

**CPCN REPORT FORM**

COMPANY NAME: \_\_\_\_\_

CASE #: \_\_\_\_\_

REPORT DUE DATE: \_\_\_\_\_

NUMBER OF BASIC LOCAL EXCHANGE CUSTOMERS<sup>1</sup>: \_\_\_\_\_

SERVICES BEING OFFERED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

For Electronic Filings E-mail To:  
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For Paper Filings (One Copy)- Mail  
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<sup>1</sup> See Idaho Code § 62-603(1)