

REDACTED

TBPAG Attachment 1 - March 19, 2007

Thousands-Block Application Form - Part 1A

Tracking Number: 850-TALLAHASSE-EL-290090 Individual Block Request

Type of Application: [X] New [] Change [] Disconnect

GENERAL APPLICATION INFORMATION

1.1 Contact Information:

Block Applicant:

Company Name: AT&T LOC - NY
Headquarters Address: [REDACTED]
City, State, Zip: [REDACTED]
Contact Name: [REDACTED]
Contact Address: [REDACTED]
City, State, Zip: [REDACTED]
Phone: [REDACTED] FAX: [REDACTED] E-mail: [REDACTED]@att.com

Pooling Administrator: ii

Contact Name: Dara Sodano
Contact Address: 1800 Sutter St
City, State, Zip: Concord, CA 94520
Phone: 925-363-8730 FAX: 925-363-7697
E-mail: dara.sodano@ncstar.biz

1.2 General Information:

Check one : No LRN needed [] LRN needed [X]

https://www.nationalpooling.com/pas/search/print_form.jsp

- COM
ECR
GCL
OPC
RTP
SIC
SCA
ADM
CLK

DOCUMENT NUMBER-DATE 5/5/2009

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FPSC-COMMISSION CLERK

Part 1A

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NPA: 850 LATA: 953 OCN: ^{iv} 7421 Parent Company's OCN 7421

Number of Thousands-Blocks Requested : 1

Switching Identification(Switch Entity/POI) : ^v
TLHSEFLAT4MD

City or Wire Center Name : _____ Rate Center: ^{vi}
TALLAHASSE

Rate Center Sub Zone: _____

1.3 Dates:

Date of Application: ^{vii} 05/05/2009 Requested Block Effective Date: ^{viii}
06/05/2009

: 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 _____ No

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) _____
- 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) _____

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 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.

Type of change(Mark **all** that apply)

Part 1A

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 _____

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.

05/05/2009

Signature of Block Applicant

Title

Date

Instructions for filling out each Section of the Part 1A form:

Section 1.1 Contact information requires that Service Providers supply under "Block Applicant" the company name, company headquarters address, a contact within the company, an address where the contact person may be reached, in addition to the correct phone, fax, and e-mail address. The Pooling Administrator section also requires the Service Provider to fill in the Pooling Administrator's name, address, phone, fax and e-mail.

Section 1.2 Service Providers who need a thousands-block assignment or for an Location Routing Number (LRN) are required to fill in this section. If needed for an LRN, a CO Code Application needs to also be submitted to the PA. The Service Provider should supply the Numbering Plan Area (NPA); the Local Access Transport Area (LATA), which is a three-digit number that can be found in the Telcordia™ LERG™ Routing Guide. The Operating Company Number (OCN) assigned to the service provider and the OCN its parent company. An OCN is a four-character alphanumeric assigned by Telcordia™ Routing Administration (TRA). In addition, the number of thousands-blocks requested should be supplied. The Switch Identification as well as the city or wire center name, rate center, rate center sub zone,

MTE Block

REDACTED

Appendix 3

May 16, 2008

MONTHS TO EXHAUST and UTILIZATION CERTIFICATION WORK SHEET - TN Level¹
(Thousands-Block Number Pooling Growth Block Request)

Tracking Number: **850-TALLAHASSE-FL-290090**

Date: **05/05/2009**

OCN: **7421**

Company Name: **AT&T LOC - NY**

Rate Center: **TALLAHASSE**

List all Codes NPA(s)-NXX(s) and Blocks NPA(s)-NXX-X(s): **850-329-9, 850-329-9**

Name of Block Applicant: **[REDACTED]**

Signature: **[REDACTED]**

Title: **[REDACTED]**

Telephone No.: **[REDACTED]**

FAX No.: **[REDACTED]**

E-mail: **[REDACTED]@att.com**

A. Available Numbers: **[REDACTED]**

B. Assigned Numbers: **[REDACTED]**

C. Total Numbering Resources: **[REDACTED]**

D. Quantity of numbers activated in the past 90 days (increments of 1,000 or 10,000) and excluded from the Utilization calculation ² **[REDACTED]**

List
Excluded
Code(s) or
Block(s):

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

E. Growth History - Previous 6 months³ **[REDACTED]**

MTE Block

REDACTED

F. Forecast
- Next 12
months⁴

[REDACTED]

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

H. Months to Exhaust⁵ = Numbers Available for Assignment to Customers(A)

Average Monthly Forecast(G)

<u>Block Requested</u>	<u>Available Numbers</u>	<u>Months To Exhaust</u>
1	[REDACTED]	76.267

I. Utilization⁶ = $\frac{\text{Assigned Numbers(B)} - \text{Excluded Numbers (D)}}{\text{Total Numbering Resources(C)-Excluded Numbers(D)}} \times 100 = 18.35$

Total Numbering Resources(C)-Excluded Numbers(D)

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 Quantity of numbers activated in the past 90 days is based on blocks and/or codes received from the administrator and shall be reported in increments of 1,000 or 10,000 TNs (e. g.: 2 blocks received=2,000 and 1 code received =10,000).

³ 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.

⁴ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.

⁵ 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, section 52.15 (g) (3) (iii)).

⁶ Newly acquired numbers may be excluded from the Utilization calculation (FCC 00104, section 52.15 (g)(3)(ii))

Part3

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November 21, 2003
ATIS-0300066.at3

Attachment 3

Pooling Administrator's Response/Confirmation
TBPAG Part 3

Tracking Number : 850-TALLAHASSE-
FL-290090

Date of Application: 05/05/2009 Effective Date: _____
Date of Receipt: 05/05/2009 Date of Response: 05/05/2009

Service Provider Name: AT&T LOC - NY
(Telcordia™ LERG™
Routing Guide) OCN: 7421

NPAC SOA SPID : _____

Pooling Administrator Contact Information:

Dara Sodano Phone: 925-363-8730
Signature of Pooling Administrator
Dara Sodano Fax: 925-363-7897
Name (print)
Email: dara.sodano@neustar.biz

NPA-NXX or NPA-
NXX-X : _____

Block Assigned: _____
Block Reserved : _____
Block Reservation
Expiration Date : _____
Block/Code Modified : _____
Block/Code
Disconnected : _____

Block Contaminated(Yes or No) : _____
If Yes,enter the number of TNs contaminated : _____

Switch Identification(Switch Entity/POI): ¹ TLHSFLAT4MD
Rate Center: TALLAHASSE
Rate Center Sub Zone: _____

Form Complete, request denied.

Explanation:
DR-57: You do not meet the MTE and/or Utilization requirements, therefore this request for a new block is denied. You may proceed with requesting a State Waiver from the appropriate state commission using this Part 3 denial. If you are in disagreement with the disposition of this request, please refer to the Thousands-Block Number (NXX-X) Pooling Administration Guidelines for the appeals process.

Request withdrawn.
Explanation:

Part3

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____ **Assignment activity suspended by the administrator.**
Explanation:

Remarks:

¹ This is an eleven-character descriptor provided by the owning entity for the purpose of routing calls. This must be the CLLI™ Location Identification code of the switching entity/POI shown on the Part 1A form (Telcordia, LERG ROUTING Guide and CLLI are trademarks of Telcordia Technologies, Inc.)

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Tallahassee
Utilization Summary
Report

Attachment 2

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Exchange	Central Office	Wire Center CLLI	Blocks	Available TNs	Average Growth	MTE	Util
Tallahassee	Main	TLHSFLAT4MD	1				
Tallahassee	Second	TLHSFLAT8MD	1				

Customer Information

[REDACTED]