

LEC Name: _____

Date: _____

**ITEM C SCHEDULE
LIST ALL RETAIL-COMMUNICATIONS-RELATED PRODUCTS OR SERVICES
(INCLUDING INFORMATION SERVICES PROVIDED BY THE REGULATED COMPANY AND EACH OF ITS AFFILIATES)**

Please check (i.e., X) if the company and/or its affiliates offers these services

	Products and Services	Yes - Directly by the Company	Yes - By an Affiliate	Name of Affiliate
1	Long Distance - Facilities Based			
2	Long Distance - Resale			
3	High Speed Internet - Satellite			
4	High Speed Internet - DSL			
5	Other Broadband (Please specify the technology (e.g., PON)			
6	a. Fiber-to-the-Home			
7	b. Cable Modem			
8	Wireless Broadband (e.g., Motorola)			
9	Enhanced and/or Accelerated Dial-Up			
10	Satellite Radio			
11	Web Hosting			
12	Voice Mail			
13	Custom Calling Services			
14	Voice Wireless - Cellular			
15	PCS			
16	IPTV (e.g., PON)			
17	Cable TV			
18	Satellite TV			
19	Customer Provided Equipment			
20	Inside Wiring			
21	Billing and Collections			
22	Wi-Fi			
23	Wi-MAX			
24	VoIP			
25	Other Services (please list)			
	a. Private Line Service			
	b. Retail Special Access			
	c.			
	d.			
	e.			
	f.			