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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: secretary@puc.idaho.gov

The notice must contain the following information:

Date:

Name of the Telephone Corporation		
Assumed Business Name (if applicable)		
a.	Principal Contact	Name
	Corporate Mailing Address	Address Line #1
		Address Line #2
		City, State, Zip
		Telephone Number
		Facsimile Number
		Electronic Address (e-mail)
b.	Regulatory Contact	Name
		Address Line #1
		Address Line #2
		City, State, Zip
		Telephone Number
		Electronic Address (e-mail)
c.	Person sending or receiving E-Filings	Name
		Address Line #1
		Address Line #2
		City, State, Zip
		Telephone Number
		Electronic Address (e-mail)

d.	Legal contact in Idaho for service of process	
	Name	
	Address Line #1	
	Address Line #2	
	City, State, Zip	
	Electronic Address (e-mail)	
e.	Customer Service Person responsible for handling consumer inquiries, complaints, etc. <u>from the public</u>	
	Name	
	Toll-Free Telephone Number	
	Facsimile Number	
	Electronic Address (e-mail)	
f.	Primary Contact Person(s) designated as Customer Service contact <u>for the Commission Staff</u> 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	
g.	Finance 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)	

_____ Date

_____ Authorized Representative