Print Form

RS

VERIFIED NOTICE OF CHANGE IN A CERTIFICATE OF TERRITORIAL AUTHORITY TO RESELL BUNDLED LOCAL EXCHANGE SERVICES WITHIN THE STATE OF INDIANA

(As addressed in Cause No. 39983 issued December 19, 2001)

State Form 50739 (R/11-06)

INDIANA UTILITY REGULATORY COMMISSION

Applicants should file four paper copies of each form with supporting documentation and one unofficial electronic copy (Word Document, PDF File or Text Document) on disk.

Tracking No. _____

(Internal use only)

Relevant statutes and rules: Indiana Code § 8-1-2-88; 8-1-2.6, *et seq;* 170 IAC 7-1, *et seq.*

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

_____ *hereby*

(Company Name)

notifies the IURC of a change in the Certificate of Territorial Authority (CTA) to resell

bundled local exchange telecommunications services in the State of Indiana issued to

_____ *in Cause No.* _____

(Company Name)

dated _____.

The change being noticed herein by Applicant relates to:

(Please check all boxes and complete all blanks that apply, and attach any supporting documents.)

☐ *Mergers, acquisitions, transfers of assets, and the issuance of stock, the issuance of debt, entering into a credit facility and/or other evidence of indebtedness.*

Describe the transaction and, where applicable, identify the anticipated principal amount and whether the transaction is a refinancing:

_____

Effective Date: _____

☐ *Name change, adoption of an assumed business name, etc.*

a) Existing name: _____

b) New name: _____

c) d/b/a: _____

For name change, please provide the following:

1. *The reason for the name change or d/b/a and the effect on the operations and/or the utility's customers.*
2. *A certified copy of the amended certificate of authority or certificate of assumed business name issued by the Secretary of State of the State of Indiana.*
3. *If applicable, submit two copies of new tariffs with each page changed to reflect the new name (not necessary for a d/b/a).*
4. *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.).*

☐ *Change in status of existing CTA for:* _____
(Name of Company)

Granted in Cause No: _____ *Date:* _____

Mark one:

☐ *Sale, Lease or Transfer to* _____
(Name and address of Company)

_____

_____

☐ *Relinquish.*

Reason for change in CTA status: _____

_____

_____

For CTA relinquishment:

1. *Please identify any other CTA currently held by Applicant -- by Cause No., type and date issued — that will be retained.*

2. *Please provide the number of customers that Applicant currently serves in Indiana.*

3. *Please provide the method by which Applicant's customers were notified that Applicant is relinquishing its CTA.*

4. *How much time will Indiana customers have to find a new service after receipt of notice before Applicant's operations cease?*

Designated Regulatory Contact Information

Include company name, contact person, phone & fax numbers, and e-mail address for each Applicant:

_____

_____

_____

Verification

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

*Officer's Name & Title*_____
(Printed)

Signature _____ *Date*_____

Phone Number _____

*Acknowledged by the IURC: CTA No.:*_____ *Date:* _____