



P.O. Box 83720
 Boise, Idaho 83720-0074
 Telephone 208-334-0300
 Facsimile 208-334-3762
 secretary@puc.idaho.gov

Notice to the Idaho Public Utilities Commission

Rule 606.01, TCRR, IDAPA 31.41.01

All telephone corporations (except cooperative telephone corporations) formed since January 1, 1988 must file a notice before offering telecommunications services in Idaho. These corporations include but are not limited to sellers of MTS or WATS, resellers of MTS or WATS services, Operator Service Providers, Data Providers, etc. These notices must be updated at least annually between December 1 and December 31 each year and whenever there is a change in the telephone corporation's name, address or agent. **Please e-mail the completed form to:**
 Date:

The notice must contain the following information:

a.	Name of the Telephone Corporation	
	Assumed Business Name (if applicable)	
	Corporate Mailing Address	Regulatory Contact
		Address Line #1
		Address Line #2
		City, State, Zip
		Telephone Number
		Facsimile Number
		Electronic Address (e-mail)
b.	Operations Mailing Address (if different)	Name
		Address Line #1
		Address Line #2
		City, State, Zip
		Telephone Number
		Facsimile Number
		Electronic Address (e-mail)
c.	An agent in Idaho for service of process	Name
		Address Line #1
		Address Line #2
		City, State, Zip
		Agent's electronic address

d. **Person responsible for handling consumer inquiries, complaints, etc. by the public**

Name	
Toll-Free Telephone Number	
Facsimile Number	
Electronic Address (e-mail)	

e. **Person(s) designated as Customer Service contact for the Commission Staff in resolving consumer complaints, responding to consumer inquiries and answering matters concerning rates and price lists or tariffs**

Name	
Address Line #1	
Address Line #2	
City, State, Zip	
Telephone Number	
Facsimile Number	
Electronic Address (e-mail) Where possible, please provide a general or shared mailbox address	

f. **Person responsible for compliance in filing of reports and payment of fees due to the Commission or its Administrators**

Name	
Address Line #1	
Address Line #2	
City, State, Zip	
Telephone Number	
Facsimile Number	
Electronic Address (e-mail)	

Please cancel my price list/tariff

Please cancel my Certificate of Public Convenience And Necessity

_____ Date

_____ Authorized Representative