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VERIFIED NOTICE OF A CHANGE IN A CERTIFICATE OF TERRITORIAL AUTHORITY FOR A FACILITIES-BASED PROVIDER OF LOCAL EXCHANGE SERVICE OR INTEREXCHANGE SERVICE
(As addressed in Cause No. 39983 issued December 19, 2001)

State Form 50740 (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 notifies the*
(Company Name)

IURC of a change in the Certificate of Territorial Authority (CTA) to provide facilities-based _____ *service in the State of Indiana issued to*
(Type of service)

_____ *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, and the issuance of stock, the issuance of debt, entering into a credit facility and/or other evidence of indebtedness.*

********* *PLEASE NOTE: any change in the status of a CTA, i.e., sale or transfer, requires the filing of a petition with the Commission in a docketed cause.* **********

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

_____

_____

Effective Date: _____

☐ *A change of name or adoption of an assumed name for the above certified company.*

Existing Name: _____

New Name: _____

New 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 Applicant'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 d/b/a).

4. Method by which Applicant'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.).

The following option is not available to Incumbent Local Exchange Carriers.

☐ *Relinquishment of existing CTA for:* _____
(Name of Company)

Granted in Cause No: _____ *Date:* _____

Reason for relinquishment: _____

_____

_____

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:* _____