ORIGINAL

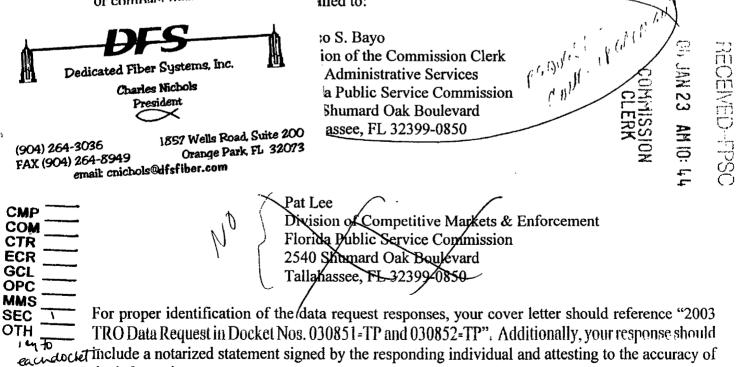
requested data is essential to ensure that each carrier's facilities are considered in conclusions reached regarding UNE obligations. Company responses are due to the Commission by **December 22, 2003**. The data request is similar to the October 3, 2003, data request of the New York Department of Public Service in Case 03-C-0821, modified by a few additional questions.

The trigger-related information is to be provided on electronic spreadsheets: (1) general_questions_FL.xls, (2) switching_questions_FL.xls, (3) transport_questions_FL.xls, and (4) loop_questions_FL.xls. Hard copies of the spreadsheets are attached to the data request and spreadsheet files can also be downloaded from the Commission's website to use in providing responses (http://www.floridapsc.com). The number of spreadsheet rows to which each CLEC will be required to respond depends upon the number of switches, transport routes, or customer locations for which each company has provisioned facilities. Detailed instructions are included in the data request as well as attached to the spreadsheets.

If your company holds a certificate but is not currently active in the marketplace, you may simply check the box at the top of this page and return it.

To the extent you are a party to either Docket No. 030851-TP or Docket No. 030852-TP and information requested has already been provided through responses to interrogatories or document requests, there is no need to provide a full response again. Simply respond by identifying the particular interrogatory or document request (serving party, item number, filing date) where the information can be found.

Once the spreadsheets are completed, they should be saved electronically using the company name in the saved file name; i.e., general_Company Name_FL.xls. A cover letter along with a hard copy of each spreadsheet and an electronic version of each spreadsheet saved on a 3.5-inch diskette or compact disk (CD) is included to:



the information.

DOCUMENT NUMBER-DATE

01040 JAN 23 3

FPSC-COMMISSION CLERK

general_questions_FL.xls General

	В	С	D	E
Please enter the information				;
requested below in column B in				
1 reference to your company		The FPSC code should be on the address label used to send	-	
		The PPSC code should be on the address label used to send the paper copies of this data request to you		
2 FPSC CODE	TA 045	Use the company name that appears on the address label,		:-
Company Name, as it appears on your	DELICATE I FIRGE SYSTEMS, INC.	as well.		
4 OCN from LERG 5 OCN Name from LERG				
6 Calegory (CLEC, ILEC, WIRELESS)	7161			
7 AOCN from LERG (administrative)		Continue with additional affiliations or DBA Names down the	columns	
8 FLPSC code for Affiliations		· · · · · · · · · · · · · · · · · · ·		
9 DBA Names			1	1
If you do not provide service or are		1		,
providing service only via resale in Florida, please enter "No Service" and				
10 return this information				
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14 Please complete the	e above information as requested.			

FOR ADDITIONAL INFO: SEE OVE WEBSITT TOWN. DFS FIBER. COM

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Prepared by the FPSC staff 11/10/2003

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switching_questions_FL.xls Switching

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transport_questions_FL.xls Transport

	А	В	С	D	E	F	G	Н	1	J	К	L	M	N	0
1 2	NA		FROM ILEC	>									TO II	EC	
3	N -		Central Office A	Address	;			Ari mei	ang nt Ty				Central Of	fice Add	iress
		Street Address	City	State		Vert- ical Coord- inates	inates	Ca	Cageles	-	CLLI	Street Address	City	State	· ·
5	EXAMFRXXX	3 Empire State Plaza	Tallahassee	FL	32301	4321	1234	Y	N	N	EXAMTOXXX	123 Main Street	Miami	IFL _	33123

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transport_questions_FL.xls Transport

<u> </u>	P	Q	R	ST	U	V	W	X	Y	Z	AA	A	в	AC	AD	AE		AG	AH	Al	AJ	AK	AL	AM	AN	AO
1							<u> </u>									TRA	NSPORT	ROUT	Ε							
2									S	elf-Pro	viders					Wholesalers										
3				nge- Type			nspo ype	rt		Numb			ort ci	rcuits					nspo ype	rt		Numb	er of tra	ansport	circuit	<u>S</u>
4	Vert-ica Coord- inates 345	inates	Caged? (Y/N)	Z Virtual? (Y/N)	ovider? (Y/N)	Dark Fiber? (X or blank)	X	DS3? (X or blank)	# Dark Fiber transport	# DS1 level transp circuits provision	# DS3 level transpo	 Circuits provisioned # Dark Fiber working 	ts	# DS1 level working	# DS3 level working circuits	Z Wholesaler? (Y/N)	Carrier?	Dark Fiber? (X or blank)	DS1? (X or blank)	DS3? (X or blank)	# Dark Fiber transport	# DS1 level transport circuits provisioned	<u> </u>	50	# DS1 level working circuits	# DS3 level working circuits

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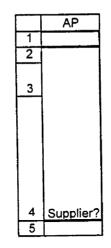
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WINGSFIGE

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12- 495 A. PROF. 255 TOURIONI, W.C. B. ZMER FIBSE C. 24 D- 4

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loop_questions_FL.xls Loop

	A	В	С	D	Е	F	(ЭH		J	K	L	N	Л	N	0	Р	Q	R
1									S	elf-Pro	viders								
2	Customer	nfomation						pacity ype	/	1	Number	ofcir	cuits				High- Loo	Capac p Type	city e
3	Street Address	City	Zip	Wire Center CLL1	Self-Provider? (Y/N)		blank)	US1? (X or blank) DS3? (X or blank)	# Dark Fibe		<u>5 # (</u>	5 #	circuits # DS1 level working	circuits	# DS3 level working circuits	13	Dark Fiber? (X or blank)	DS1?	DS3? (X or blank)
4	123 Main St.	Tallahassee	32301	TLHSFLXXX	Y	X			5	0 9	0	0 3	35	89	0	ΙY	<u> </u>	X	

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loop_questions_FL.xls Loop

	S	Т	U	V	W	Х	Y	Ζ	AA	AB	AC	AD	AE	AF	AG
1	Ŵ	/holesa	lers												
2		N	umber	of circu	its				4	-					
3	# Dark Fiber provisioned circuits	# DS1 level provisioned circuits	# DS3 level provisioned circuits		# DS1 level working circuits	# DS3 level working circuits	Point-to-Point (P) or Ring (R) configuration	Accessible? (Y/N)	Sole Access? (Y/N)	Using? (Y/N)	Giving? (Y/N)	Owner? (Y/N)	Loop Owner?	Loop Wholesaler?	Nature of agreement?
4	0				52		R	Y	Y	N	N	Y			
				2° - 6			R	N	N	\mathcal{N}^{i}	N	γ			1

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AFFIDAVIT

By my signature below, I,_____, attest to the accuracy of the information contained herein and the attached documents. I have reviewed the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of ______.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

Print Name	Signature
Title	Date
Telephone No.	Fax No.
Utility	_
Address:	
STATE OF	
COUNTY OF	
Sworn to (or affirmed) and subscribed before me this o	day of, 20, by
	(Signature of Notary Public
(NOTARY SEAL)	(Name of Notary Typed, Printed, or Stamped)
Personally Known OR Produced Identification	Type of Identification Produced

AFFIDAVIT

By my signature below, I, CIHARCES T. NICHOLS, attest to the accuracy of the information contained herein and the attached documents. I have reviewed the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of _______

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

CHARLES F.

Print Name

PRESIDEN

Title

Telephone No

Signature

Date

Ciec

Utility

Address:	DEDICATED FIBER SUSTEMS, INC.
	1857 WELLS RDAD, SUITE 200
	ORANUG MARK, FC 32073
STATE OF	RIDA
	AV
Sworn to (or affirmed)	and subscribed before me this day of, 20, by
	(Signature of Notary Public
(NOTARY SEAL)	
	(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced