

REDACTED

050869-TX

Attachment 1

DOCUMENT NUMBER-DATE

10982 NOV 15 '8

FPSC-COMMISSION CI FRK

JAN-10-1996 05:36

P.02/02

[REDACTED]

November 1st, 2005

[REDACTED]

Number Administration/Code Administration,

This Letter of Intent, is for [REDACTED] to request 2000 DID Numbers for Prime Plex service at [REDACTED] St Petersburg, FL, 33716. Numbers requested should be in the 2000 and 3000 range. [REDACTED] agrees to activate the numbers requested within 180 days from the date of assignment. Our service will be from the [REDACTED] LNS Switch servicing STPETERSBG Rate Center.

No 0 or 9 blocks. Numbers must be consecutive in the 2000 and 3000 range to avoid conflict with existing dial plan configuration. We need confirmation on these numbers as soon as possible due to changes in business operations at our offices in Florida.

Thank you,

Sincerely,

[REDACTED]

[REDACTED]


[REDACTED]

[REDACTED]

[REDACTED]

Attachment 2

Pooling Administration System

 floper (SP)

[Sign Out](#)

Request Resources

State	<input type="text" value="FLORIDA"/>
NPA	<input type="text" value="727"/>
Rate Center	<input type="text" value="STPETERSBG"/>
OCN	<input type="text" value="8300-TCG SOUTH FLORIDA"/>
Type of Application	<input type="text" value="Application for Individual Blocks"/>
Quantity of Blocks Requested	<input type="text" value="2"/>

NOTE:

If you are selecting a Rate Center that is moving to a new NPA due to a split, PAS will automatically migrate the request to the new NPA once the mandatory dialing date occurs.

Pooling Administration System

 lloper (SP)

Sign Out

Part 1A

Type of Application : New

1.1 Contact Information :

Note: If any of the contact info is incorrect, edit your user profile.

Block Applicant :

Company Name TCG SOUTH FLORIDA
Headquarters Address: ONE AT&T WAY
City: BEDMINSTER
State: NJ
Zip: 07921

Contact Name Ms Lisa A Loper
Contact Address ONE AT&T WAY
City BEDMINSTER
Zip 07921

State NJ

Telephone (908) 234-7622

Fax (908) 234-8044

E-mail lloper@att.com

Pooling Administrator :

Contact Name Mr Gary Zahn
Contact Address 1800 Sutter St. Ste. 780
City Concord
Zip 94520

State CA

Telephone (925) 363-8753

Fax (925) 363-7688

E-mail gary.zahn@neustar.biz

1.2 General Information

LRN Needed No

NPA 727

LATA * 952

OCN 8300-TCG SOUTH FLORIDA

Parent Company OCN * 7125

Number of Thousands-Blocks Requested 2

Switch Identification (Switching Identity/POI) * TAMQFLRYDS0

City or Wire Center Name TAMQFLRY

Rate Center ST PETERSBURG

Rate Center Sub Zone

1.3 Dates

Date of Application **Monday, November 7, 2005**

Requested Block Effective Date **8 Dec 2005**

Request Expedited Treatment Yes No

1.4 Type of Service Provider Requesting the Thousands-Block

a) Type of Service Provider • **CAP OR CLEC**

b) Primary type of service Blocks to be used for • **Wireline**

c) Thousands-Block(s) (NPA-NXX-X) assignment preference Click here to see the available blocks in the pool. NOTE: The blocks available list shows blocks that are available at the time a request is submitted. These same blocks may not be available at the time the request is processed. Therefore, it is recommended that you provide additional block preferences in the event those blocks are not available.			727-557-2 727-557-3 727-623-2 727-627-3
d) Thousands-Block(s) (NPA-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) N/A

1.5 Type of Request

Initial block for rate center Yes

Growth block for rate center Yes

Change block **N/A**

Disconnect block **N/A**

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 INC 99-0127-023

Pooling Administration System

 lloper (SP)

Sign Out

Months to Exhaust and Utilization Certification Worksheet - TN Level

Date **Monday, November 7, 2005**

OCN **8300**

Company Name **TCG SOUTH FLORIDA**

Rate Center **ST PETERSBURG**

List all Codes NPA(s)-NXXs and Blocks NPA(s)-NXX-X(s)

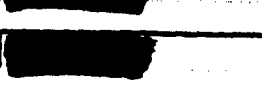
727-369

Name of Block Applicant **Ms Lisa A Loper**
Title **Assistant Manager**
Telephone Number **(908) 234-7622**
Fax Number **(908) 234-8044**
E-Mail **lloper@att.com**

A. Available Numbers * 







B. Assigned Numbers * 

C. Total Numbering Resources * 

D. Quantity of numbers activated in the past 90 days and excluded from the Utilization calculation * 

List excluded Code(s) or Block(s)

E. Growth History - Previous 6 months² *

Month 1		Month 2	
Month 3		Month 4	
Month 5		Month 6	

F. Forecast - Next 12 months^{3*}

Month 1	[REDACTED]	Month 2	[REDACTED]
Month 3	[REDACTED]	Month 4	[REDACTED]
Month 5	[REDACTED]	Month 6	[REDACTED]
Month 7	[REDACTED]	Month 8	[REDACTED]
Month 9	[REDACTED]	Month 10	[REDACTED]
Month 11	[REDACTED]	Month 12	[REDACTED]

G. Average Monthly Forecast (Sum of months # 1-6 (Part F above) divided by 6) [REDACTED]

H. Months to Exhaust⁴ (Numbers Available for Assignment to customers (A) / Average Monthly Forecast (G))

Block Requested	A. Available Numbers	H. Months to Exhaust
1	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]

I. Utilization⁵(Assigned Numbers (B)) / (Total Numbering Resources (C) - Excluded Numbers (D)) * 100 [REDACTED]

Explanation

1. A copy of this worksheet is required to be submitted to the Pooling Administrator when requesting additional numbering resources in a rate center. For auditing purposes, the applicant must retain a copy of this document.
2. Net change in TNs no longer available for assignment in each previous month, starting with the most distant month as Month #1, and Month #6 as the current month.
3. Forecast of TNs needed in each following month, starting with the most recent month as Month #1.
4. To be assigned an additional thousands-block (NXX-X) for growth, "Months to Exhaust" must be less than or equal to 6 months. (FCC 00-104, § 52.15 (g)(3)(iii)).
5. Newly acquired numbers may be excluded from the Utilization calculation (FCC 00104, section 52.15 (g) (3)(ii))

Show Calculations

Continue

Cancel

Pooling Administration System

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Months to Exhaust and Utilization Certification Worksheet - TN Level (Continued)

Your utilization calculates to  percent. The FCC requires a utilization of **75.000 percent**.

Select One Option and Submit

- Return to the Months To Exhaust Form
- Discard all the information provided for the request and start with a fresh Part 1A
- State Waiver Option

