|  |  |
| --- | --- |
| **Tracking Number:**  | **509-SPOKANE-WA-515199** |
|  | **Individual Block Request** |
|   |
| **Type of Application:**                   | **New** | **Change** i  | **Disconnect** |  |  |  |  |
|  |  |  |  |  |  |  |  |
|   |
|   |
| **GENERAL APPLICATION INFORMATION**  |
| **1.1 Contact Information:** |
|   |
| Block Applicant: |
| Company Name: | **XO WASHINGTON, INC.** |
| Headquarters Address: | **13865 Sunrise Valley Dr** |
| City, State, Zip: | **Herndon, VA, 20171** |
| Contact Name: | **ruben galvan** |
| Contact Address: | **2637 Summit Ave**  |
| City,State,Zip: | Plano , TX , 75074 |
| Phone:   **972-578-3728**  | FAX:   **214-237-1403**  | E-mail:  **ruben.galvan@xo.com** |  |
| Pooling Administrator: ii  |  |  |  |  |  |  |
| Contact Name: | **Kevin Gatchell** |
| Contact Address: | 1800 Sutter St |
| City,State,Zip:  | Concord ,CA,94520 |
| Phone: | 925-363-8742 | FAX: **925-363-7692**  |  |  |  |  |
| E-mail:  **kevin.gatchell@neustar.biz** |  |  |  |  |  |
|    |    |
| **1.2 General Information:**  |
|   |
| **Check one : No LRN needed      X       LRN needed iii** |
|   |
| NPA:**509** | LATA:**676** | OCN: iv **7340** | Parent Company's OCN **7753** |  |
| Number of Thousands-Blocks Requested :**1**  |  |  |  |
| Switching Identification(Switch Entity/POI) : v **spknwadzds2**  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| City or Wire Center Name : | Rate Center: vi **SPOKANE**  |  |
| Rate Center Sub Zone: |  |  |  |  |
|   |
| **1.3 Dates:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|   |
| Date of Application: vii **02/07/2012** | Requested Block Effective Date: viii                  **03/09/2012** |  |  |
|  |  |  |  |  |  |  |  |
|   |
| By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.  |
|   |
| Request Expedited Treatment? (See Section 8.6) Yes      **X**      No            |
| Expedited Explanation:       |
|   |
| **1.4 Type of Service Provider Requesting the Thousands-Block :** |
|   |
|

|  |
| --- |
| a)    Type of Service Provider :**CAP OR CLEC** (LEC, IXC, CMRS, Other)  |
| b)    Primary type of service Blocks to be used for :**Wireline**  |
| c)    Thousands-Block(s) (NXX-X) assignment Preference (Optional) **509-724-4** |
| d)    Thousands-Block(s) (NXX-X) that are undesirable for this assignment , if any  |
| e)    If requesting a code for LRN purposes, indicate which block(s) you will be keeping(the remainder of the blocks will be given to the pool)  |

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|   |  |  |
| **1.5 Type of Request:** |  |  |
|   |  |  |
| Initial block for rate center : Yes                 If Yes , attach evidence of authorization and proof of capability to provide service within 60 days.  |  |  |
| Growth block for rate center : Yes         **X**         If Yes , attach months to exhaust worksheet  |  |  |
|     By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date.  |  |  |
|

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| --- |
| Type of change(Mark **all** that apply)  |
|      | OCN:Intra-company ix Switching Id Part 1B  |  |  |  |  |  |  |  |  |
|      | OCN:Inter-company x Effective Date  |  |  |  |  |  |  |  |  |

 |
| Change block : Yes                 If Yes , list NPA-NXX-X  |  |  |
|   |  |  |
| **1.6 Block Return :** |  |  |
|   |  |  |
|

|  |
| --- |
| a)    Is this block Contaminated Yes            No            |
| b)    If Yes how many TNs are NOT available for assignment : |
| c)    Have all new Intra SP ports been completed in the NPAC Yes            No            |
| d)    Has this block been protected from further assignment Yes            No            |
|   |
| Disconnect block : Yes                 If Yes , list NPA-NXX-X  |

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|   |  |  |
| Remarks:     |  |  |
|   |  |  |
| I hereby certify that the above information requesting an NXX-X block is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the Thousands-Block (NXX-X) Pooling Administration Guidelines(ATIS-0300066) available on the ATIS web site (http://www.atis.org/inc) or by contacting inc@atis.org as of the date of this application.  |  |  |
|   |  |  |
| **ruben galvan** | **Senior National Code Administrator** | **02/07/2012** |  |  |
| **Signature of Block Applicant** | **Title** | **Date** |  |  |
|   |  |  |
|   |  |  |