  |                                                                                | City/Town                                                                                                                              | State                                                                                                                                 |  |
| ACNA                                                                                                     | MCN                                                                            | Reason for visit <input type="checkbox"/> Installation <input type="checkbox"/> Maintenance <input type="checkbox"/> Trouble Isolation |                                                                                                                                       |  |
| Billable Charges <input type="checkbox"/> Tariffed <input type="checkbox"/> Detariffed                   |                                                                                | Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Premium <input type="checkbox"/>                                    |                                                                                                                                       |  |
| Time & Material Labor                                                                                    |                                                                                | Minimum Charge                                                                                                                         | Additional Increments                                                                                                                 |  |
| Detariffed                                                                                               | Hr. Min.                                                                       | No.                                                                                                                                    | Amount                                                                                                                                |  |
| Tariffed                                                                                                 | Hr. Min.                                                                       | No.                                                                                                                                    | Amount                                                                                                                                |  |
| Fixed Fee Labor (Residence ONLY)                                                                         |                                                                                | First Jack Amount                                                                                                                      | Additional Jacks                                                                                                                      |  |
| Now                                                                                                      |                                                                                | No.                                                                                                                                    | Amount                                                                                                                                |  |
| Revised                                                                                                  |                                                                                | No.                                                                                                                                    | Amount                                                                                                                                |  |
| Misc. Visit Charges (where applicable e.g. NPV, MVC, MVV, MSC)                                           |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
| Non-Premise trouble or Maintenance Plan trouble repaired - No Charge (N/C)                               |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
| Billable Material                                                                                        | Quantity                                                                       | Unit Price                                                                                                                             | Amount                                                                                                                                |  |
|                                                                                                          |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
|                                                                                                          |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
|                                                                                                          |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
| Customer Accepted Installment Billing (Where available)                                                  |                                                                                | Material Total \$                                                                                                                      |                                                                                                                                       |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                 |                                                                                | Labor Total (from above) \$                                                                                                            |                                                                                                                                       |  |
| Number of Months (2 - 12)                                                                                |                                                                                | (City or County) Wiring Permit Fee \$                                                                                                  |                                                                                                                                       |  |
|                                                                                                          |                                                                                | Total Charges \$                                                                                                                       |                                                                                                                                       |  |
| Work Performed                                                                                           |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
| Customer Authorization / Acceptance In Person <input type="checkbox"/> By Phone <input type="checkbox"/> |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
| THESE CHARGES WILL APPEAR ON YOUR MONTHLY STATEMENT                                                      |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
| Signature of Customer / Customer's Agent                                                                 |                                                                                | Telephone Number                                                                                                                       |                                                                                                                                       |  |
| Name (Please Print)                                                                                      |                                                                                | Date                                                                                                                                   |                                                                                                                                       |  |
| Technician Information                                                                                   |                                                                                |                                                                                                                                        |                                                                                                                                       |  |
| Tech. No.                                                                                                | Type of Closeout <input type="checkbox"/> IFAS <input type="checkbox"/> Manual | LGB                                                                                                                                    | EBG Tier 1 <input type="checkbox"/> EBG Tier 2 <input type="checkbox"/> WHOL <input type="checkbox"/> RESALE <input type="checkbox"/> |  |
| Supervisory Review (Name)                                                                                | Tel. No.                                                                       | Type of Circuit                                                                                                                        | Access <input type="checkbox"/> Non Access <input type="checkbox"/>                                                                   |  |

See Reverse Side For Warranty Information  
These charges are in addition to other charges which may appear on your bill, such as Service Order and/or Line Connection Charges.  
White = Billing Copy Yellow = File Copy Pink = Customer Copy

(N)

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(N)

**Work in Progress Card**

(D) (N)



A message from your  
telephone technician.

My goal is to provide the  
best customer service in  
our industry. I am working  
on your telephone service  
right now and will be back  
to talk with you and pick  
up this card when I have  
completed my work.  
Sorry that I missed you.

MC 01117693  
PID 001256940  
20-1543 (10-00)



Un mensaje de su técnico  
del teléfono.

Mi meta es proveer el mejor  
servicio, a nuestros clientes  
en industria. En este  
momento estoy trabajando  
en su servicio telefonico y,  
cuando haya terminado,  
volveré para hablar con  
usted y recoger esta tarjeta.  
Lamento no haberle  
encontrado.

(N)

(D)

Continued

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(N)

**Customer Signature/Job Ticket**

(D) (N)

front page

|                                                                                                                                                      |                |               |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|-----------------|
|                                                                     |                |               |                 |
| <input type="checkbox"/> Service Order <input type="checkbox"/> Repair <input type="checkbox"/> Rap / Repeat                                         |                |               |                 |
| Tel/Ckt No.:                                                                                                                                         |                |               |                 |
| Customer Name & Address:                                                                                                                             |                |               |                 |
| CBR#:                                                                                                                                                | Comm-Appt:     | Test Results: |                 |
| TBL RPT/SVC ORD Info:                                                                                                                                |                |               |                 |
| Trouble Found:                                                                                                                                       |                |               |                 |
|                                                                                                                                                      |                |               |                 |
| Disp Code:                                                                                                                                           | Disp Sub Code: | Cause Code:   | Cause Sub Code: |
| Cleared Date/Time:                                                                                                                                   |                |               |                 |
| Assignment:                                                                                                                                          |                |               |                 |
|                                                                                                                                                      |                |               |                 |
| Cleared Date/Time:                                                                                                                                   |                |               |                 |
| Technician:                                                                                                                                          |                | Emp Number:   |                 |
| <input type="checkbox"/> <b>Installation</b> - The following #(s) were installed to the network interface device.                                    |                |               |                 |
|                                                                                                                                                      |                |               |                 |
|                                                                                                                                                      |                |               |                 |
|                                                                                                                                                      |                |               |                 |
| <input type="checkbox"/> Station wire and jacks were installed as requested.                                                                         |                |               |                 |
| <input type="checkbox"/> <b>Repair</b> - The trouble on your line : (       )                                                                        |                |               |                 |
| <input type="checkbox"/> Was tested and found OK                                                                                                     |                |               |                 |
| <input type="checkbox"/> Was repaired in Verizon's network                                                                                           |                |               |                 |
| <input type="checkbox"/> Was found and repaired in your wiring or jacks, or isolated to your equipment. (No charge - Inside Wire Maintenance Plan)   |                |               |                 |
| <input type="checkbox"/> Was found and repaired in your wiring or jacks, or isolated to your equipment. The following charges will be billed.        |                |               |                 |
| <b>Item</b>                                                                                                                                          | <b>Rate</b>    | <b>Amount</b> |                 |
|                                                                                                                                                      |                |               |                 |
|                                                                                                                                                      |                |               |                 |
| <b>Total</b>                                                                                                                                         |                |               |                 |
| <input type="checkbox"/> Temporary buried service wire has been placed; permanent placement should take place within _____ days, weather permitting. |                |               |                 |
| <b>Thank You for choosing Verizon</b>                                                                                                                |                |               |                 |
| Customer Signature:                                                                                                                                  |                |               |                 |
| X _____                                                                                                                                              |                |               |                 |
| <i>See the reverse side for additional comments and telephone numbers to call regarding questions on your repair or installation work.</i>           |                |               |                 |

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(D)

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(N)

**Back Side of Customer Signature/Job Ticket**

continued

*back page*

(D) (N)

(Back Side of Front Page)



Comments:

**For questions regarding your installation call:**

Residential 1 800 483 4000  
Business 1 800 483 5000

**For questions regarding your repair call:**

Residential and Small Business Lines 1 800 483 1000  
Business with 3 Lines or more 1 800 483 2000

*Verizon Inside Wire Maintenance Plan offers inside wire and telephone jack installation and repair at no charge or discounted rates. For more information regarding Inside Wire Maintenance Plans, please call 1-800-483-4000.*

(N)

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Continued

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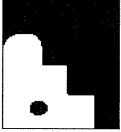
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(D) (N)

|                                                                                                                                                                                                                                                                                                                   |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>Building Owner's Consent</b><br>90005390 (8/00)<br>Ref. IM100.025                                                                                                                                                                                                                                              |      |
|                                                                                                                                                                                                                                  |      |
|                                                                                                                                                                                                                                  |      |
| As owner of the building(s) located at:                                                                                                                                                                                                                                                                           |      |
| Street Address                                                                                                                                                                                                                                                                                                    | City |
| I hereby consent to the installation by Verizon of facilities, consisting of wires, cables and other necessary fixtures and attachments in or on said building(s), other than in the conduits and other facilities specifically provided for such purpose, in that portion of said building described as follows: |      |
| <br><br><br><br>                                                                                                                                                                                                                                                                                                  |      |
| Signature of Owner, Agent or representative                                                                                                                                                                                                                                                                       | Date |
| Street Address                                                                                                                                                                                                                                                                                                    |      |
| City, State                                                                                                                                                                                                                                                                                                       |      |
| DISTRIBUTION: White - Telephone Company's Copy      Yellow - Building Owner's Copy                                                                                                                                                                                                                                |      |
| PREPARED BY                                                                                                                                                                                                                                                                                                       | DATE |
| SERVICE ORDER NUMBER                                                                                                                                                                                                                                                                                              |      |
| TELEPHONE NUMBER                                                                                                                                                                                                                                                                                                  |      |
| <br>                                                                                                                                                                                                                                                                                                              |      |

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## Work Completion Brochure

### Diagnosing a Problem

If you experience a problem with your telephone service, these simple steps could save you the cost of a service call if the trouble is caused by the wiring, jacks or telephone equipment, inside your home or office.

If you are a subscriber of our maintenance contract agreement, please refer to your maintenance plan for coverage information.

Follow these steps for trouble isolation.

- Check all telephone sets/equipment to verify if the trouble exists on all equipment.
  - If you only have one telephone set, obtain a similar set from a friend/neighbor. Plug the borrowed set in the outlet where the trouble exists. If the trouble is caused by the telephone set, the trouble is isolated to the set. If the trouble is caused by one of the sets, one at a time, to verify if the trouble is caused by one of the sets.
  - If the problem is isolated to one telephone set, plug a known working telephone set in the same outlet to verify if the problem is the outlet or the telephone set.

Your residence/business may be equipped with a **Network Interface Device (NID)** - the box where Verizon's service wire attaches to the customer's wire for your house or building. The **NID** has a test outlet where you can plug a telephone set in for testing. If there is not a test outlet in the box where Verizon's service wire attaches to the customer's wire for your house or building, your residence is not equipped with a **NID**. If the isolation process listed above has been performed, and the trouble still exists on all telephone sets and outlets, follow these steps:

- Open the protective cover on the **NID** marked "Customer access"
- Disconnect the modular plug from the test outlet. Follow the instructions inside the cover for the testing process for your **NID**.
- Wait one minute, then plug a telephone set you know is working in the test outlet
  - If the trouble is not present at the test outlet, the problem is not in Verizon's outside lines.
  - If the trouble is present, the problem is probably in the outside lines. Plug a different telephone set in the test outlet to verify the problem is in the outside lines.

If the problem is verified to be on the Verizon side of the **NID**, call the Verizon Repair Department.

If you have normal dial tone at the **NID**, the trouble is in your inside wiring, jacks or telephone instrument/equipment. You may make the repairs yourself, have someone else make the repairs, or call Verizon to have the repairs made. Time and material charges will apply unless your maintenance contract covers these repairs.

Your Network Interface device is located:

---



---



*Keeping you informed  
about your recent  
request...*

Business Card  
Optional

## Outstanding Service

**The Verizon Promise:**  
We bring the benefits of communications to everybody

**Your Verizon Telephone Directory White Pages Customer Care Guide lists additional telecommunications services and you can visit our website at [www.Verizon.com](http://www.Verizon.com)**

**Thanks for giving us the opportunity to serve you. We at Verizon are committed to providing you with the highest quality communications service in the industry.**

Visit us at [www.Verizon.com](http://www.Verizon.com)

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| <u>FORMS</u>            |  | (N)       |
| Reserved for Future Use |  | (T)       |
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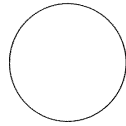
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**CLEC Work Completion Notice**

(N)



**Who is responsible for repairs?**

Your local service provider is responsible for arranging repair of the outside wiring and has contracted with Verizon to make some or all of these repairs.

You are responsible for the telephones and wiring inside your home/business. You may make repairs yourself or have someone else make the repairs.

**How do I diagnose a problem?**

First, please check all of your telephones and equipment to see if they work. If any telephone works, the trouble is more than likely the inside wire, jack, or in your telephone/s.

If no telephone works, then you can try one additional easy test by plugging a working telephone into the Network Interface Device. Some businesses and residence customers have a box installed just inside or outside the place where the telephone wires come into their homes or offices. Inside that box is the Network Interface Device, which looks like a telephone jack.

This device separates the telephone company's wiring from yours. By plugging a working telephone into this device, you can determine where the trouble is.

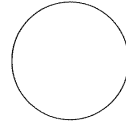
**Note:** If there is not a test outlet in the box where Verizon's service wire attaches to the inside wires of your house or building, your residence is not equipped with a **NID**.

If the telephone works properly, the problem is in the inside wire, the jacks, or in your other telephones or equipment. If the telephone doesn't work, your local service provider should be contacted. Your local service provider is responsible for fixing the problem.

**This test could save you the cost of a service call by preventing unnecessary dispatches of service technicians.**

After checking your telephone and wire, if you still have questions, please feel free to call your local service provider for additional assistance.

MC 90016230  
SSI 700-246-094



Verizon's technician, \_\_\_\_\_,  
was here on behalf of your local service provider:

Name: \_\_\_\_\_  
Contact No. \_\_\_\_\_

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

Service Order/Tel. Number \_\_\_\_\_

☐ All work was completed and your service is now working.

☐ All work is not yet complete:

☐ We need access to your property to complete repair/installation work. Please call your local service provider and reschedule an appointment.

☐ We have checked your service to the entry of your home/business and cannot find any fault or trouble. Please check your phones, wire and equipment for proper operation, (see reverse side of card for instructions) or call your local service provider for additional instructions.

☐ We were able to determine that the trouble is the wire or equipment which belongs to you. Due to the agreement between Verizon and your local service provider we cannot make these repairs.

☐ To provide you with service we needed to place a temporary wire on the ground. Permanent repairs will be completed in the near future and access to the home/business will not be necessary.

☐ We were unable to complete your repair/order today due to lack of facilities or equipment. Every effort will be made to resolve this problem as soon as possible. In the event you have questions or need assistance, please call your local service provider.

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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| <u>FORMS</u>            |  | (N)       |
| Reserved for Future Use |  | (T)       |
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SUPERSEDURE REQUEST

**Change of Telephone Account Responsibility**



(D)(N)

**Part I – Outgoing Customer – Transferor**

I hereby authorize the transfer of the following Telephone Account(s) to the Incoming Customer listed below (Attach sheet if necessary):

Incoming Customer's Billing Name

Outgoing Customer's Billing Name

Address to Send Outgoing Customer's Final Bill

Signature of Outgoing Customer or Outgoing Customer's Authorized Representative

Title

Date

Effective Date of Transfer from Outgoing Customer (Must be within 30 calendar days of date specified above):

**Part II – Incoming Customer – Transferee**

I hereby assume the Telephone Account(s) identified above currently billed to the Outgoing Customer listed above.

I accept responsibility for and agree to pay all outstanding charges associated with the telephone account(s), any deposit required by Verizon and all charges billed hereafter to the telephone account(s). I further accept the Outgoing Customer's Telephone Account(s) with all existing service, tariff, product guide and/or contractual obligations and understand that my failure to do so means that I may be assigned a different telephone number (or different telephone numbers) at my expense and that the old telephone number(s) may be put on a disconnect recording. In addition, a transfer charge may apply.

The present outstanding charges should be finalized and a final bill rendered to the Outgoing Customer. I will not assume responsibility for any charges prior to the Effective Date of this Transfer set forth below.

If service is out of our access tariff all outstanding indebtedness must be assumed by Transferee.

Please note that certain charges are billed in arrears and may appear in the Incoming Customer's bill. Failure to pay any applicable charges may result in Verizon changing the telephone number(s) of the Incoming Customer at the Incoming Customer's expense. Moreover, Verizon retains ownership rights of assignment of all Telephone Account(s); assignment of the Telephone Account(s) from the Outgoing Customer to the Incoming Customer is contingent upon proper execution of this document by both the Incoming Customer and Outgoing Customer.

Incoming Customer's Billing Name

Incoming Customer's Billing Address

Incoming Customer's Employer Identification Number

Signature of Incoming Customer or Incoming Customer's Authorized Representative

Title

Date

(D)(N)

FORMS

SUPERSEDURE REQUEST

Continued

Advice Letter No. 8747

Issued By

Date Filed JUN 08, 1998  
Effective JUL 18, 1998

Director

Decision No.

Regulatory Affairs

Resolution No.

FORMS

SUPERSEDURE REQUEST (Continued)  
(Instructions for Completion)

Effective Date of Transfer to Incoming Customer (Must be one calendar day following the Effective Date of Transfer from Outgoing Customer):

(D)(N)

The foregoing transfer shall not become effective until any required charges or deposits are received by Verizon. Both the Outgoing Customer and the Incoming Customer agree to indemnify and hold harmless Verizon from and against any claim arising from this transfer of Telephone Account(s), except for claims arising from Verizon's gross negligence or willful misconduct. If either the Outgoing Customer or the Incoming Customer has any questions, our Business Office number is (\_\_\_\_\_\_). **This form must be returned by \_\_\_\_\_ or service may be interrupted or disconnected.**

Prepared By

| Date

Telephone number will not be changed as a penalty or to enforce payment for directory advertising charges. Telephone number changes may be made if for engineering or technical reasons.

(N)

(D)  
Continued

Advice Letter No. 12,403

Issued By

Date Filed MAY 15, 2009  
Effective MAY 18, 2009

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

SUPERSEDURE REQUEST  
(Instructions for Completion)

Continued

Advice Letter No. 8747

Issued By

Date Filed JUN 08, 1998

Effective JUL 18, 1998

Decision No.

Director  
Regulatory Affairs

Resolution No.

(D)

(N)

Resolution No.

|                         |  |           |
|-------------------------|--|-----------|
| <u>FORMS</u>            |  | (N)       |
| Reserved for Future Use |  | (T)       |
|                         |  | (D)       |
|                         |  | (D)       |
|                         |  |           |
|                         |  | (D)       |
|                         |  | Continued |

Advice Letter No. 10,380

Issued By

Date Filed JAN 16, 2003

Decision No.

Director  
Regulatory Affairs

Effective FEB 16, 2003

Resolution No.

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| <u>FORMS</u>            |  | (N)       |
| Reserved for Future Use |  | (T)       |
|                         |  | (D)       |
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|                         |  | (D)       |
|                         |  | Continued |

|                         |  |           |
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| <u>FORMS</u>            |  | (N)       |
| Reserved for Future Use |  | (T)       |
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| <u>FORMS</u>            |  | (N)       |
| Reserved for Future Use |  | (T)       |
|                         |  | (D)       |
|                         |  | (D)       |
|                         |  |           |
|                         |  | (D)       |
|                         |  | Continued |

Forms



MONTHLY BILL (Residential)

Make progress every day

OXNARD, CALIFORNIA

Billing Date: 08/01/03 Page 1 of 6  
Telephone Number XXX XXX XXXX  
Account Number 01 1761 1149XXXXXX XX  
How to Reach Us: See page 2

(T)

Account Summary

|                                 |           |
|---------------------------------|-----------|
| Previous Charges                | \$ 228.47 |
| Payment(s) received. Thank You. | - 228.47  |
| Balance                         | \$ .00    |

New Charges

|                                |          |
|--------------------------------|----------|
| Verizon (page 3)               | \$ 76.50 |
| Verizon Long Distance (page 6) | 19.50    |
| Total New charges Due Aug 25   | \$ 96.00 |

To avoid a 1.5% late payment charge, payment  
must be received before September 01, 2003.

|                             |          |
|-----------------------------|----------|
| Total Due: (Past Due + New) | \$ 96.00 |
|-----------------------------|----------|

Welcome to the new Verizon Bill!

This is the first in a series of changes that we are  
making to improve the bill for you. You can find  
more information by checking our website  
[verizon.com/newbill](http://verizon.com/newbill).

Save Time!

Manage your account online at [verizon.com](http://verizon.com)

To enroll in the Verizon DirectPayment Option  
please read and sign the agreement on the reverse  
side of the payment form below.

Mail payments to:

Verizon California, PO Box 30001, Inglewood CA 90313-0001

Change of billing address?

Go to [verizon.com/billingaddress](http://verizon.com/billingaddress) or see page 2

see other side for important regulatory messages

▼ Detach & return payment slip with your check, payable to Verizon.

☐

Yes! I want to be a Literacy Champion.  
Sign me up for a \$1 monthly donation  
to **Verizon Reads**. Your signature is  
required. \_\_\_\_\_

JOHN DOE  
213 E. OASIS AVE  
OXNARD CA 93033-3837

Account:: 01 1761 1149XXXXXX XX  
New Charges Due: 08/25/03

21Q\*HBRZZ  
00000347 V00000002699  
01-CA 1761  
8054862821 19890614

Total Due: \$ 96.00

Amount Paid:

\$

VERIZON CALIFORNIA  
PO BOX 30001  
INGLEWOOD, CA 90313-0001

Continued

Advice Letter No. 11,858

Issued By

Date Filed MAY 17, 2007  
Effective MAY 18, 2007

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                  |                                 |          |                |               |                  |          |                                |       |                                     |                 |                                    |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|---------------------------------|----------|----------------|---------------|------------------|----------|--------------------------------|-------|-------------------------------------|-----------------|------------------------------------|-----------------|
| <div style="text-align: center;"><br/><b>MONTHLY BILL</b><br/><i>Make progress every day</i><br/><br/>OXNARD, CALIFORNIA</div> <div><b>Account Summary</b></div> <table border="1" style="width: 100%;"><tr><td><b>Previous Charges</b></td><td style="text-align: right;"><b>\$ 228.47</b></td></tr><tr><td>Payment(s) received. Thank You.</td><td style="text-align: right;">- 228.47</td></tr><tr><td><b>Balance</b></td><td style="text-align: right;"><b>\$ .00</b></td></tr></table> <div><b>New Charges</b></div> <table border="1" style="width: 100%;"><tr><td>Verizon (page 3)</td><td style="text-align: right;">\$ 76.50</td></tr><tr><td>Verizon Long Distance (page 6)</td><td style="text-align: right;">19.50</td></tr><tr><td><b>Total New charges Due Aug 25</b></td><td style="text-align: right;"><b>\$ 96.00</b></td></tr></table> <p>To avoid a 1.5% late payment charge, payment must be received before September 01, 2003.</p> <table border="1" style="width: 100%;"><tr><td><b>Total Due: (Past Due + New)</b></td><td style="text-align: right;"><b>\$ 96.00</b></td></tr></table> | <b>Previous Charges</b> | <b>\$ 228.47</b> | Payment(s) received. Thank You. | - 228.47 | <b>Balance</b> | <b>\$ .00</b> | Verizon (page 3) | \$ 76.50 | Verizon Long Distance (page 6) | 19.50 | <b>Total New charges Due Aug 25</b> | <b>\$ 96.00</b> | <b>Total Due: (Past Due + New)</b> | <b>\$ 96.00</b> |
| <b>Previous Charges</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>\$ 228.47</b>        |                  |                                 |          |                |               |                  |          |                                |       |                                     |                 |                                    |                 |
| Payment(s) received. Thank You.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - 228.47                |                  |                                 |          |                |               |                  |          |                                |       |                                     |                 |                                    |                 |
| <b>Balance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>\$ .00</b>           |                  |                                 |          |                |               |                  |          |                                |       |                                     |                 |                                    |                 |
| Verizon (page 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$ 76.50                |                  |                                 |          |                |               |                  |          |                                |       |                                     |                 |                                    |                 |
| Verizon Long Distance (page 6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 19.50                   |                  |                                 |          |                |               |                  |          |                                |       |                                     |                 |                                    |                 |
| <b>Total New charges Due Aug 25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>\$ 96.00</b>         |                  |                                 |          |                |               |                  |          |                                |       |                                     |                 |                                    |                 |
| <b>Total Due: (Past Due + New)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>\$ 96.00</b>         |                  |                                 |          |                |               |                  |          |                                |       |                                     |                 |                                    |                 |

**Forms** (N)

Billing Date: 08/01/03 Page 1 of 6  
Telephone Number XXX XXX XXXX  
Account Number 01 1761 1149XXXXXX XX  
How to Reach Us: See page 2

**Welcome to the new Verizon Bill!**  
*This is the first in a series of changes that we are making to improve the bill for you. You can find more information by checking our website [verizon.com/newbill](http://verizon.com/newbill).*

**Save Time!**  
*Manage your account online at [verizon.com](http://verizon.com)*

*To enroll in the Verizon DirectPayment Option please read and sign the agreement on the reverse side of the payment form below.*

**Mail payments to:**  
Verizon California, PO Box 30001, Inglewood CA 90313-0001

**Change of billing address?**  
Go to [verizon.com/billingaddress](http://verizon.com/billingaddress) or see page 2

**see other side for important regulatory messages**

Advice Letter No. 10, 560

Issued By

Date Filed JUL 11, 2003  
Effective AUG 11, 2003

Decision No.

Director  
Regulatory Affairs

Resolution No.

Forms

MONTHLY BILL

(C)

(C)

Continued

Advice Letter No. 8304

Issued By

Date Filed NOV 20, 1996

Decision No.

Regional Director

Effective DEC 30, 1996

Regulatory & Industry Affairs

Resolution No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Forms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        | (T)                                                           |
| <b>MONTHLY BILL (Residential)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                                               |
|  <b>Make progress every day</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | Billing Date: 08/01/03      Page 2 of 6                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | Telephone Number XXX XXX XXXX                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | Account Number 01 1761 1149XXXXXX XX                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | How to Reach Us: See below                                    |
| <b>How to Reach Us</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                               |
| Billing questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | verizon.com/onlinehelp                                                                                                                 | 1 800 483-3000 7:30 am - 7 pm M-F, 8 am - 5 pm Sat            |
| Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | verizon.com/repair                                                                                                                     | 1 800 483-1000 24 hours a day                                 |
| To order services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | verizon.com/storefront                                                                                                                 | 1 800 483-4000 7:30 am - 7 pm M-F, 8 am - 5 pm Sat            |
| Are you moving?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | verizon.com/movingcenter                                                                                                               | 1 800 483-4000 7:30 am - 7 pm M-F, 8 am - 5 pm Sat            |
| Centro Hispano de Verizon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | verizon.com/espanol                                                                                                                    | 1 800 743-2483 7:30 am - 7 pm M-F, 8 am - 5 pm Sat            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | 1 800 483-8688 8 am - 5:30 pm M-F                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | 1 800 483-7772 8 am - 5:30 pm M-F                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | 1 800 483-2262 8 am - 5:30 pm M-F                             |
| Tieng Viet Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |                                                               |
| Online billing & payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | verizon.com/billview                                                                                                                   | 24 hours a day                                                |
| Direct payment enrollment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | verizon.com/billpay                                                                                                                    | 1 800 345-6563 24 hours a day                                 |
| Tariff questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | www.verizon.com/tariffs                                                                                                                | 1 800 483-3000 8 am - 5:30 pm M-F                             |
| Correspondence address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P.O. Box 11328, St. Petersburg, FL 33733-1328                                                                                          |                                                               |
| <b>About Your Bill</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                               |
| <b>Bills are due and payable upon presentation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                               |
| <b>Current bill</b><br>If the amount of the bill for telephone service is not paid within 15 days from the date of presentation, service may be discontinued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                               |
| <b>Previous bill</b><br>If an amount for telephone service from a previous bill has not been paid, service is subject to discontinuance prior to the date referred to above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                                               |
| <b>Reconnect charge</b><br>If your telephone service is discontinued, in addition to the delinquent amount, a reconnection charge (per line) will apply. Both charges must be paid before service will be reconnected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                               |
| <b>Late payment charge</b><br>A late payment charge of 1.5% will be applied to your bill on an unpaid balance of \$20.00 or more if payment is not received at the Utility or one of its payment agents by the late payment date printed on your bill. The late payment date will not be less than 22 days from the date the bill is mailed by the Utility. Neither the billing nor payment of late charges relieves you of the obligation to pay all charges prior to the due date of the bill.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                                               |
| <b>Directory advertising</b><br>The amount of the bill may include charges for directory advertising. Advertising in future directories may be denied if current directory advertising charges are not paid. Disconnection will be made for delinquent telephone service charges, excluding directory advertising.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                               |
| <b>If you question this bill</b><br>Please call your Verizon Customer representative at the 'Billing questions' number which appears above. If you are not satisfied after receiving an explanation, please ask to speak to a supervisor who will further investigate your request. If you still disagree, you first must pay the undisputed amount to Verizon by the due date indicated on the bill and you must deposit the disputed amount with the Public Utilities Commission, State of California, State Office Building, 505 Van Ness Ave, San Francisco 94102 to avoid disconnection of service. Make remittance payable to the Public Utilities Commission, State of California, and attach the bill and a statement supporting your belief that the bill is not correct. The Commission will review the basis of the disputed amount and make disbursement in accordance with its findings. You may contact the Commission at 1-800-649-7570. |                                                                                                                                        |                                                               |
| <b>Federal Communications Commission (FCC)</b><br>If you question changes imposed by action of the FCC, such as the "Interstate Subscriber Line Charge" and "Interstate non-primary access", correspondence may be directed to: Informal Complaints and Public Inquiries Branch, Enforcement Division, Common Carriers Bureau, Federal Communications Commission, Washington, D.C. 20554. You may call the FCC directly at 1-888-225-5322.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                               |
| Product and services marketing information contained on other communication providers' long distance portion of your bill is provided by that service provider and is not endorsed or disputed by Verizon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                               |
| <b>Returned check charge</b><br>A charge will apply for each check returned unpaid for any reason and your service may be disconnected without notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                               |
| <b>Billing Address Changes or Corrections for Account:</b> 01 1761 1149XXXXXX XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                                               |
| If your billing address has changed, or if your address is incorrect as it appears on this bill, please provide corrections here.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                                               |
| 1. Check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Enter your correct billing address                                                                                                  | 3. Return this slip with your payment.                        |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Street Address _____<br>City, State, Zip _____                                                                                         |                                                               |
| <b>Direct Payment Enrollment for Account:</b> 01 1761 1149XXXXXX XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                        |                                                               |
| By signing below, you authorize and instruct your financial institution to deduct the amount of your monthly telephone bill from your checking account and remit directly to Verizon. (To discontinue Direct Payment, you must call Verizon).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                               |
| 1. Check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Sign and Date                                                                                                                       | 3. Return this slip with your check for this month's payment. |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> |                                                               |
| Sign here to enroll in Direct Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | Date                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | Continued                                                     |

Advice Letter No. 11,858

Issued By

Date Filed MAY 17, 2007  
Effective MAY 18, 2007

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>Make progress every day</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Forms</u><br>MONTHLY BILL                                                                                                           | (N)                                                                                                                                            |
| <b>How to Reach Us</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | Billing Date: 08/01/03      Page 2 of 6<br>Telephone Number XXX XXX XXXX<br>Account Number 01 1761 1149XXXXXX XX<br>How to Reach Us: See below |
| Billing questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | verizon.com/onlinehelp                                                                                                                 | 1 800 483-3000 7:30 am - 7 pm M-F, 8 am - 5 pm Sat                                                                                             |
| Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | verizon.com/repair                                                                                                                     | 1 800 483-1000 24 hours a day                                                                                                                  |
| To order services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | verizon.com/storefront                                                                                                                 | 1 800 483-4000 7:30 am - 7 pm M-F, 8 am - 5 pm Sat                                                                                             |
| Are you moving?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | verizon.com/movingcenter                                                                                                               | 1 800 483-4000 7:30 am - 7 pm M-F, 8 am - 5 pm Sat                                                                                             |
| Centro Hispano de Verizon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | verizon.com/espanol                                                                                                                    | 1 800 743-2483 7:30 am - 7 pm M-F, 8 am - 5 pm Sat                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | 1 800 483-8688 8 am - 5:30 pm M-F                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | 1 800 483-7772 8 am - 5:30 pm M-F                                                                                                              |
| Tieng Viet Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        | 1 800 483-2262 8 am - 5:30 pm M-F                                                                                                              |
| Online billing & payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | verizon.com/billview                                                                                                                   | 24 hours a day                                                                                                                                 |
| Direct payment enrollment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | verizon.com/billpay                                                                                                                    | 1 800 345-6563 24 hours a day                                                                                                                  |
| Tariff questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | www.verizon.com/tariffs                                                                                                                | 1 800 483-3000 8 am - 5:30 pm M-F                                                                                                              |
| Correspondence address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P.O. Box 11328, St. Petersburg, FL 33733-1328                                                                                          |                                                                                                                                                |
| <b>About Your Bill</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                                                                                |
| <b>Bills are due and payable upon presentation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                                                                                                                |
| <b>Current bill</b><br>If the amount of the bill for telephone service is not paid within 15 days from the date of presentation, service may be discontinued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                                                                                                                |
| <b>Previous bill</b><br>If an amount for telephone service from a previous bill has not been paid, service is subject to discontinuance prior to the date referred to above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                                                                                                                                |
| <b>Reconnect charge</b><br>If your telephone service is discontinued, in addition to the delinquent amount, a reconnection charge (per line) will apply. Both charges must be paid before service will be reconnected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                                                                                |
| <b>Late payment charge</b><br>A late payment charge of 1.5% will be applied to your bill on an unpaid balance of \$20.00 or more if payment is not received at the Utility or one of its payment agents by the late payment date printed on your bill. The late payment date will not be less than 22 days from the date the bill is mailed by the Utility. Neither the billing nor payment of late charges relieves you of the obligation to pay all charges prior to the due date of the bill.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                                                                                                                                |
| <b>Directory advertising</b><br>The amount of the bill may include charges for directory advertising. Advertising in future directories may be denied if current directory advertising charges are not paid. Disconnection will be made for delinquent telephone service charges, excluding directory advertising.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                                                                                                                |
| <b>If you question this bill</b><br>Please call your Verizon Customer representative at the 'Billing questions' number which appears above. If you are not satisfied after receiving an explanation, please ask to speak to a supervisor who will further investigate your request. If you still disagree, you first must pay the undisputed amount to Verizon by the due date indicated on the bill and you must deposit the disputed amount with the Public Utilities Commission, State of California, State Office Building, 505 Van Ness Ave, San Francisco 94102 to avoid disconnection of service. Make remittance payable to the Public Utilities Commission, State of California, and attach the bill and a statement supporting your belief that the bill is not correct. The Commission will review the basis of the disputed amount and make disbursement in accordance with its findings. You may contact the Commission at 1-800-649-7570. |                                                                                                                                        |                                                                                                                                                |
| <b>Federal Communications Commission (FCC)</b><br>If you question changes imposed by action of the FCC, such as the "Interstate Subscriber Line Charge" and "Interstate non-primary access", correspondence may be directed to: Informal Complaints and Public Inquiries Branch, Enforcement Division, Common Carriers Bureau, Federal Communications Commission, Washington, D.C. 20554. You may call the FCC directly at 1-888-225-5322.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                                                                                |
| Product and services marketing information contained on other communication providers' long distance portion of your bill is provided by that service provider and is not endorsed or disputed by Verizon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                                                                                |
| <b>Returned check charge</b><br>A charge will apply for each check returned unpaid for any reason and your service may be disconnected without notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                                                                                |
| <b>Billing Address Changes or Corrections for Account:</b> 01 1761 1149XXXXXX XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                                                                                                                                |
| If your billing address has changed, or if your address is incorrect as it appears on this bill, please provide corrections here.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                |
| 1. Check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Enter your correct billing address                                                                                                  | 3. Return this slip with your payment.                                                                                                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Street Address _____<br>City, State, Zip _____                                                                                         |                                                                                                                                                |
| <b>Direct Payment Enrollment for Account:</b> 01 1761 1149XXXXXX XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                        |                                                                                                                                                |
| By signing below, you authorize and instruct your financial institution to deduct the amount of your monthly telephone bill from your checking account and remit directly to Verizon. (To discontinue Direct Payment, you must call Verizon).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                                                                                                                |
| 1. Check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Sign and Date                                                                                                                       | 3. Return this slip with your check for this month's payment.                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> |                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sign here to enroll in Direct Payment.                                                                                                 | Date                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | (N)<br>Continued                                                                                                                               |

Advice Letter No. 10, 560

Issued By

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Director  
Regulatory Affairs

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RESERVED FOR FUTURE USE.

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Continued

Advice Letter No. 12728

Issued By

Date Filed MAR 08, 2016  
Effective MAY 09, 2016

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

Forms

(N)



MONTHLY BILL (Business)

*Make progress every day*

SANTA MONICA, CALIFORNIA

Billing Date: 05/04/07 Page 1 of 2  
Telephone Number XXX XXX XXXX  
Account Number 01 1727 1101XXXXXX XX  
How to Reach Us: See page 2

**Account Summary**

|                                                                               |                  |
|-------------------------------------------------------------------------------|------------------|
| <b>Previous Charges</b>                                                       | <b>\$ 179.24</b> |
| Payment(s) received. Thank You.                                               | - 179.24         |
| <b>Balance</b>                                                                | <b>\$ .00</b>    |
| <b>New Charges</b>                                                            |                  |
| Verizon (page 3)                                                              | \$ 95.46         |
| Verizon Long Distance (page 6)                                                | 3.17             |
| <b>Total New charges Due Aug 25</b>                                           | <b>\$ 99.18</b>  |
| To avoid a late payment charge, payment must be received before May 26, 2007. |                  |
| <b>Total Due: (Past Due + New)</b>                                            | <b>\$ 99.18</b>  |

**Switch to Verizon High Speed Internet For Business**

Get the speed and tools your business shouldn't work without, as low as \$39.99/mo with a one-year contract. Sign up by 6/30/07 and you may qualify for a special rebate offer. Call 1-877-854-2483 for details. Subj. to availability & restrictions.

**Are You a ONE-BILL Customer?**

Get your Verizon and Verizon Wireless charges on a single bill each month! Sign up is easy at verizon.com. Already a ONE-BILL customer? Find out about important changes in the "For Your Information" part of this bill.

**Mail payments to:**

Verizon California, PO Box 9688, MISSION HILLS, CA 91346-9688

**Change of billing address?**

Go to verizon.com/billingaddress or see page 2

see other side for important regulatory messages

▼ Detach & return payment slip with your check, payable to Verizon.



JOHN DOE, DDS  
213 E. PALM AVE  
SANTA MONICA, CA 90405

Account:: 01 1727 1101XXXXXX XX 21Q\*HBRZZ  
00000347 V00000002699  
01-CA 1761  
New Charges Due: 05/26/07 8054862821 19890614

**Total Due: \$ 99.18**

Amount Paid:

\$

VERIZON CALIFORNIA  
PO BOX 9688  
MISSION HILLS, CA 91346-9688

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Continued

Advice Letter No. 11,858

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Date Filed MAY 17, 2007  
Effective MAY 18, 2007

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Forms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | (N)                                                           |
| <b>MONTHLY BILL (Business)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               |                                                               |
| <br><b>Make progress every day</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Billing Date: 05/04/07<br>Telephone Number XXX XXX XXXX<br>Account Number 01 1727 1101XXXXXX XX<br>How to Reach Us: See below | Page 2 of 6                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <hr/>                                                                                                                         |                                                               |
| <b>How to Reach Us</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                               |
| Billing questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | verizon.com/onlinehelp                                                                                                        | 1 800 483-5700 8 am - 5:30pm M-F                              |
| Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | verizon.com/repair                                                                                                            | 1 800 483-2000 24 hours a day                                 |
| To order services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | verizon.com/storefront                                                                                                        | 1 800 483-5000 8 am - 5:30pm M-F                              |
| Are you moving?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | verizon.com/                                                                                                                  | 1 800 483-5000 8 am - 5:30pm M-F                              |
| Centro Hispano de Verizon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | verizon.com/espanol                                                                                                           | 1 800 483-4522 8 am - 5:30pm M-F                              |
| Online billing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | verizon.com/businessbillview                                                                                                  | 24 hours a day                                                |
| Direct payment enrollment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | verizon.com/businessbillpay                                                                                                   | 24 hours a day                                                |
| Tariff questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | www.verizon.com/tariffs                                                                                                       | 1 800 483-5700 8 am - 5:30 pm M-F                             |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                               |
| <b>About Your Bill</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                               |
| <b>Bills are due and payable upon presentation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                               |
| <b>Current bill</b><br>If the amount of the bill for telephone service is not paid within 15 days from the date of presentation, service may be discontinued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                               |
| <b>Previous bill</b><br>If an amount for telephone service from a previous bill has not been paid, service is subject to discontinuance prior to the date referred to above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |                                                               |
| <b>Reconnect charge</b><br>If your telephone service is discontinued, in addition to the delinquent amount, a reconnection charge (per line) will apply. Both charges must be paid before service will be reconnected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                               |
| <b>Late payment charge</b><br>A late payment charge of \$5.00 or 1.5% on an unpaid balance of \$20.00 or more, whichever is higher, will be applied to your bill if payment is not received at the Utility or one of its payment agents by the late payment date printed on your bill. The late payment date will not be less than 22 days from the date the bill is mailed by the Utility. Neither the billing nor payment of late charges relieves you of the obligation to pay all charges prior to the due date of the bill.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                                                               |
| <b>Directory advertising</b><br>The amount of the bill may include charges for directory advertising. Advertising in future directories may be denied if current directory advertising charges are not paid. Disconnection will be made for delinquent telephone service charges, excluding directory advertising.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                               |
| <b>If you question this bill</b><br>Please call your Verizon Customer representative at the 'Billing questions' number which appears above. If you are not satisfied after receiving an explanation, please ask to speak to a supervisor who will further investigate your request. You must pay the undisputed amount to Verizon by the due date indicated on the bill. If you have a complaint you cannot resolve with us, write the California Public Utilities Commission at Consumer Affairs Branch, 505 Van Ness Ave, San Francisco 94102, or at <a href="http://www.cpuc.ca.gov">www.cpuc.ca.gov</a> , or call 1-800-649-7570 or TDD 1-800-229-6846. If your complaint concerns interstate or international calling, write the FCC at Consumer Complaints, 445 12th Street SW, Washington, D.C. 20554, or at <a href="mailto:fccinfo@fcc.gov">fccinfo@fcc.gov</a> , or call 1-888-225-5322 or TTY 1-888-835-5322.<br><br>Note: The CPUC handles complaints of both interstate and intrastate unauthorized carrier changes ("slamming"). The California consumer protection rules are available online at <a href="http://www.cpuc.ca.gov">www.cpuc.ca.gov</a> . |                                                                                                                               |                                                               |
| <b>Returned payments</b><br>If your payment is returned for any reason, Verizon will resubmit it electronically. A charge may apply for each payment returned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               |                                                               |
| <b>Correspondence Address Only</b><br>P.O. Box 11328<br>St. Petersburg, FL 33733-1328<br><br>For payment address, see page 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                               |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                               |
| <b>Billing Address Changes or Corrections for Account:</b> 01 1727 1101XXXXXX XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                                                               |
| If your billing address has changed, or if your address is incorrect as it appears on this bill, please provide corrections here.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                                               |
| 1. Check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Enter your correct billing address                                                                                         | 3. Return this slip with your payment.                        |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Street Address _____<br>City, State, Zip _____                                                                                |                                                               |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                               |
| <b>Direct Payment Enrollment for Account:</b> 01 1727 1101XXXXXX XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |                                                               |
| By signing below, you authorize and instruct your financial institution to deduct the amount of your monthly telephone bill from your checking account and remit directly to Verizon. (To discontinue Direct Payment, you must call Verizon).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                               |
| 1. Check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Sign and Date                                                                                                              | 3. Return this slip with your check for this month's payment. |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; width: 400px; height: 20px;"></div>                                                      |                                                               |
| Sign here to enroll in Direct Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               | Date                                                          |

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Advice Letter No. 10,380

Issued By

Date Filed JAN 16, 2003

Decision No.

Director  
Regulatory Affairs

Effective FEB 16, 2003

Resolution No.

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Date Filed FEB 13, 2004

Resolution No.

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Date Filed FEB 10, 2004

Resolution No.

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Executive Director  
Regulatory Affairs

Effective MAR 12, 2004

Resolution No.

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FORMS

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Advice Letter No. 10,161

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Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

Reserved for Future Use

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Advice Letter No. 10,161

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Decision No.

Director  
Regulatory Affairs

Resolution No.

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Reserved for Future Use

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Advice Letter No. 10,380

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Date Filed JAN 16, 2003

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Decision No.

Director  
Regulatory Affairs

Resolution No.

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Advice Letter No. 10,380

Issued By

Date Filed JAN 16, 2003

Effective FEB 16, 2003

Decision No.

Director  
Regulatory Affairs

Resolution No.

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Advice Letter No. 10,380

Issued By

Date Filed JAN 16, 2003

Effective FEB 16, 2003

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

Reserved for Future Use

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Continued

Advice Letter No. 10,380

Issued By

Date Filed JAN 16, 2003  
Effective FEB 16, 2003

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

Network Services Order Form

Part 1

Continued

Advice Letter No. 8062

Issued By

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Decision No.

Regional Director  
Regulatory & Industry Affairs

Effective JUN 15, 1996

Resolution No.

FORMS

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Reserved for Future Use

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Advice Letter No. 10,380

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Director  
Regulatory Affairs

Resolution No.

FORMS

Spanish Language 800 Number Responsible Organization  
Change - Letter of Authorization

Continued

Advice Letter No. 5755

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Resolution No.

FORMS

Continued

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Regional Director

Effective FEB 23, 1996

Regulatory & Industry Affairs

Resolution No. T-15831

FORMS

Continued

Advice Letter No. 7887

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Effective FEB 23, 1996

Decision No.

Regional Director  
Regulatory & Industry Affairs

Resolution No. T-15831

FORMS

LinkIN<sup>SM</sup> - Page 1

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Continued

Advice Letter No. 8787

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Director

Effective SEP 01, 1998

Decision No.

Regulatory Affairs

Resolution No.

FORMS

LinkIN<sup>SM</sup> - Page 2

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Continued

Advice Letter No. 8787

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Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

LinkIN - Page 2

Continued

Advice Letter No. 8521

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Effective AUG 11, 1997

Decision No.

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Regulatory Affairs

Resolution No.

FORMS

LinkIN<sup>SM</sup> - Page 3

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Continued

Advice Letter No. 8787

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Effective SEP 01, 1998

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

Authorization Form for Unrestricted Call Transfer

Verizon's standard method of implementing Call Transfer and Three Way Calling is intended to help minimize toll fraud. This is accomplished by requiring at least one station within the customer's business group to remain on the call when a transfer is made to a destination outside of the business group. This method of operation tends to deter fraudulent use of the customer's direct distance dial network which often includes toll service.

If a Verizon customer wants to waive this requirement and allow Unrestricted Call Transfer and Three Way Calling, the customer of record must sign this form acknowledging the financial risks associated with waiving this restriction, and committing the customer to pay any and all toll charges for the business group. (This includes, but is not limited to, direct dialed calls to international and high-risk destinations.)

Implementation of Unrestricted Call Transfer and Three Way Calling invokes Verizon's Minor Software Change charges to properly program the customer's business group and individual lines, but does not require a monthly recurring charge.

Name of customer requesting Verizon to implement Unrestricted Call Transfer and Three Way Calling:

\_\_\_\_\_

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

Signature of customer of record: \_\_\_\_\_

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

Customer Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City / State / Zip Code)

Customer Billing Number: \_\_\_\_\_

Authority: The person signing this agreement represents and warrants to have the authority to execute this agreement.

Continued

Advice Letter No. 9799

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Effective JUL 25, 2001

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Director  
Regulatory Affairs

Resolution No.

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Continued

Date Filed JAN 16, 2003

Resolution No.

FORMS



**ORDER CONFIRMATION for TARIFFED SERVICES**

|                |                                                     |                       |                 |
|----------------|-----------------------------------------------------|-----------------------|-----------------|
| Customer Name: | [type name here]                                    | Main Billing Tel. No: | [type BTN here] |
| Address:       | [type address here]<br>[type city, state, zip here] |                       |                 |

This Order Confirmation is to confirm Verizon's receipt of an order and binding commitment from you, the Customer, to purchase from the undersigned Verizon operating telephone company ("Verizon") the services identified below and as further described in Verizon's applicable tariffs (the "Services"), for a minimum period of \_\_\_\_\_ (\_\_\_\_) consecutive months (the "Service Period"). Verizon's provision of the Services will be subject to the terms and conditions of Verizon's Federal and/or State tariffs, as applicable, in effect during the Service Period (the "Tariffs"), and will be subject to the availability of suitable facilities.

If Customer terminates any Services prior to expiration of the Service Period, Customer must promptly pay to Verizon any termination and cancellation charges specified in the Tariffs. The rates for the Services shall be as set forth in the Tariffs. Customer shall also pay all applicable charges, fees, taxes and tariff surcharges, including federal End User Common Line Charges, charged pursuant to applicable law, regulations or Tariffs.

| Quantity | Service                                                                        |
|----------|--------------------------------------------------------------------------------|
|          | [Insert service as it appears in tariff. Use tab key to add additional lines.] |
|          |                                                                                |
|          |                                                                                |
|          |                                                                                |
|          |                                                                                |
|          |                                                                                |
|          |                                                                                |

Additional charges may also be required if suitable facilities are not available to provide the Service at any locations. The provision of any additional locations and/or quantities of Services will be subject to Verizon's applicable Tariffs.

|                                                                    |  |
|--------------------------------------------------------------------|--|
| The Services will be provided at the following Customer locations: |  |
|                                                                    |  |
|                                                                    |  |
|                                                                    |  |
|                                                                    |  |
|                                                                    |  |

If you have any questions or comments in regard to this Order Confirmation, please contact Verizon as soon as possible.  
Thank you for choosing Verizon.

**AGREED AND ACCEPTED:**

[insert customer's full corporate name] (Customer)

Requestor Name/Title \_\_\_\_\_

VERIZON [insert remainder of Verizon corp. name]

By \_\_\_\_\_

Name/Title \_\_\_\_\_

Date \_\_\_\_\_

(041002)

Continued

Advice Letter No. 10,178

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Effective SEPT 22, 2002

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Director  
Regulatory Affairs

Resolution No.

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Date Filed JAN 16, 2003

Resolution No.

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| <div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"><u>FORMS</u><br/><b>APPLICATION FOR SERVICE</b><br/>(State Tariff)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                       |                             |                                                                                      |                                                                                                |
| Company Name: [type full corporate name here]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                | Main Billing Tel. No: [type BTN here] |                             |                                                                                      |                                                                                                |
| Address: [type address here]<br>[type city, state, zip here]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                       |                             |                                                                                      |                                                                                                |
| <p>Customer applies for and agrees to purchase from the undersigned Verizon operating telephone company the services identified below and as further described in Verizon's applicable tariffs (the "Services"), for a minimum period of _____ (____) consecutive months following execution of this Application and commencement of Services hereunder (the "Service Period"). The Services will be provided subject to the terms and conditions of Verizon's applicable tariffs in effect during the Service Period (the "Tariffs"), which are incorporated by this reference, and subject to the availability of suitable facilities.</p> <p>If Customer terminates this Application or any Services prior to expiration of the Service Period, Customer will promptly pay to Verizon any termination and cancellation charges specified in the Tariffs. The rates for the Services shall be as set forth in the Tariffs, which rates are summarized below. Customer shall also pay all applicable charges, fees, taxes and tariff surcharges, including federal End User Common Line Charges, charged pursuant to applicable law, regulations or Tariffs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                       |                             |                                                                                      |                                                                                                |
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Service                                                                                        | Monthly Unit Rate                     | Nonrecurring Charges / Unit |                                                                                      |                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [Insert service as it appears in tariff. Use tab key to add additional lines.]                 |                                       |                             |                                                                                      |                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                       |                             |                                                                                      |                                                                                                |
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| The Services will be provided at the following Customer locations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                       |                             |                                                                                      |                                                                                                |
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| <p>The provision of any additional locations and/or quantities of Services will be subject to Verizon's applicable Tariffs. Additional charges may also be required if suitable facilities are not available to provide the Services at any locations.</p> <p>Verizon may assign or transfer part or all of this Application to any of its affiliates. Upon reasonable prior written notice to Verizon and consistent with applicable Tariff supersedure or other regulatory requirements, Customer may assign or transfer this Application to any company that is the successor to substantially all of its assets. All other attempted assignments shall be void without the prior written consent of the other party.</p> <p>Upon signature below by both parties, this Application and the Tariffs constitute the entire agreement between Customer and Verizon regarding the Services, and supersede all prior oral or written quotations, communications, understandings or agreements. In the event of a conflict between the Tariffs and this Application, the Tariffs shall control. Each party represents that its execution of this Application is based solely on its independent assessment of the rights and obligations set forth herein and not on any other oral or written quotations, communications, understandings or agreements.</p> <p>AGREED AND ACCEPTED:</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;">[insert customer's full corporate name] (Customer)<br/><br/>Requestor Name/Title _____</td><td style="width: 50%; vertical-align: top;">VERIZON [insert remainder of Verizon corp. name]<br/>By _____<br/>Name/Title _____<br/>Date _____</td></tr></table> <p>(Generic-State-\$-050302)</p> |                                                                                                |                                       |                             | [insert customer's full corporate name] (Customer)<br><br>Requestor Name/Title _____ | VERIZON [insert remainder of Verizon corp. name]<br>By _____<br>Name/Title _____<br>Date _____ |
| [insert customer's full corporate name] (Customer)<br><br>Requestor Name/Title _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VERIZON [insert remainder of Verizon corp. name]<br>By _____<br>Name/Title _____<br>Date _____ |                                       |                             |                                                                                      |                                                                                                |

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Advice Letter No. 10,178

Issued By

Date Filed AUG 13, 2002

Effective SEPT 22, 2002

Director

Decision No.

Regulatory Affairs

Resolution No.

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| <div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"><u>FORMS</u><br/><b>APPLICATION FOR SERVICE</b><br/>(State Tariff)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                              |                                                                                                       |
| Company Name: [type full corporate name here]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Main Billing Tel. No: [type BTN here]                                                                 |                                                                                                                              |                                                                                                       |
| Address: [type address here]<br>[type city, state, zip here]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |                                                                                                                              |                                                                                                       |
| <p>Customer applies for and agrees to purchase from the undersigned Verizon operating telephone company the services identified below and as further described in Verizon's applicable tariffs (the "Services"), for a minimum period of _____ (____) consecutive months following execution of this Application and commencement of Services hereunder (the "Service Period"). The Services will be provided subject to the terms and conditions of Verizon's applicable tariffs in effect during the Service Period (the "Tariffs"), which are incorporated by this reference, and subject to the availability of suitable facilities.</p> <p>If Customer terminates this Application or any Services prior to expiration of the Service Period, Customer will promptly pay to Verizon any termination and cancellation charges specified in the Tariffs. The rates for the Services shall be as set forth in the Tariffs. Customer shall also pay all applicable charges, fees, taxes and tariff surcharges, including federal End User Common Line Charges, charged pursuant to applicable law, regulations or Tariffs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                              |                                                                                                       |
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Service                                                                                               |                                                                                                                              |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [Insert service as it appears in tariff. Use tab key to add additional lines.]                        |                                                                                                                              |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                              |                                                                                                       |
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| The Services will be provided at the following Customer locations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                              |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                              |                                                                                                       |
| <p>The provision of any additional locations and/or quantities of Services will be subject to Verizon's applicable Tariffs. Verizon may assign or transfer part or all of this Application to any of its affiliates. Upon reasonable prior written notice to Verizon and consistent with applicable Tariff supersedure or other regulatory requirements, Customer may assign or transfer this Application to any company that is the successor to substantially all of its assets. All other attempted assignments shall be void without the prior written consent of the other party.</p> <p>Upon signature below by both parties, this Application and the Tariffs constitute the entire agreement between Customer and Verizon regarding the Services, and supersede all prior oral or written quotations, communications, understandings or agreements. In the event of a conflict between the Tariffs and this Application, the Tariffs shall control. Each party represents that its execution of this Application is based solely on its independent assessment of the rights and obligations set forth herein and not on any other oral or written quotations, communications, understandings or agreements.</p> <p>AGREED AND ACCEPTED:</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none; vertical-align: top;"><u>[insert customer's full corporate name] (Customer)</u><br/><br/>Requestor Name/Title _____<br/><br/>(Generic-StateTf--022702)</td><td style="width: 50%; border: none; vertical-align: top;">VERIZON <u>[insert remainder of Verizon corp. name]</u><br/>By _____<br/>Name/Title _____<br/>Date _____</td></tr></table> |                                                                                                       | <u>[insert customer's full corporate name] (Customer)</u><br><br>Requestor Name/Title _____<br><br>(Generic-StateTf--022702) | VERIZON <u>[insert remainder of Verizon corp. name]</u><br>By _____<br>Name/Title _____<br>Date _____ |
| <u>[insert customer's full corporate name] (Customer)</u><br><br>Requestor Name/Title _____<br><br>(Generic-StateTf--022702)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VERIZON <u>[insert remainder of Verizon corp. name]</u><br>By _____<br>Name/Title _____<br>Date _____ |                                                                                                                              |                                                                                                       |

Continued

Advice Letter No. 10,178

Issued By

Date Filed AUG 13, 2002  
Effective SEPT 22, 2002

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS



**APPLICATION FOR SERVICE**  
 Corporate Rewards (CA) pursuant to applicable tariffs

|                                                              |                                       |
|--------------------------------------------------------------|---------------------------------------|
| Customer Name: [type name here] ("Customer")                 | Main Billing Tel. No: [type BTN here] |
| Address: [type address here]<br>[type city, state, zip here] |                                       |

Customer agrees to subscribe to Verizon California's ("Verizon") Corporate Rewards plan (the "Plan") in accordance with all of the provisions of Verizon's applicable tariffs, as such tariffs may be amended from time to time ("Tariff"). Such Tariff is incorporated herein by reference. In the event of any conflict between the Tariff and this Application, the Tariff and any changes therein shall apply. All capitalized terms used but not expressly defined herein shall have the respective meanings given to such terms in the Tariff.

**Term.** Customer's subscription to the Plan will be scheduled to begin on or about 60 days after execution of this Application and will continue for an initial period of ☐ 12 months ☐ 24 months ☐ 36 months thereafter ("Initial Term"), and shall automatically renew for successive 12-month terms ("Renewal Term(s)"), unless Customer provides notification to Verizon in accordance with the Tariff. If Customer terminates its subscription to the Plan at any time other than at the expiration of the Initial or Renewal Term, a termination charge of \$500 will apply. In addition, if Customer terminates its subscription during the Initial Term of the 24 or 36 month Plan, Customer will be required to return all access line discounts received during the Initial Term. The foregoing termination charges will not apply if termination is for the purpose of migrating to another Verizon product or plan of equal or greater value. Termination notice shall be in writing and mailed to Verizon Product Manager-Corporate Rewards, 125 High St., Room 419, Boston, MA, 02110. Any termination charges due will be applied to a main BTN within the jurisdiction covered by the Plan.

**Plan.** Participation in the plan is subject to a monthly minimum of \$200.00 in Qualifying Usage at the base rates. If Customer's Qualifying Usage from all BTNs on the Plan is below the monthly minimum during any month of the Plan, Customer will be billed for the difference between the monthly minimum and Customer's actual Qualifying Usage. Customer will receive the discounted rate specified below for the Rate Elements for Local Measured Service (LMS), Zone usage measurement (ZUM) and Toll Usage Service Categories ("Qualifying Usage") on the billed telephone numbers listed in Exhibit A ("Qualifying BTNs"). The discounted rates are based on the Customer's Qualifying Usage Tier, in accordance with the applicable Tariff. The Customer's Qualifying Usage Tier will be determined by rating the Qualifying Usage at the applicable Corporate Rewards base rate(s) set forth in the Tariff and shown in Table 1 of Exhibit A. The qualifying Corporate Rewards Tier for customers with CentrNet lines is determined by adding together the qualifying usage revenue with the qualifying CentrNet Additive revenue. The Qualifying CentrNet Additive revenue is determined by multiplying the number of qualifying CentrNet lines by the CentrNet line additive set forth in the Tariff and shown in Table 2 of Exhibit A. Throughout the Initial Term and any Renewal Term(s), Customer's initial Qualifying Usage Tier will be based on historic data and is identified at the bottom of Exhibit A. After the second full month of billing, the Qualifying Usage Tier for the remaining months of the Plan will be based on actual data from the previous month. In accordance with the Tariff, Customer, if eligible, may also receive a Loyalty Discount as shown in Table 3, off of the discounted usage rates shown in Table 1 below.

(T)  
 (N)  
 (N)  
 (T)

**Billed Telephone Numbers.** Customer agrees that Exhibit A is a complete list of all the billed telephone numbers ("BTNs") included in the Plan. Customer may add, remove or change the BTNs listed in Exhibit A only by submitting to Verizon such additions, removals, or changes in writing. The above discounts and rates will not apply to BTNs not made a part of the Plan in accordance with this Paragraph.

AGREED AND ACCEPTED:

[insert full name of the Customer] (Customer)

VERIZON CALIFORNIA INC.

By \_\_\_\_\_

By \_\_\_\_\_

Name/title \_\_\_\_\_

Name/title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

CA-CorpRewards (09 14 04)

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Advice Letter No. 10,951

Issued By

Date Filed SEP 15, 2004

Effective OCT 18, 2004

Decision No.

Executive Director  
 Regulatory Affairs

Resolution No.

FORMS



**APPLICATION FOR SERVICE**  
Corporate Rewards (CA) pursuant to applicable tariffs

|                                                              |                                       |
|--------------------------------------------------------------|---------------------------------------|
| Customer Name: [type name here] ("Customer")                 | Main Billing Tel. No: [type BTN here] |
| Address: [type address here]<br>[type city, state, zip here] |                                       |

Customer agrees to subscribe to Verizon California's ("Verizon") Corporate Rewards plan (the "Plan") in accordance with all of the provisions of Verizon's applicable tariffs, as such tariffs may be amended from time to time ("Tariff"). Such Tariff is incorporated herein by reference. In the event of any conflict between the Tariff and this Application, the Tariff and any changes therein shall apply. All capitalized terms used but not expressly defined herein shall have the respective meanings given to such terms in the Tariff.

**Term.** Customer's subscription to the Plan will be scheduled to begin on or about 60 days after execution of this Application and will continue for an initial period of ☐ 12 months ☐ 24 months ☐ 36 months thereafter ("Initial Term"), and shall automatically renew for successive 12-month terms ("Renewal Term(s)"), unless Customer provides notification to Verizon in accordance with the Tariff. If Customer terminates its subscription to the Plan at any time other than at the expiration of the Initial or Renewal Term, a termination charge of \$500 will apply. In addition, if Customer terminates its subscription during the Initial Term of the 24 or 36 month Plan, Customer will be required to return all access line discounts received during the Initial Term. The foregoing termination charges will not apply if termination is for the purpose of migrating to another Verizon product or plan of equal or greater value. Termination notice shall be in writing and mailed to Verizon Product Manager-Corporate Rewards, 125 High St., Room 419, Boston, MA, 02110. Any termination charges due will be applied to a main BTN within the jurisdiction covered by the Plan.

**Plan.** Participation in the plan is subject to a monthly minimum of \$200.00 in Qualifying Usage at the base rates. If Customer's Qualifying Usage from all BTNs on the Plan is below the monthly minimum during any month of the Plan, Customer will be billed for the difference between the monthly minimum and Customer's actual Qualifying Usage. Customer will receive the discounted rate specified below for the Rate Elements for Local Measured Service (LMS), Zone usage measurement (ZUM) and Toll Usage Service Categories ("Qualifying Usage") on the billed telephone numbers listed in Exhibit A ("Qualifying BTNs"). The discounted rates are based on the Customer's Qualifying Usage Tier, in accordance with the applicable Tariff. The Customer's Qualifying Usage Tier will be determined by rating the Qualifying Usage at the applicable Corporate Rewards base rate(s) set forth in the Tariff (the current Tariff base rates are shown in Table 1 of Exhibit A). Throughout the Initial Term and any Renewal Term(s), Customer's initial Qualifying Usage Tier will be based on historic data and is identified at the bottom of Exhibit A. After the second full month of billing, the Qualifying Usage Tier for the remaining months of the Plan will be based on actual data from the previous month. In accordance with the Tariff, Customer, if eligible, may also receive a Loyalty Discount as shown in Table 2, off of the discounted usage rates shown in Table 1 below.

**Billed Telephone Numbers.** Customer agrees that Exhibit A is a complete list of all the billed telephone numbers ("BTNs") included in the Plan. Customer may add, remove or change the BTNs listed in Exhibit A only by submitting to Verizon such additions, removals, or changes in writing. The above discounts and rates will not apply to BTNs not made a part of the Plan in accordance with this Paragraph.

AGREED AND ACCEPTED:

[insert full name of the Customer] (Customer)

VERIZON CALIFORNIA INC.

By \_\_\_\_\_

By \_\_\_\_\_

Name/title \_\_\_\_\_

Name/title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

(L) Material formerly on this sheet moved to Original Sheet 159.

Continued

Advice Letter No. 10,868

Issued By

Date Filed MAY 21, 2004

Effective JUN 21, 2004

Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS



APPLICATION FOR SERVICE  
(Corporate Rewards)

|                                              |                                       |
|----------------------------------------------|---------------------------------------|
| Customer Name: [type name here] ("Customer") | Main Billing Tel. No: [type BTN here] |
| Address: [type address here]                 |                                       |
| [type city, state, zip here]                 |                                       |

Customer agrees to subscribe to Verizon California's ("Verizon") Corporate Rewards plan (the "Plan") in accordance with all of the provisions of Verizon's applicable tariffs, as such tariffs may be amended from time to time ("Tariff"). Such Tariff is incorporated herein by reference. In the event of any conflict between the Tariff and this Application, the Tariff and any changes therein shall apply.

**Term.** Customer's subscription to the Plan will be scheduled to begin on or about \_\_\_\_\_ and will continue for an initial period of 12 months thereafter ("Initial Term"), and shall automatically renew for successive 12-month terms ("Renewal Terms"), unless Customer notifies Verizon otherwise 60 days prior to expiration of the Initial or Renewal Term then in effect. A termination charge of \$500 will apply if Customer terminates its participation in the Plan prior to expiration of the Initial or any Renewal Term then in effect, unless the termination is for the purpose of migrating to another Verizon product or plan of equal or greater value that replaces the Plan. Termination notice shall be in writing and mailed to Verizon Product Manager-Corporate Rewards, 125 High St., Room 517, Boston, MA 02110.

**Plan.** Customer must pay a minimum of \$300.00 each month for Qualifying Usage aggregated from all of the customer's Qualifying BTNs. Customer will receive the discounted rate specified below for the Rate Elements for ZUM Usage and Toll Usage Service Categories ("Qualifying Usage") on the billed telephone numbers listed in Exhibit A ("Qualifying BTNs"), in accordance with the provisions of the applicable Tariff:

Discounted Rates

| Qualifying Usage                                                        | Rate Per Min/<br>ZUM | Rate Per Min /<br>Toll |
|-------------------------------------------------------------------------|----------------------|------------------------|
| Tier 1: Total Qualifying Usage below \$1,000 per month                  | \$ 0.05              | \$ 0.10                |
| Tier 2: Total Qualifying Usage between \$1,000 and \$9,999 per month    | \$ 0.030             | \$ 0.043               |
| Tier 3: Total Qualifying Usage between \$10,000 and \$49,999 per month  | \$ 0.028             | \$ 0.042               |
| Tier 4: Total Qualifying Usage between \$50,000 and \$299,999 per month | \$ 0.026             | \$ 0.0415              |
| Tier 5: Total Qualifying Usage above \$300,000 per month                | \$ 0.05              | \$ 0.10                |

Additional Discounts

| Loyalty Discount                                   | Applicable only for purchases under Tier 1, Tier 2, Tier 3 and Tier 4                      | Discount Per Minute |
|----------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------|
| Discount applicable to above tariffed rates.       | Year 2 of Plan participation                                                               | 2%                  |
|                                                    | Year 3 of Plan participation                                                               | 3%                  |
|                                                    | Year 4 of Plan participation                                                               | 4%                  |
|                                                    | Year 5 of Plan participation and beyond                                                    | 5%                  |
| Access Line Discount                               | Applicable only for purchases under Tier 2, Tier 3 and Tier 4, per line                    | Discount Per Month  |
| Discount applicable to tariffed monthly line rate. | CentraNet® lines with Qualifying Usage; not available with any other discount arrangement. | \$ 2.00             |
|                                                    | PBX lines with Qualifying Usage; not available with any other discount arrangement.        | \$ 1.00             |

**Billed Telephone Numbers .** Customer agrees that Exhibit A is a complete list of all the billed telephone numbers ("BTNs") included in the Plan. Any applicable minimum usage and/or termination charges will be applied to a main BTN, within the jurisdiction covered by the Plan, as indicated in Exhibit A. Customer may add, remove or change the BTNs listed in Exhibit A only by submitting to Verizon such additions, removals, or changes in writing. The above discounts and rates will not apply to BTNs not made a part of the Plan in accordance with this Paragraph.

AGREED AND ACCEPTED:

[insert customer's full name] (Customer)

By \_\_\_\_\_  
Name/Title \_\_\_\_\_  
Date \_\_\_\_\_

VERIZON CALIFORNIA INC.

By \_\_\_\_\_  
Name/Title \_\_\_\_\_  
Date \_\_\_\_\_

CA-Corporate Rewards(071702)

Continued

Advice Letter No. 10,179F

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Director

Decision No.

Regulatory Affairs

Resolution No.

FORMS

**Exhibit A**

**TABLE 1**

| <u>Discounted Rates:</u>                                              | Rate/Min-LMS | Rate/Min-ZUM | Rate/Min-Toll |
|-----------------------------------------------------------------------|--------------|--------------|---------------|
| Tier 1: total Qualifying Usage below \$1,000 per mo. (base rates)     | \$0.04       | \$0.05       | \$0.10        |
| Tier 2: total Qualifying Usage between \$1,000 and \$9,999 per mo.    | \$0.016      | \$0.030      | \$0.043       |
| Tier 3: total Qualifying Usage between \$10,000 and \$49,999 per mo.  | \$0.014      | \$0.028      | \$0.042       |
| Tier 4: total Qualifying Usage between \$50,000 and \$299,999 per mo. | \$0.013      | \$0.026      | \$0.0415      |
| Tier 5: total Qualifying Usage above \$299,999 per mo. (base rates)   | \$0.04       | \$0.05       | \$0.10        |

(R)  
|  
(R)

**TABLE 2**

| <u>CentraNet Additive:</u> | Monthly additive per line | \$25.00 |
|----------------------------|---------------------------|---------|
|----------------------------|---------------------------|---------|

**TABLE 3**

| <u>Loyalty Discounts:</u>               | <i>Applicable only for purchases under Tier 1, Tier 2, Tier 3, and Tier 4</i> |    |
|-----------------------------------------|-------------------------------------------------------------------------------|----|
| Year 2 of Plan participation            |                                                                               | 2% |
| Year 3 of Plan participation            |                                                                               | 3% |
| Year 4 of Plan participation            |                                                                               | 4% |
| Year 5 of Plan participation and beyond |                                                                               | 5% |

**TABLE 4**

| <i>Applicable only for Customers qualifying for Tier 2, Tier 3 and Tier 4 purchasing the following services under Verizon's applicable tariffs at month-to-month rates (or other shortest term where month-to-month is not available). The Discounts below for the 12 month Plan will apply during any Renewal Term.</i> |                                                     |                                 |                                    |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------|------------------------------------|------------------------------------|
| <u>Access Line Discount:</u>                                                                                                                                                                                                                                                                                             | Eligible lines                                      | Monthly Discount for 12 mo Plan | Monthly Discount for 24 month Plan | Monthly Discount for 36 month Plan |
| 4                                                                                                                                                                                                                                                                                                                        | PBX Line                                            | \$1.00                          | \$2.00                             | \$4.50                             |
|                                                                                                                                                                                                                                                                                                                          | Centra Net                                          | \$2.00                          | \$2.00                             | \$2.00                             |
|                                                                                                                                                                                                                                                                                                                          | PRI Access Switched Facility System (Port and Loop) | \$48.00                         | \$225.00                           | \$275.00                           |
|                                                                                                                                                                                                                                                                                                                          | PRI Access Interface (Port only)                    | \$48.00                         | \$297.00                           | \$347.00                           |
|                                                                                                                                                                                                                                                                                                                          | Business Line                                       | \$1.00                          | \$2.00                             | \$4.50                             |
| 3                                                                                                                                                                                                                                                                                                                        | FlexGrow                                            | \$5.00                          | \$15.00                            | \$30.00                            |
|                                                                                                                                                                                                                                                                                                                          | PBX Line                                            | \$1.00                          | \$1.50                             | \$4.00                             |
|                                                                                                                                                                                                                                                                                                                          | Centra Net                                          | \$2.00                          | \$2.00                             | \$2.00                             |
|                                                                                                                                                                                                                                                                                                                          | PRI Access Switched Facility System (Port and Loop) | \$48.00                         | \$200.00                           | \$225.00                           |
|                                                                                                                                                                                                                                                                                                                          | PRI Access Interface (Port only)                    | \$48.00                         | \$267.00                           | \$297.00                           |
| 2                                                                                                                                                                                                                                                                                                                        | Business Line                                       | \$1.00                          | \$1.50                             | \$4.00                             |
|                                                                                                                                                                                                                                                                                                                          | FlexGrow                                            | \$5.00                          | \$10.00                            | \$20.00                            |
|                                                                                                                                                                                                                                                                                                                          | PBX Line                                            | \$1.00                          | \$1.00                             | \$3.50                             |
|                                                                                                                                                                                                                                                                                                                          | Centra Net                                          | \$2.00                          | \$2.00                             | \$2.00                             |
|                                                                                                                                                                                                                                                                                                                          | PRI Access Switched Facility System (Port and Loop) | \$48.00                         | \$175.00                           | \$200.00                           |
|                                                                                                                                                                                                                                                                                                                          | PRI Access Interface (Port only)                    | \$48.00                         | \$242.00                           | \$267.00                           |
|                                                                                                                                                                                                                                                                                                                          | Business Line                                       | \$1.00                          | \$1.00                             | \$3.50                             |
|                                                                                                                                                                                                                                                                                                                          | FlexGrow                                            | \$5.00                          | \$7.00                             | \$15.00                            |



Continued

Advice Letter No. 11,144

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Decision No.

Executive Director  
Regulatory Affairs

Resolution No.

FORMS

Exhibit A

TABLE 1

| Discounted Rates:                                                     | Rate/Min-LMS | Rate/Min-ZUM | Rate/Min-Toll |
|-----------------------------------------------------------------------|--------------|--------------|---------------|
| Tier 1: total Qualifying Usage below \$1,000 per mo. (base rates)     | \$0.04       | \$0.05       | \$0.10        |
| Tier 2: total Qualifying Usage between \$1,000 and \$9,999 per mo.    | \$0.017      | \$0.030      | \$0.043       |
| Tier 3: total Qualifying Usage between \$10,000 and \$49,999 per mo.  | \$0.015      | \$0.028      | \$0.042       |
| Tier 4: total Qualifying Usage between \$50,000 and \$299,999 per mo. | \$0.013      | \$0.026      | \$0.0415      |
| Tier 5: total Qualifying Usage above \$299,999 per mo. (base rates)   | \$0.04       | \$0.05       | \$0.10        |

TABLE 2

|                     |                           |         |
|---------------------|---------------------------|---------|
| CentraNet Additive: | Monthly additive per line | \$25.00 |
|---------------------|---------------------------|---------|

TABLE 3

Additional Discounts: Customer will also receive the following discounts off the above rates as provided under the Tariff

|                  |                                                                              |    |
|------------------|------------------------------------------------------------------------------|----|
| Loyalty Discount | <i>Applicable only for purchases under Tier 1, Tier 2, Tier 3 and Tier 4</i> |    |
|                  | Year 2 of Plan participation                                                 | 2% |
|                  | Year 3 of Plan participation                                                 | 3% |
|                  | Year 4 of Plan participation                                                 | 4% |
|                  | Year 5 of Plan participation and beyond                                      | 5% |

TABLE 4

| Access Line Discount: |      | <i>Applicable only for Customers qualifying for Tier 2, Tier 3 and Tier 4 purchasing the following services under Verizon's applicable tariffs at month-to-month rates (or other shortest term where month-to-month is not available). The Discounts below for the 12 month Plan will apply during any Renewal Term.</i> |                                 |                                    |                                    |
|-----------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|------------------------------------|
|                       | Tier | Eligible lines                                                                                                                                                                                                                                                                                                           | Monthly Discount for 12 mo Plan | Monthly Discount for 24 month Plan | Monthly Discount for 36 month Plan |
|                       | 4    | PBX Line                                                                                                                                                                                                                                                                                                                 | \$1.00                          | \$2.00                             | \$4.50                             |
|                       |      | Centra Net                                                                                                                                                                                                                                                                                                               | \$2.00                          | \$2.00                             | \$2.00                             |
|                       |      | PRI Access Switched Facility System (Port and Loop)                                                                                                                                                                                                                                                                      | \$48.00                         | \$225.00                           | \$275.00                           |
|                       |      | PRI Access Interface (Port only)                                                                                                                                                                                                                                                                                         | \$48.00                         | \$297.00                           | \$347.00                           |
|                       |      | Business Line                                                                                                                                                                                                                                                                                                            | \$1.00                          | \$2.00                             | \$4.50                             |
|                       |      | FlexGrow                                                                                                                                                                                                                                                                                                                 | \$5.00                          | \$15.00                            | \$30.00                            |
|                       | 3    | PBX Line                                                                                                                                                                                                                                                                                                                 | \$1.00                          | \$1.50                             | \$4.00                             |
|                       |      | Centra Net                                                                                                                                                                                                                                                                                                               | \$2.00                          | \$2.00                             | \$2.00                             |
|                       |      | PRI Access Switched Facility System (Port an Loop)                                                                                                                                                                                                                                                                       | \$48.00                         | \$200.00                           | \$225.00                           |
|                       |      | PRI Access Interface (Port only)                                                                                                                                                                                                                                                                                         | \$48.00                         | \$267.00                           | \$297.00                           |
|                       |      | Business Line                                                                                                                                                                                                                                                                                                            | \$1.00                          | \$1.50                             | \$4.00                             |
|                       |      | FlexGrow                                                                                                                                                                                                                                                                                                                 | \$5.00                          | \$10.00                            | \$20.00                            |
|                       | 2    | PBX Line                                                                                                                                                                                                                                                                                                                 | \$1.00                          | \$1.00                             | \$3.50                             |
|                       |      | Centra Net                                                                                                                                                                                                                                                                                                               | \$2.00                          | \$2.00                             | \$2.00                             |
|                       |      | PRI Access Switched Facility System (Port and Loop)                                                                                                                                                                                                                                                                      | \$48.00                         | \$175.00                           | \$200.00                           |
|                       |      | PRI Access Interface (Port only)                                                                                                                                                                                                                                                                                         | \$48.00                         | \$242.00                           | \$267.00                           |
|                       |      | Business Line                                                                                                                                                                                                                                                                                                            | \$1.00                          | \$1.00                             | \$3.50                             |
|                       |      | FlexGrow                                                                                                                                                                                                                                                                                                                 | \$5.00                          | \$7.00                             | \$15.00                            |

LIST OF QUALIFYING BILLED TELEPHONE NUMBERS (BTNs)

The following lists all of the BTNs of Customer that are included under this Corporate Rewards plan:  
[ insert list of ALL BTNs that are included in the Plan ]

Main BTN (within a jurisdiction covered by the Plan):

Qualifying Tier at beginning of Plan:

CA-CorpRewards (09 14 04)

2

Continued

Advice Letter No. 10,951

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Executive Director  
Regulatory Affairs

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Resolution No.

FORMS

Exhibit A

Discounted Rates:

TABLE 1

|                                                                       | Rate/Min-LMS | Rate/Min-ZUM | Rate/Min-Toll |
|-----------------------------------------------------------------------|--------------|--------------|---------------|
| Tier 1: total Qualifying Usage below \$1,000 per mo. (base rates)     | \$0.04       | \$0.05       | \$0.10        |
| Tier 2: total Qualifying Usage between \$1,000 and \$9,999 per mo.    | \$0.017      | \$0.030      | \$0.043       |
| Tier 3: total Qualifying Usage between \$10,000 and \$49,999 per mo.  | \$0.015      | \$0.028      | \$0.042       |
| Tier 4: total Qualifying Usage between \$50,000 and \$299,999 per mo. | \$0.013      | \$0.026      | \$0.0415      |
| Tier 5: total Qualifying Usage above \$299,999 per mo. (base rates)   | \$0.04       | \$0.05       | \$0.10        |

TABLE 2

Additional Discounts: Customer will also receive the following discounts off the above rates as provided under the Tariff

|                                         |                                                                              |    |
|-----------------------------------------|------------------------------------------------------------------------------|----|
| Loyalty Discount                        | <i>Applicable only for purchases under Tier 1, Tier 2, Tier 3 and Tier 4</i> |    |
| Year 2 of Plan participation            |                                                                              | 2% |
| Year 3 of Plan participation            |                                                                              | 3% |
| Year 4 of Plan participation            |                                                                              | 4% |
| Year 5 of Plan participation and beyond |                                                                              | 5% |

TABLE 3

| <i>Applicable only for Customers qualifying for Tier 2, Tier 3 and Tier 4 purchasing the following services under Verizon's applicable tariffs at month-to-month rates (or other shortest term where month-to-month is not available). The Discounts below for the 12 month Plan will apply during any Renewal Term.</i> |      |                                                     |                                 |                                    |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------|---------------------------------|------------------------------------|------------------------------------|
| Access Line Discount:                                                                                                                                                                                                                                                                                                    | Tier | Eligible lines                                      | Monthly Discount for 12 mo Plan | Monthly Discount for 24 month Plan | Monthly Discount for 36 month Plan |
|                                                                                                                                                                                                                                                                                                                          | 4    | PBX Line                                            | \$1.00                          | \$2.00                             | \$3.25                             |
|                                                                                                                                                                                                                                                                                                                          |      | Centra Net                                          | \$2.00                          | \$2.00                             | \$2.00                             |
|                                                                                                                                                                                                                                                                                                                          |      | PRI Access Switched Facility System (Port and Loop) | \$48.00                         | \$225.00                           | \$275.00                           |
|                                                                                                                                                                                                                                                                                                                          |      | PRI Access Interface (Port only)                    | \$48.00                         | \$297.00                           | \$347.00                           |
|                                                                                                                                                                                                                                                                                                                          |      | Business Line                                       | \$1.00                          | \$2.00                             | \$3.25                             |
|                                                                                                                                                                                                                                                                                                                          |      | FlexGrow                                            | \$5.00                          | \$15.00                            | \$30.00                            |
|                                                                                                                                                                                                                                                                                                                          | 3    | PBX Line                                            | \$1.00                          | \$1.50                             | \$2.75                             |
|                                                                                                                                                                                                                                                                                                                          |      | Centra Net                                          | \$2.00                          | \$2.00                             | \$2.00                             |
|                                                                                                                                                                                                                                                                                                                          |      | PRI Access Switched Facility System (Port and Loop) | \$48.00                         | \$200.00                           | \$225.00                           |
|                                                                                                                                                                                                                                                                                                                          |      | PRI Access Interface (Port only)                    | \$48.00                         | \$267.00                           | \$297.00                           |
|                                                                                                                                                                                                                                                                                                                          |      | Business Line                                       | \$1.00                          | \$1.50                             | \$2.75                             |
|                                                                                                                                                                                                                                                                                                                          |      | FlexGrow                                            | \$5.00                          | \$10.00                            | \$20.00                            |
|                                                                                                                                                                                                                                                                                                                          | 2    | PBX Line                                            | \$1.00                          | \$1.00                             | \$2.25                             |
|                                                                                                                                                                                                                                                                                                                          |      | Centra Net                                          | \$2.00                          | \$2.00                             | \$2.00                             |
|                                                                                                                                                                                                                                                                                                                          |      | PRI Access Switched Facility System (Port and Loop) | \$48.00                         | \$175.00                           | \$200.00                           |
|                                                                                                                                                                                                                                                                                                                          |      | PRI Access Interface (Port only)                    | \$48.00                         | \$242.00                           | \$267.00                           |
|                                                                                                                                                                                                                                                                                                                          |      | Business Line                                       | \$1.00                          | \$1.00                             | \$2.25                             |
|                                                                                                                                                                                                                                                                                                                          |      | FlexGrow                                            | \$5.00                          | \$7.00                             | \$15.00                            |

LIST OF QUALIFYING BILLED TELEPHONE NUMBERS (BTN's)

The following lists all of the BTN's of Customer that are included under this Corporate Rewards plan:  
[ insert list of ALL BTN's that are included in the Plan ]

Main BTN (within a jurisdiction covered by the Plan):

Qualifying Tier at beginning of Plan:

CA-CorpRewards (05 10 04)

2

(L) Material moved from 1st Revised Sheet 158.

Continued

Advice Letter No. 10,868

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Executive Director  
Regulatory Affairs

Resolution No.

FORMS

(N)



VERIZON CLIENT ADVANTAGE PROGRAM -- REGULATED SERVICES ("VCAP-R")

(N)

**VCAP-R Tariff Application**

|               |                                     |                       |                             |
|---------------|-------------------------------------|-----------------------|-----------------------------|
| Customer Name | [Insert customer name] ("Customer") | Main Billing Tel. No: | [Insert BTN]                |
| Address:      | [Insert customer address]           | Appl No.              | [Insert application number] |

**VCAP-R Plan.** Customer, on behalf of itself and any designated Affiliates (collectively referred to as "Customer") agrees to subscribe to the Verizon Client Advantage Program for Regulated Services ("VCAP-R Plan" or the "Plan"), as described in Verizon's applicable tariffs ("Tariffs"). A summary of the Plan is set forth below, but the complete discounts (including rebates or credits), terms and conditions of the Plan and all definitions of terms shall be as set forth in the applicable Tariffs, which shall govern the terms of the Plan in all respects.

**1. Description.** The VCAP-R Plan provides rebates, credits, or discounts to customers that meet eligibility requirements based on contributing total billings (CTB) for certain business telecommunications products and services and also satisfy certain customer commitment levels as set forth in the Tariff. However, there is no liability under the Plan if Customer does not achieve such commitment levels or if Customer terminates its participation in the Plan at any time, other than that rebates, credits, or discounts under the Plan will not be provided.

**2. Term.** The Plan is offered as a two-year term Plan, with a one-year renewal. At the end of the initial two-year term, the Plan will be renewed automatically for the third year unless Customer provides written notification of its intent to terminate the Plan no later than 90 days after the start of the third year.

**3. Customer Commitment Amounts.** The following Customer Commitment and Monthly Rebate Trigger will apply during the first year of the Plan:

|                                              |                                                     |
|----------------------------------------------|-----------------------------------------------------|
| Eligible CTB in Base Year                    | [Insert Base Year Eligible CTB]                     |
| Commitment CTB in Base Year                  | [Input Base Year "Commitment CTB" for all states]   |
| Customer Commitment for Year 1 of Plan       | [Input 90% of Base Year "Commitment CTB"]           |
| Monthly Rebate Trigger during Year 1 of Plan | [Insert 90% of "Customer Commitment" divided by 12] |

**4. Rebate Percentage.** (a) Upon commencement of the VCAP-R Plan and for the first 12-month Measurement Period of the Plan (Year 1 of Plan), the monthly rebate percentage will be as follows:

**Group A:** 5% for Customers with Eligible CTB between \$1.5 million and \$29.99 million

**Group B:** 5.5% for Customers with Eligible CTB between \$30 million and \$80 million

(b) At the end of Year 1 and Year 2 of the Plan, Verizon will review Actual CTB to determine the percentage of Customer Commitment attained. Based on the percentage of Customer Commitment attained and Customer's election of a new Customer Commitment for the next Plan year, Customer will receive a monthly rebate during the next Plan year in accordance with Table 1 below. The Rebate Trigger during each Plan year will be 90% of the Customer Commitment for that Plan year.

**Table 1 – Rebate Percentages for Plan Years 2 and 3**

| Percent of Customer Commitment<br>Achieved in Prior Plan Year | Customer's Election of Customer<br>Commitment for Next Plan Year | Monthly Rebate Percentage<br>for Next Plan Year |         |
|---------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------|---------|
|                                                               |                                                                  | Group A                                         | Group B |
| 110%                                                          | 110%                                                             | 6%                                              | 6.5%    |
| 110%                                                          | 105% - 109.99%                                                   | 5.5%                                            | 6.0%    |
| 110%                                                          | 90% - 104.99%                                                    | 5%                                              | 5.5%    |
| 110%                                                          | 85% - 89.99%                                                     | 2%                                              | 2%      |
| 110%                                                          | Less than 85%                                                    | 0%                                              | 0%      |
| 105% - 109.99%                                                | 105% - 109.99%                                                   | 5.5%                                            | 6.0%    |
| 105% - 109.99%                                                | 90% - 104.99%                                                    | 5%                                              | 5.5%    |
| 105% - 109.99%                                                | 85% - 89.99%                                                     | 2%                                              | 2%      |
| 105% - 109.99%                                                | Less than 85%                                                    | 0%                                              | 0%      |
| 90% - 104.99%                                                 | 90% - 104.99%                                                    | 5%                                              | 5.5%    |
| 90% - 104.99%                                                 | 85% - 89.99%                                                     | 2%                                              | 2%      |
| 90% - 104.99%                                                 | Less than 85%                                                    | 0%                                              | 0%      |
| 85% - 89.99%                                                  | 85% - 89.99%                                                     | 2%                                              | 2%      |
| Less than 85%                                                 | --                                                               | 0%                                              | 0%      |

VCAP-R 092705

Page 1 of 3

ESC#0539



(N)

Continued

Advice Letter No. 11,416

Issued By

Date Filed JAN 17, 2006

Effective FEB 18, 2006

Decision No.

Director  
Regulatory Affairs

Resolution No.

FORMS

**5. Calculation of Rebate Amount.**

(a) If the Customer's Monthly Actual CTB meets or exceeds the Monthly Rebate Trigger on a cumulative basis, the Customer will receive a rebate calculated by multiplying the applicable rebate percentage against Customer's State Specific Monthly Actual CTB, and applying the resulting rebate amount to the Customer's State Specific Monthly Actual Rebate CTB.

(b) If Customer does not meet the Monthly Rebate Trigger on a cumulative basis, Customer will not receive a rebate for that month. However, if Customer generates sufficient Actual CTB during the Measurement Period so that the average Monthly Actual CTB meets the Monthly Rebate Trigger, then Customer will receive a VCAP-R rebate for any month in which Customer did not qualify for a rebate under subsection (a) above.

(c) Verizon will perform annual reviews to make any adjustments necessary to conform to the rates, terms and conditions of the Plan. No interest will be paid in the event of delays in applying any rebates.

**6. Billing Telephone Numbers.** Customer agrees that Exhibit A is a complete list of all the billed telephone numbers ("BTNs") included in this plan as of the date this Application is signed by the Customer. Customer may add, remove or change the BTNs listed in Exhibit A only by submitting to Verizon such additions, removals, or changes in writing. Even though all BTNs listed in Exhibit A are included in the plan, only BTNs in states where this Plan is tariffed or otherwise lawfully offered to eligible Customers by Verizon will be eligible to receive discounts, rebates or credits under this Plan. BTNs listed in Exhibit A in any other States or Jurisdictions will be used for the limited purpose of calculating the Customer's Eligible CTB, Commitment CTB, Rebate Trigger, and related measurements. Any BTNs that are not listed in Exhibit A or added in accordance with this paragraph will not be included or used under this Plan. Designated affiliates of Customer may be included under this Plan only if Customer includes the BTNs of such Affiliate(s) under this Plan as set forth above. Acquisitions or mergers by Customer may result in adjustments to the Eligible CTB, Customer Commitment, and related measurements, as set forth in the Tariff.

**7. Notices.** Notices for the VCAP-R Plan shall be sent to Customer at the address shown above and to Verizon at Verizon Business Contract Distribution 11475 Great Oaks Way, Suite 300, Alpharetta, GA 30022 (678) 256-7052.

AGREED TO BY CUSTOMER:

[Insert customer name] (Customer)

By \_\_\_\_\_

Name/title \_\_\_\_\_

Date \_\_\_\_\_

VCAP-R 092705

Page 2 of 3

ESC#0539



(D)

(D)

(N)

Continued

Advice Letter No. 11,521

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FORMS

(N)

**5. Calculation of Rebate Amount.**

(N)

(a) If the Customer's Monthly Actual CTB meets or exceeds the Monthly Rebate Trigger on a cumulative basis, the Customer will receive a rebate calculated by multiplying the applicable rebate percentage against Customer's State Specific Monthly Actual CTB, and applying the resulting rebate amount to the Customer's State Specific Monthly Actual Rebate CTB.

(b) If Customer does not meet the Monthly Rebate Trigger on a cumulative basis, Customer will not receive a rebate for that month. However, if Customer generates sufficient Actual CTB during the Measurement Period so that the average Monthly Actual CTB meets the Monthly Rebate Trigger, then Customer will receive a VCAP-R rebate for any month in which Customer did not qualify for a rebate under subsection (a) above.

(c) Verizon will perform annual reviews to make any adjustments necessary to conform to the rates, terms and conditions of the Plan. No interest will be paid in the event of delays in applying any rebates.

**6. Billing Telephone Numbers.** Customer agrees that Exhibit A is a complete list of all the billed telephone numbers ("BTN's") included in this plan as of the date this Application is signed by both parties. Customer may add, remove or change the BTN's listed in Exhibit A only by submitting to Verizon such additions, removals, or changes in writing. Even though all BTN's listed in Exhibit A are included in the plan, only BTN's in states where this Plan is tariffed or otherwise lawfully offered to eligible Customers by Verizon will be eligible to receive discounts, rebates or credits under this Plan. BTN's listed in Exhibit A in any other States or Jurisdictions will be used for the limited purpose of calculating the Customer's Eligible CTB, Commitment CTB, Rebate Trigger, and related measurements. Any BTN's that are not listed in Exhibit A or added in accordance with this paragraph will not be included or used under this Plan. Designated affiliates of Customer may be included under this Plan only if Customer includes the BTN's of such Affiliate(s) under this Plan as set forth above. Acquisitions or mergers by Customer may result in adjustments to the Eligible CTB, Customer Commitment, and related measurements, as set forth in the Tariff.

**7. Notices.** Notices for the VCAP-R Plan shall be sent to Customer at the address shown above and to Verizon at Verizon National Contracts Repository, MC: HQW02L25, 700 Hidden Ridge, Irving, TX 75038.

AGREED TO BY CUSTOMER:

ACKNOWLEDGED BY:

[Insert customer name]

(Customer)

On behalf of the Verizon telephone operating companies,  
providing services to BTN's per Section 6 and Exhibit A

By \_\_\_\_\_

By \_\_\_\_\_

Name/title \_\_\_\_\_

Name/title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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(N)

**LIST OF BILLED TELEPHONE NUMBERS**

**EXHIBIT A**

**Billing Telephone Numbers.** Customer agrees that Exhibit A is a complete list of all the billed telephone numbers ("BTN") included in this plan as of the date this Application is signed by both parties. Customer may add, remove or change the BTNs listed in Exhibit A only by submitting to Verizon such additions, removals, or changes in writing. Even though all BTNs listed in Exhibit A are included in the plan, only BTNs in states where this Plan is tariffed or otherwise lawfully offered to eligible Customers by Verizon will be eligible to receive discounts, rebates or credits under this Plan. BTNs listed in Exhibit A in any other States or Jurisdictions will be used for the limited purpose of calculating the Customer's Eligible CTB, Commitment CTB, Rebate Trigger, and related measurements. Any BTNs that are not listed in Exhibit A or added in accordance with this paragraph will not be included or used under this Plan. Designated affiliates of Customer may be included under this Plan only if Customer includes the BTNs of such Affiliate(s) under this Plan as set forth above. Acquisitions or mergers by Customer may result in adjustments to the Eligible CTB, Customer Commitment, and related measurements, as set forth in the Tariff.

[List of BTNs in All States/Jurisdictions]

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