## FairPoint Communications, Inc. Docket No. DT 14-102

| ORIGINAL   |           |
|--|-----------|
| N.H.P.U.C. Case No. <u>DT 14-102</u><br>Exhibit No. #6 |           |
| Witness  |           |
| DO NOT REMOVE FROM FILE                                | $\exists$ |

Respondent: Ryan Taylor

Title: Director of Regulatory

**RECORD REQUEST:** 

Do FairPoint's information systems have a default setting to support customer billing adjustments in instances where accounts

are reclassified to basic service?

**DATED:** May 7, 2014

REPLY:

Yes. Using FairPoint's basic service criteria, Siebel, which is FairPoint's Ordering system, will prompt the service representative to update the system identification, or Special Pricing Plan (SPP) value to basic due to the criteria change. Once this occurs, the non-basic rating is programmatically set to a basic rate (in the corresponding rate group) in FairPoint's then-current

Product Catalog.

|   | ORIGINAL                             |
|---|--------------------------------------|
|   | N.H.P.U.C. Case No. <u>DT 14-102</u> |
|   | Exhibit No. # 4                      |
| - | Witness                              |
| r | C. DO NOT REMOVE FROM FILE           |

FairPoint Communications, In Docket No. DT 14-102

Respondent: Ryan Taylor

Title: Director of Regulatory

**RECORD REQUEST:** Is FairPoint's Centrex service provided through a single line,

multiple lines or a trunk line?

**DATED:** May 7, 2014

**REPLY:** FairPoint objects to this Record Request in accordance with its

General and Specific Objections.

Notwithstanding the Objection, FairPoint responds as follows: Centrex Service requires a minimum purchase of two (2) lines

and is not served through a trunk line.

| ORIGINAL                                      |
|---|
| N.H.P.U.C. Case No. DT 14-102  Exhibit No. #8 |
| Witness                                       |
| DO NOT REMOVE FROM FILE                       |

## FairPoint Communications, Inc. Docket No. DT 14-102

**Respondent:** Ryan Taylor

Title: Director of Regulatory

**RECORD REQUEST:** Please provide copies of the bill inserts which the Whalen's

received for their rate increases in May 2013 and March 2014.

**DATED:** May 7, 2014

**REPLY:** See enclosed Attachments 1 and 2 to Exhibit 8. Attachment 1 is

the bill message supporting the May 2013 rate increase.

Attachment 2 is the bill message supporting the March 2014 rate increase. As a point of clarification from the hearing of May 7, 2014, these customer communications were delivered as bill

messages, not bill inserts.

#### DT 14-102 EXHIBIT 8 ATTACHMENT 1

# Important Information About Payment Agents for our New Hampshire Customers

Many utility customers pay their utility bills directly to their utility or use a payment agent that has been authorized by the utility to collect customer payments and forward them to the utility. However, some customers have begun using bill payment services that do not have any arrangements with their utility. FairPoint cannot provide assurance that payments made through one of these unauthorized bill payment services will be forwarded to FairPoint in a timely manner or even that they will be forwarded at all.

To protect yourself and your utility service, please use caution when making your payment through a third-party bill payment service that is not authorized by FairPoint. Most important of all, always keep your receipt.

In New Hampshire, FairPoint has only one authorized payment agent, CheckFreePay.







#### Get Social with FairPoint

At FairPoint, we like to keep the lines of communication open to our customers. We do this by having active social media channels on Facebook, Twitter, LinkedIn and YouTube. We hope you will connect with us on one of our accounts so you can have a direct line to us when you need us. A benefit of becoming a fan, follower or subscriber is that you will receive timely important information and the chance to have a little fun and win prizes. So come on over and join in on the conversation!

#### Rate Increase Information

FairPoint Communications is dedicated to providing the highest quality services at competitive prices and appreciates your continued business. We will continue our significant investments to provide new technologies and services for our customers. These investments require us to occasionally increase our rates. Effective with your next bill cycle, the rates for FairPoint products below will increase:

#### FairPoint Communications

| Services                                  | Increase to<br>Monthly Charge |
|---|-------------------------------|
| Business Local Voice Services in Vermont* | \$1.50/Line                   |
| Residential Standard Use Local            |                               |
| Voice Services in Vermont**               | \$1.50/Line                   |
| FairPoint Smart Minute Plan in Vermont    | \$1.00                        |
| FairPoint Nickel Plan in Vermont          | \$1.50                        |
| FairPoint Intrastate VT Plan              | \$0.40                        |

<sup>\*</sup>Excludes business local voice lines in a package

#### FairPoint Communications - NNE:

| Increase to<br>Monthly Charge |
|-------------------------------|
|                               |
| \$2.00/Line                   |
|                               |

<sup>\*\*\*</sup>Excludes residential local voice lines in a package and Basic Service lines

#### FairPoint Internet:

| Vermont Services              | Monthly Charge |  |  |
|-------------------------------|----------------|--|--|
| High Speed Internet -768Kbps* | \$2.00         |  |  |
| High Speed Internet -7 Mbps*  | \$2.00         |  |  |
| Dial Up Internet              | \$2.00         |  |  |

<sup>\*</sup>The rate for customers with the "Price Lock" promotion will not receive this increase.

We are confident that FairPoint Communications continues to remain competitively priced while providing high quality products and services. We again thank you for your continued business and look forward to continuing to provide you with a superior communications experience. Please visit us at **www.fairpoint.com** or call 1-866-984-2001 if you have any questions regarding your service.

<sup>\*\*</sup>Excludes Low Use residential local voice lines and local voice lines in a package

#### DT 14-102 EXHIBIT 8 ATTACHMENT 2

## Important Information about the Lifeline Program

Eligible low-income FairPoint customers in New Hampshire can qualify for a discount for residential local service at their primary residence under the Lifeline Program. The Lifeline Program is a government benefit program. The discount consists of federal monthly support of \$9.25. To qualify for Lifeline Program support, residential customers must receive benefits from one of the following assistance programs: Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), Medicaid, Supplemental Nutrition Assistance Program (SNAP), the National School Lunch/Free Lunch Program, Federal Public Housing (Section 8) or the Low Income Home Energy Assistance Program. Alternatively, qualified customers with household income at or below 135% of the Federal Poverty Guidelines may also qualify for Lifeline Program support. Lifeline Program customers may also qualify for free toll blocking to help control long-distance usage. Customers using this offering can still use pre-paid calling cards or dial-around services to place long-distance calls from their homes.

Only one Lifeline Program discount is available per household on either a wireless or wireline telephone service. Under the Lifeline Program, a household is defined as any individual or group of individuals who live together at the same address and share income and expenses. The Lifeline Program benefit is non-transferable. Consumers who willfully make false statements in order to obtain the discount can be punished by fine or imprisonment, and may be de-enrolled or barred from the Lifeline Program.

#### **Important Information About Your Services**

FairPoint Communications<sup>1</sup> is dedicated to providing the highest quality services at competitive prices and appreciates your business. As we continue efforts to bring you new and improved services, we must occasionally increase our rates.

Effective with your March bill, the rate for the FairPoint products below will increase<sup>2</sup>:

#### FairPoint Internet:

| Internet Services                                   | Increase to<br>Monthly Charge |
|---|-------------------------------|
| Month-to-Month High Speed Internet and FAST Service | \$2.00                        |
| Static IP Blocks                                    | \$2.00                        |
| Dial-Up Service                                     | \$4.00                        |
| 911 Access Line on Standalone High Speed Internet   | \$2.00                        |

#### FairPoint Communications-NNE and FairPoint Long Distance:

| Voice Services  | Increase to<br>Monthly Charge |
|---|-------------------------------|
| Residential Local Voice Service <sup>3</sup>  | \$2.25                        |
| Domestic TalkUnite30<br>FairPoint Nickel Plan   | \$0.50                        |
| Single Rate Plan  | \$0.75                        |
| FairPoint Nickel LD<br>LD Multi-Line USLink 300 Min<br>LD Multi-Line USLink 60 Min<br>Ten Cent Long Distance Plan | \$1.00                        |
| FairPoint International Flat Rate   | \$1.05                        |
| FairPoint World Select Unlimited - France, Germany,<br>Italy, Japan, South Korea, the United Kingdom              | \$5.00                        |
| Directory Listing Rates for Non-Published, Non-Listed, Foreign, and Additional Listing/s                          | \$0.25                        |

Please visit www.fairpoint.com to view Tariffs, Catalogs and Price Lists or call us at 1.866.984.2001 if you have questions regarding your service.

<sup>&#</sup>x27;The name "FairPoint" or "FairPoint Communications" is used generally herein, but your services are provided by one more affiliates of FairPoint Communications, Inc. Please check your bill for the name of the FairPoint company(ies) that serves you, or visit www.fairpoint.com for further details or contact a representative at the number provided above.

<sup>&</sup>lt;sup>2</sup>Excludes services in a term commitment and services in a promotional offering during their promotional period

<sup>&</sup>lt;sup>3</sup>Excludes Basic services and non-a-la-carte voice services.

## FairPoint Communications, Inc. Docket No. DT 14-102

| ORIGINAL  |
|---|
| N.H.P.U.G. Case No. DT 14-102  Exhibit No. # 9  Witness |
| DO NOT REMOVE FROM FILE                                 |

Respondent: Ryan Taylor

Title: Director of Regulatory

**RECORD REQUEST:** 

Please provide a copy of any FairPoint written document which

customer service representatives use for reference when

determining basic service eligibility.

**DATED:** May 7, 2014

REPLY:

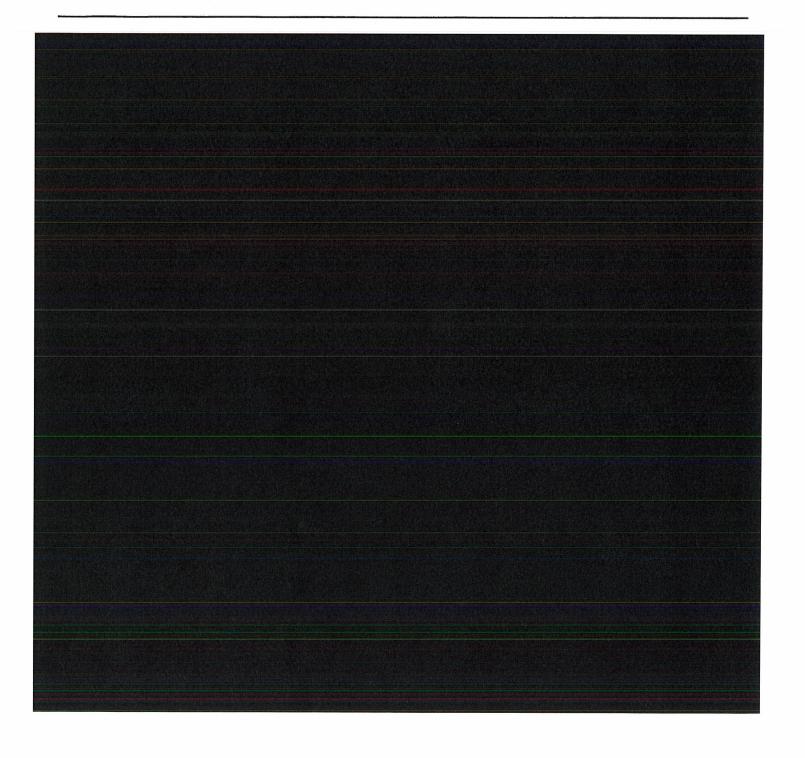
FairPoint objects to this Record Request in accordance with its

General and Specific Objections.

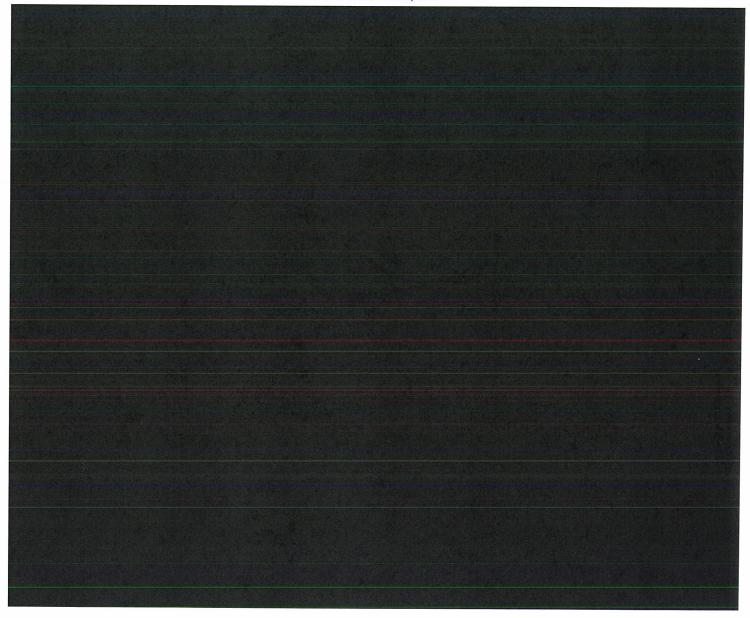
Notwithstanding the Objection, FairPoint responds as follows: See enclosed Confidential Attachment 1 and Confidential Attachment 2 to Exhibit 9. Confidential Attachment 1 was originally created in 2012 and underwent a revision in December 2013 and was more recently updated on May 6, 2014 to reflect the internal policy change (reflected in Confidential Attachment 2) which FairPoint made in March, 2014, related to the long distance and basic service classification.



## **Basic Service New Hampshire**



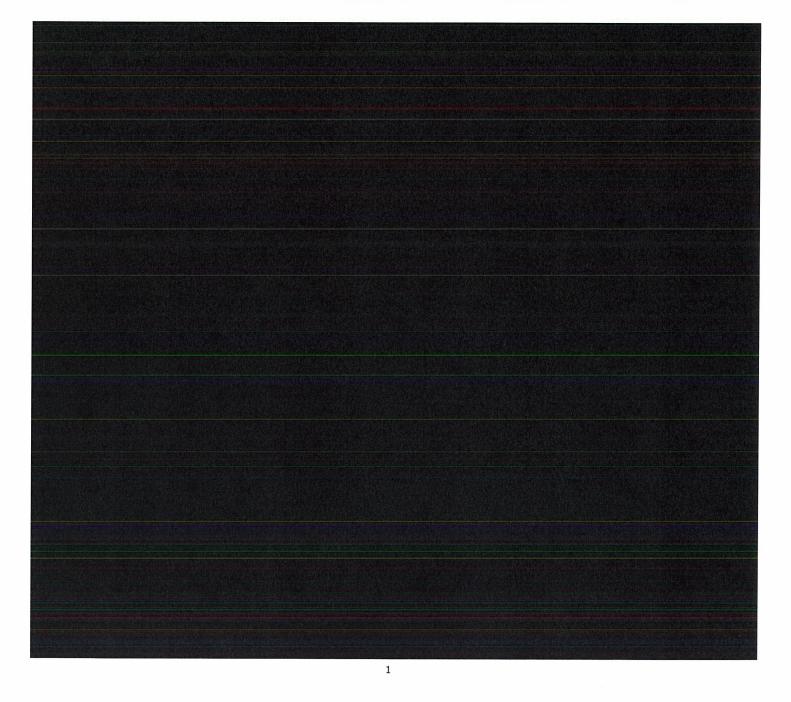
Basic Service New Hampshire



## DT 14-102 EXHIBIT 9 REDACTED ATTACHMENT 2







## DT 14-102 EXHIBIT 9 REDACTED ATTACHMENT 2



## FairPoint Communications, Inc. Docket No. DT 14-102

|        | ORIGINAL                 |
|--------|--------------------------|
| N.H.P. | U.C. Case No. DT 18 -102 |
| Exhibi | t No. # 10               |
| Witnes |                          |
| D      | O NOT REMOVE FROM FILE   |

Respondent: Ryan Taylor

**Title:** Director of Regulatory

**RECORD REQUEST: -**

Please provide FairPoint's written policy regarding Lifeline program eligibility and the Independent Economic Household Form.

FairPoint does not have a specific written Lifeline policy and

follows applicable federal and state law. See enclosed

**DATED:** May 7, 2014

REPLY:

Attachments 1 and 2 to Exhibit 10. Attachment 1 is FairPoint's Lifeline Program Application. Attachment 2 is FairPoint's Lifeline Household Worksheet. FairPoint complies with the orders and regulations of the Federal Communications Commission ("FCC") and the New Hampshire Public Utility Commission in administering the Lifeline Program. FCC Lifeline Program rules can be found at 47 CFR § 54.400-422. A general description of the requirements which must be met by a residential customer seeking to qualify for the Lifeline Program is included in FairPoint's web site at http://www.fairpoint.com/residential/phone/lifeline.jsp. The application which must be completed by a residential customer seeking to qualify for the Lifeline Program is included as Attachment 1. If an applicant resides at an address at which there may be multiple households, the Individual Economic Household form, included as Attachment 2, must also be completed to determine eligibility. Only one Lifeline benefit may be used per household (by FairPoint or any other provider). Eligibility for the Lifeline Program must be confirmed annually through a recertification process.



## **Lifeline Program Application**

In New Hampshire, FairPoint Communications participates in the Lifeline Program which provides federal and state government assistance to qualified residential customers to reduce monthly telephone service charges. To enroll in the Lifeline Program, you must meet all qualifications, complete all sections of this application and provide all documentation requested. FairPoint will confirm your eligibility for the Lifeline Program.

|  | CUS  | STOMER INFORMATI  | ON                     |   |
|--|--|---|------------------------|---|
| Name First   |  |   | _ Last 4 Digits of You | ır Social Security Number:  |
| Telephone Number   | Last   | Date of B   | irth (mm/dd/yyyy):     |   |
| Service Address of Principal Residence (N  | o Post Office Box):  |   |                        | must be 18 or older   |
| Street:  |  |   | *                      | Apt   |
| City:  |  |   |                        |   |
| Billing Address, if different from service ac  | ddress (may include  | e Post Office Box):   |                        |   |
| Street:  | -  |   |                        | Apt.  |
| City:  |  |   |                        |   |
| Is this a temporary address? Yes 🗖   |  |   |                        |   |
|  | LIFELINE   | PROGRAM REQUIRE   | MENTS                  |   |
| <ul> <li>Only one residential telephone see</li> <li>A household may not receive Life         My initials here certify that I of the rules of the Federal Communicat prosecution by the United States gover     </li> <li>Do you live at an address at which there If yes, you must complete a supplemental form from</li> </ul> | eline benefits fron<br>meet the one-per-hi<br>ions Commission at<br>nment.<br>Te are multiple hous | n multiple service provice ousehold requirement. I un nd will result in my remova | ders.                  | certifying eligibility is a violation<br>ogram and could result in criminal |
| <ol> <li>You must meet program participation</li> <li>I (or my dependent or other member of meets the income requirement below:<br/>(Check the box for each category which applies.)</li> </ol>  |  |   |                        | ns listed below OR my household   |
| <ul> <li>Medicaid</li> <li>Supplemental Security Income</li> <li>Low Income Home Energy Assistance</li> <li>National School Lunch/Free Lunch P</li> </ul>  |  | ☐ Federal Public Ho ☐ Temporary Assist ☐ Household Inco                           | ance for Needy Famil   | ies (TANF)<br>o of Federal Poverty Level                                    |
| ☐ I <i>do not</i> receive benefits from a probenefits from a program listed above is   |  | The full name of my depend  |                        | r of my household who <i>does</i> receive                                   |

To complete your application:

- You must send proof of participation in one program you checked above, OR
- If you are eligible because of your household income, you must send proof of your qualifying household income.

See attached Questions and Answers to determine what documentation can be accepted.

## DT 14-102 EXHIBIT 10 ATTACHMENT 1

|           | ave obligations if you receive Lifeline Program benefits. You must <i>initial</i> the statements below to acknowledge you<br>stand your obligations:   |
|-----------|--|
|           | I will notify FairPoint within 30 days if I (or my dependent or other household member) no longer participate(s) in the federal programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.  |
|           | _ I will notify FairPoint within 30 days if I or my household begins to receive more than one Lifeline Program benefit.  |
|           | _ I will notify FairPoint within 30 days if I no longer qualify for Lifeline support for any reason.   |
|           | _ I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.   |
| 4. You m  | oust certify the following statements. (You must read and initial all certifications below.)   |
| I hereb   | y certify under penalty of perjury that: _ I ( or my dependent or other member of my household) currently receive(s) benefits from the program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines.  |
|           | _ I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household doe not now receive Lifeline Program benefits.  |
| <u> </u>  | _ My household is not receiving a Lifeline Program benefit from more than one landline or wireless service provider.   |
|           | _ I agree not to transfer my Lifeline Program benefits to another person.  |
|           | _ I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.   |
|           | I agree that FairPoint may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is begun, the date on which Lifeline Program benefits end, the amount of support sought by FairPoint and the means through which I qualify for Lifeline Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. |
|           | FairPoint may continue to monitor my participation in the identified program(s) for continued eligibility for Lifeline Program benefits  |
|           | I agree to allow FairPoint to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.   |
|           | All of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.  |
|           | I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits  |
|           | is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.  |
|           |  |
| gnature _ | Date   |

**FairPoint Communications Consumer Service Response Center** PO Box 11560 Portland, ME 04104

## **Questions and Answers**

- Q. What documents can I provide to FairPoint to prove I (or my dependent or other member of my household) receive benefits from a listed federal program?
- **A. DO NOT SEND ORIGINAL DOCUMENTS.** Copies of documents which FairPoint can accept as evidence of participation in a listed federal program are:
  - 1. A current or prior year statement of benefits from a listed program
  - 2. Notice letter of participation in a listed program
  - 3. Program participation document (for example, a copy of a SNAP electronic benefit transfer card or Medicaid participation card)
  - 4. Other official document demonstrating that you, your dependent or your household receives benefits under a listed federal program
- Q. What documents can I provide to FairPoint to prove my household income is equal to or less than 135% of Federal Poverty Guidelines?
- **A. DO NOT SEND ORIGINAL DOCUMENTS.** To establish that you qualify for the Lifeline program because your **household** income is at or below 135% less of the Federal Poverty Level, you must submit the one of the documents listed below:
  - 1. A prior year's state or federal tax return
  - 2. A current income statement from employer or paycheck stub
  - 3. A Social Security statement of benefits
  - 4. A Veteran's Administration Statement of Benefits
  - 5. A retirement/pension statement of benefits
  - 6. A federal notice of participation in General Assistance
  - 7. A divorce decree
  - 8. A child support award, or
  - 9. Other official document containing income information.

If the documentation of your household income does not cover a full year, you must provide the same type of documentation covering three consecutive months within the previous twelve months.

You must provide proof of all household income (both taxable and non taxable) for you and anyone in your household that is not a dependent.

#### Q. What are the Federal Poverty Guidelines?

A. The applicable 2014 Federal Poverty Income Guidelines are:

| Persons in Household  | 2014 Federal Poverty Levels | 135% of Federal Poverty Levels |  |  |
|---|-----------------------------|--------------------------------|--|--|
| 1   | \$11,670                    | \$15,754.50                    |  |  |
| 2   | \$15,730                    | \$21,235.50                    |  |  |
| 3   | \$19,790                    | \$26,716.59                    |  |  |
| 4   | \$23,850                    | \$32,197.50                    |  |  |
| 5   | \$27,910                    | \$37,678.50                    |  |  |
| 6   | \$31,970                    | \$48,159.50                    |  |  |
| 7   | \$36,030                    | \$48,640.50                    |  |  |
| 8   | \$40,090                    | \$54,121.50                    |  |  |
| V 11/1/10 1/1/ | \$4,060/each add'l person   | \$5,481/each add'l person      |  |  |

This information is regularly updated by the Federal Government.

- Q. How do I transfer my Lifeline Program benefit to my qualified FairPoint telephone service if the discount is now applied to telephone service I have with another telephone provider?
- A. If you currently have your Lifeline Program benefit associated with telephone service provided by another landline or wireless service provider and you wish to transfer that benefit to your FairPoint telephone service, please call 1.866.984.2001 for additional information.
- Q. If I have questions, what FairPoint office should I contact?
- A. Please call 1.866.984.2001.



| Lifeline Household Works   | heet   |  |
|--|--|--|
| Name   |  |  |
| Street:  |  |  |
| City:  |  | 7in Code   |
| Telephone Number   |  |  |
| Lifeline is a government program that provides a monthly discount on home or mobile t  | elephone service   | es. Only <i>one</i> Lifeline discount is allowed   |
| per household. Members of a household are not permitted to receive Lifeline service from   |  |  |
| Your <i>household</i> is everyone who lives together at your address as one economic unit (i   | ncluding children  | n and people who are not related to you  |
| The <i>adults</i> you live with are part of your economic unit if they contribute to and share in is any person 18 years of age or older, or an emancipated minor (a person under age 18 <i>expenses</i> include food, health care expenses (such as medical bills) and the cost of rent house or apartment, for example) and utilities (including water, heat and electricity). <i>Inc</i> security payments, pensions, unemployment compensation, veteran's benefits, inheritant tion benefits, gifts, and lottery winnings. | who is legally co<br>ing or paying a n<br>ome includes sal | onsidered to be an adult). Household<br>mortgage on your place of residence (a<br>lary, public assistance benefits, social |
| Spouses and domestic partners are considered to be part of the same household. Childre ians are considered to be part of the same household as their parents or guardians. If an someone who provides financial support to that adult, both people are considered part of the same household.  | adult has no inc   | come, or minimal income, and lives with  |
| You have been asked to complete this Worksheet because someone else current address. This other person may or may not be a part of your household. Answer more than one household residing at your address.  |  |  |
| Does your spouse or domestic partner (that is, someone you are married to or in a phone? (check no if you do not have a spouse or partner)YESNO  | relationship with  | h) already receive a Lifeline-discounted   |
| <ul> <li>If you checked YES, you may not sign up for Lifeline because someone in your h discount is allowed per household.</li> </ul>  | ousehold already   | y receives Lifeline. Only <i>one</i> Lifeline  |
| If you checked NO, please answer question #2.  |  |  |
| 2. Other than a spouse or partner, do other adults (people over the age of 18 or emar  | •  | • •  |
| A. A parentYESNO B. An adult son or d C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild,   | •  | YESNO  |
| D. An adult roommateYESNO E. Other   |  |  |
| <ul> <li>If you checked NO for each statement above, you do not need to answer the renand date the worksheet.</li> <li>If you checked YES, please answer question #3.</li> </ul>   |  |  |
| Do you share living expenses (bills, food, etc.) and share income (either your incom with at least one of the adults listed above in question #2?YESNO   | e, the other perse   | on's income or both incomes together)  |
| <ul> <li>If you checked NO, then your address includes more than one household. Ple worksheet.</li> <li>If you checked YES, then your address includes only one household.</li> </ul>  | ase initial lines A  | A and B below, and sign and date the   |
| Certification  |  |  |
| Please initial the certifications below and sign and date this worksheet. Submit this works ifeline application.   | sheet to FairPoint   | t Communications along with your   |
| A I certify that I live at an address occupied by multiple households.   |  |  |
| I understand that violation of the one-per-household requirement is against to result in me losing my Lifeline benefits, and potentially, prosecution by the U   |  |  |
| ignature   | Date   | е  |
|  |  |  |

## FairPoint Communications, Inc. Docket No. DT 14-102

| ORIGINAL   |                                       |                                     |                   |  |                  |                             |
|------------|---------------------------------------|-------------------------------------|-------------------|--|------------------|-----------------------------|
| N.H.P.U.C  | . Case                                | No. $\overline{\mathcal{D}}$        |                   | 4-1  | 02               | er energy or any order desp |
| Exhibit No |                                       | #/1                                 | 1                 | NASS ANKARA PRO TACIONI  | HELPS HE WILLIAM | hoff enoughers (v           |
| Witness_   |                                       | Nacional Control Control            | and the strong of | ing the second second  | Marie Art Howard | NEWSTREET                   |
| 00 N       | NOTR                                  | EMOV                                | EF                | 30M  | FILE             |                             |
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Respondent: Ryan Taylor

Title: Director of Regulatory

**RECORD REQUEST:** 

Please provide FairPoint's written policy which states how having more than one (1) line per customer may have an impact on service classification (i.e., basic or non-basic).

**DATED:** May 7, 2014

REPLY:

See Confidential Attachment 1 to Exhibit 9. Please note: To clarify the record and the hearing of May 7, 2014, FairPoint's system parameters do not currently allow for a qualifying basic residential and qualifying basic service business customer at the same location to be treated as non-basic. Therefore, customers with this arrangement would be classified as having two (2) basic service lines and rated accordingly. FairPoint supports its stated position, however, that it is logical to treat these two (2) lines as serving separate and distinct entities and having different purposes for utilization. As such, FairPoint views these lines as qualifying basic service lines.

Although not documented in Confidential Attachment1 to Exhibit 9, at the time of order entry, FairPoint service representatives collect certain information from the customer, including but not limited to, name, address, social security number and tax identification number. This information is cross-checked in Siebel to search and identify any accounts with matching information. In the event that a system match is identified, the service representative will verify the information with the customer. If the customer has existing residential service and requests a second residential line, then both services would be classified as non-basic.