

Telecommunications Company Name:

TELECOMMUNICATIONS SERVICES PROVIDED:

<input checked="" type="checkbox"/>	Local Exchange Service	<input type="checkbox"/>	Data Services
<input type="checkbox"/>	Calling Cards	<input type="checkbox"/>	Prepaid Calling Cards
<input type="checkbox"/>	Alternate Operator Services	<input type="checkbox"/>	Directory Assistance
<input type="checkbox"/>	Long Distance Interlata	<input type="checkbox"/>	WATS (800/888)
<input type="checkbox"/>	Long Distance Intralata		
<input type="checkbox"/>	Other, please specify _____		

Indicate limitations, terms, or conditions and all rates, charges, or prices for the services being offered.

See attached price list.

Effective Date: _____