

CPCN REPORT FORM

COMPANY NAME: _____

CASE #: _____

REPORT DUE DATE: _____

NUMBER OF BASIC LOCAL EXCHANGE CUSTOMERS¹: _____

SERVICES BEING OFFERED: _____

NAME/TITLE: _____

DATE: _____

For Electronic Filings E-mail To:

Monica Barrios-Sanchez, Commission Secretary at

Secretary@puc.idaho.gov

For Paper Filings (One Copy)- Mail

To: Monica Barrios-Sanchez

Commission Secretary

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¹ See Idaho Code § 62-603(1)