VERIFIED NOTICE OF CHANGE IN A CERTIFICATE OF TERRITORIAL AUTHORITY TO PROVIDE COMMUNICATIONS SERVICES WITHIN THE STATE OF INDIANA (As addressed in I.C. 8-1-32.5-12)

State Form 50739 (R3 / 9-09)
INDIANA UTILITY REGULATORY COMMISSION

Applicants should file two paper copies of each form with supporting documentation and one unofficial electronic copy in PDF format on disk.

Tracking number: _____ *(IURC use only)*

To the Communications Division of the Indiana Utility Regulatory Commission (IURC):

_____
(*Name of company*)

hereby notifies the IURC of a change in the Certificate of Territorial Authority (CTA) to provide (*Please list the types of communications services currently authorized in Indiana*):

_____
_____

Authorized under Cause number(s):_____ **dated** _____.

Please list the service territory or territories being affected by this notice of change:

_____
_____
_____
_____

REASON FOR CHANGE IN CTA STATUS

The change being noticed herein by Applicant relates to:
(Please check all boxes and complete all blanks that apply, and attach any supporting documents.)

1. ☐ **Change in Ownership, Operation, Control or Corporate Organization of the Provider, including Merger, Acquisition or Reorganization.**

   Please provide a description of transaction: _____
   _____
   _____

   Effective date (*month, day, year*): _____

2. ☐ **Name change or an adoption of or change to an assumed business name or change in parent company name, etc.**

a) Existing name:_____

b) New name: _____

c) d/b/a: _____

For a name change, please provide the following: (attach additional sheets as necessary)

- The reason for the name change or d/b/a and the effect on the operations and/or the utility's customers.
- A certified copy of the amended certificate of authority or certificate of assumed business name issued by the Indiana Secretary of State.
- Method by which the company's customers were or will be notified of the proposed name change or assumed name to alleviate customer confusion and prevent baseless slamming complaints (*attach copy of bill insert, notice, etc.*)

3. ☐ Change in Provider's Principal Business Address or Change of the Person Authorized to Receive Notice on Behalf of the Provider

Name and title _____
Telephone number: _____ Fax number: _____
Mailing address: _____
_____
E-mail address: _____

4. ☐ Sale, Assignment, Lease or Transfer to:
Subject to any notice requirements adopted by the Commission under IC 8-1-32.5-12, a CTA pursuant to IC 8-1-32.5-10 may be: 1) sold, assigned, leased, or transferred by the holder to any communications service provider to which a CTA may be lawfully issued; or 2) included in the property and rights encumbered under any indenture of mortgage or deed of trust of the holder.

a. Transferee company name and Indiana d/b/a: _____
_____

Name and title _____
Telephone number: _____ Fax number: _____
Mailing address: _____
_____
E-mail address: _____

b. If customers are being transferred, please provide the method by which the company's customers were or will be notified of the transfer pursuant to 47 CFR 64.1120(e)(3)[1].

c. Does transferee have a current Indiana CTA? ☐ Yes ☐ No

[1]This requirement is not applicable to CMRS providers pursuant to 47 CFR 64.1120(a)(3).

If yes, please provide the Cause Number _____. If no, please complete the Transfer CTA application in Attachment A and include it with this filing.

5. ☐ Relinquishment of Certificate*

***Note**: Not applicable to telecommunications providers of last resort pursuant to IC 8-1-32.4

Reason for CTA Relinquishment: _____

_____

_____

(*Attach additional sheets as necessary*)

a. Please identify any other Indiana CTA(s) currently held by Applicant -- by Cause No., type and date issued -- that will be retained.

_____

_____

b. For each service for which Applicant is relinquishing its CTA, please provide the number of residential and business customers that Applicant currently serves in Indiana.

_____

_____

c. For each service for which Applicant is relinquishing its CTA, please provide the method by which Applicant's customers were or will be notified that Applicant is relinquishing its CTA and provide a copy of the notice.

_____

_____

d. For each service for which Applicant is relinquishing its CTA, how much time will Indiana customers have to find a new provider after receipt of notice before Applicant's operations cease? To the extent your answer varies by service territory or location, please provide a clear, detailed response.

_____

_____

6. ☐ Change in one or more of the service areas identified in the provider's CTA application that would increase or decrease the territory within the service area.[2]

_____

_____

_____

_____

(*Attach additional sheets as necessary*)

[2]Providers of Last Resort may not use this process to reduce service territory. Providers of Last Resort must use the process specified in IC 8-1-32.4.

7. ☐ Change in type of Communications Service provided in one or more of the service areas identified in the provider's application for Certificate of Territorial Authority (not applicable to CMRS providers).

_____

_____

*Please list the types of communications services you **propose** to offer in Indiana (e.g. facilities-based local exchange; bundled resale of local exchange; commercial mobile radio service; interexchange; operator services; internet protocol enabled services; broadband service; advanced service; **video service*** or other).*

***Note:** If applicant intends to offer video service and does not have a current Video Service Franchise for the service area, the applicant must obtain a franchise as specified in IC 8-1-34-16.

a. Please describe the geographic area(s) for which the applicant proposes to provide the new or changed services listed in 7 above (i.e., county, city or rate center). If the applicant provides service through a local video franchise agreement, please provide the issuing franchise authority and expiration date.

_____

_____

_____

b. For each type of service identified in 7, please list whether the communications service will be offered to residential customers, business customers or both.

_____

_____

_____

c. If applicant proposes offering new services, please provide an estimated date of deployment (year and quarter) for each service area and each service type within that area for which the applicant seeks authority. The services listed in this response should be consistent with the services listed in 7.

_____

_____

_____

d. Does the applicant propose to offer facilities-based local exchange service?

_____

e. Will applicant offer stand alone basic telecommunications service for a flat monthly rate per IC 8-1-2.6-0.1?

_____

f. Will applicant offer interexchange services only? _____

g. Does the applicant seek authorization to provide commercial mobile radio service?

_____

Designated Regulatory or Customer Service Contact Information

Include name, title, mailing address, phone & fax numbers, and e-mail address for the designated regulatory or customer service contact person responsible for ongoing communications with the Commission:

_____

_____

_____

Designated Contact Information for *this* Notice of Change (if different than above)

Include name, title, mailing address, phone & fax numbers, and e-mail address for the designated contact person for this Notice of Change (if different than the general regulatory or customer service contact information listed above).

_____

_____

_____

VERIFICATION

I affirm under penalties of perjury that the foregoing representations are true.

Officer's name & title_____
(*Printed*)

Signature_____ Date_____

Telephone number_____

Acknowledged by the IURC:

Notice of Change No._____ ***Date***_____

ATTACHMENT A

INDIANA UTILITY REGULATORY COMMISSION
APPLICATION FOR TRANSFER OF A CERTIFICATE OF TERRITORIAL AUTHORITY FOR COMMUNICATIONS SERVICE PROVIDERS
As addressed in I.C. 8-1-32.5-10

This form is only required when the applicant checks item 4 in the Verified Notice of Change form (Sale, Assignment, Lease or Transfer) and the transferee does not have a current Indiana CTA.

Tracking number_____ **(***IURC use only***)**
(from Notice of Change)

_____ **requests to transfer the CTA originally issued to**
(transferee)

_____ **in Cause number** _____ **dated** _____
(*transferor)*

I. Transferee of CTA Contact Information

A. Legal name of company:

_____

B. Name (s) under which the company will be marketing services in Indiana:
(*Company names, including any "doing business as" must be registered with Indiana Secretary of State*)

_____
_____

C. Company address:

_____
_____

Main telephone number: _____ Fax number: _____
E-mail address: _____
Website address: _____

D. Parent company's legal name, address, and telephone number (*if applicable*):

_____
_____

E. Name, title, and other contact information of company's contact person for ongoing communications with the commission (*including regulatory affairs and/or customer service information*):

Name and title:_____
Telephone number: _____ Fax number: _____
Mailing address: _____
E-mail address: _____

F. Name, title, and other contact information of attorney or contact person for this application, if different from E. above:

Name and title _____
Telephone number: _____ Fax number: _____
Mailing address: _____
E-mail address: _____

II. Transferor of CTA Information

A. Legal name of company: _____

III. Service Information

(*add additional sheets if necessary*)

A. Will the types of services (e.g. Telecommunications, Information, and Video Service, etc.) offered by the Transferee be the same as those granted to the Transferor in the above referenced CTA? If not, what additional types or different types of service will be offered?

_____
_____

B. Will the service area of the Transferee be the same as the Transferor?

_____
_____

C. Will the communications services be offered by Transferee to the same customers types (e.g. residential, business customers, or both) as the Transferor?

_____
_____

D. If service will not be immediately available, please provide an estimated date of deployment (year and quarter) for each service area and each service type within that area for which the Transferee will provide service.

_____
_____

E. Will the transferee operate as a Local Cooperative Corporation pursuant to IC 8-1-17-3?

_____

If yes, please submit 3 original articles of incorporation as required by IC 8-1-17-5 et seq.

F. Please list other states in which the transferee is authorized to provide communications services and the type of services offered.

_____
_____

IV. Additional Requirements

1. The transferee represents that it will comply with all the conditions of the CTA issued to transferor.
2. If customers are being transferred, please provide the method by which the customers were or will be notified that their provider is changing and what options are available to them pursuant to FCC rules regarding bulk transfers of customers.

V. Attachments

The following information must be included with this application:

1. Transferee's certification from the Secretary of State authorizing the applicant to do business within the State of Indiana.
2. Information demonstrating the financial, managerial and technical ability to provide each communication service identified in the application.
    a. The applicant's most recent financial statement or balance sheet or that of the parent company if separate Indiana operations have not yet been established.
    b. Biographies of the applicant's corporate officers responsible for Indiana indicating managerial and technical qualifications.
    (*attachment 2a and 2b are not required for CMRS providers*)
3. A statement signed under penalty of perjury by an officer or another person authorized to bind the applicant (*see attached affidavit*).

VI. Application Verification

As representative of the **Transferee**, I affirm under the penalties of perjury that the above representations made in this application are true.
(*Must be signed by an officer of the company*)

_____
Signature and date (*month, day, year*)

_____
Name and title (*printed or typed*)

As representative of the **Transferor**, I affirm under the penalties of perjury that it is the intention of transferor to transfer the above described CTA to tranferee.
(*Must be signed by an officer of the company*)

_____
Signature and date (*month, day, year*)

_____
Name and title (*printed or typed*)

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