

Control Number: 47992



Item Number: 1

Addendum StartPage: 0



Your business is our business.

Zchelon Building II, Suite 200 9430 Research Blvd., Austin, Texas 78759 phone: 512-338-0473, fax: 512-346-0822 internet: www.jsitel.com, e-mail: jsi@jsitel.com

January 26, 2018

Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue Austin, Texas 78711

Re: Docket No. _____, Application of Community Telephone Company for a Minor Service Area Boundary Amendment to a Certificate of Convenience and Necessity Pursuant to 16 TAC § 26.101(e)(2)

Dear Filing Clerk:

On behalf of Community Telephone Company ("Community" or "Company"), I am submitting an original and seven (7) copies of an application for a Minor Service Area Boundary Amendment to a Certificate of Convenience and Necessity ("CCN") pursuant to 16 Tex. Admin. Code § 26.101(e)(2) ("TAC"). Within the attached application, Community seeks a minor boundary amendment to the Company's Joy Exchange in order to be able to offer voice and broadband services to customers within a small area just outside of Community's current CCN service area.

Thank you for your attention to this matter. Please file-stamp the additional copies and return them by way of our courier. Any questions or comments regarding this matter may be directed to me at the above-listed address and telephone number or via e-mail at tdelong@jsitel.com.

Sincerely,

Terri Dedong

Terri DeLong <u>tdelong@jsitel.com</u> Authorized Representative for Community Telephone Company

cc: Mr. Clifford Humpert, President/CEO Community Telephone Company

Headquarters: 7852 Walker Drive, Suite 200 Greenbelt, MD 20770 phone: 301-459-7590, fax: 301-577-5575

Eagandale Corporate Center, Suite 310 1380 Corporate Center Curve, Eagan, MN 55121 phone: 651-452-2660, fax: 651-452-1909 6849 Peachtree Dunwoody Road Bldg. B-3, Suite 200, Atlanta, GA 30328 phone: 770-569-2105, fax: 770-410-1608 547 South Oakview Lane Bountiful, UT 84010 phone: 801-294-4576, fax: 801-294-5124

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(TITLE PAGE)

APPLICATION FOR CERTIFICATION AND AMENDMENT TO A CERTIFICATE OF CONVENIENCE AND NECESSITY

2.____

DOCKET/PROJECT NO. _____

APPLICANT(s):

1. Community Telephone Company_____

Authorized Representative for this Application:

NAME: <u>Terri DeLong</u>

TITLE: Analyst-Regulatory Affairs

ADDRESS: 9430 Research Blvd., Echelon II, Ste. 200, Austin, TX 78759

TELEPHONE: (512) 338-0473

FAX (Optional): (512) 346-0822

EMAIL ADDRESS: tdelong@jsitel.com

Regulatory Representative:

NAME: Clifford Humpert

TITLE: Vice President and General Manager

ADDRESS: P. O. Box 130, Highway 25, Windthorst, TX 76389

TELEPHONE: (940) 423-6201

FAX (Optional): (940) 423-2111

EMAIL ADDRESS: cliffhumpert@comcell.net

Complaint Representative:

NAME: Jenny Barton

TITLE: Vice President and General Manager

ADDRESS: P. O. Box 130, Highway 25, Windthorst, TX 76389

TELEPHONE: (940) 423-6201

FAX (Optional): (940) 423-2111

EMAIL ADDRESS: jennybarton@comcell.net

AFFIDAVIT

STATE OF TEXAS 888 COUNTY OF ARCHER

1. My name is Clifford Humpert. I am the President/CEO of Community Telephone Company.

2. I swear or affirm that I have personal knowledge of the facts stated in this (Amendment/New) Application for a Certificate of Convenience and Necessity, that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this (Amendment/New) Application for a Certificate of Convenience and Necessity are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements of law applicable to a Certificate of Convenience and Necessity.

Signature

<u>ELIFON</u> HumperT Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the <u>25</u> day of January 20.

<u>Chulder Barton</u> Notary Public Is and For the

State of TELAS

My commission expires: $1 - 7 - 20 \rightarrow 2$



2

- 1. Check only one of the following Requests:
 - (a)
 - _____New CCN Application _____ Amended CCN Application for CCN No. 40020
 - (b) If you are filing an amendment, check one or more of the following as requests made in this amendment filing:

Name Change Amendment	Certification Relinquishment
Sale/Transfer/Merger	Service Discontinuation
X Service Area Boundary Change	

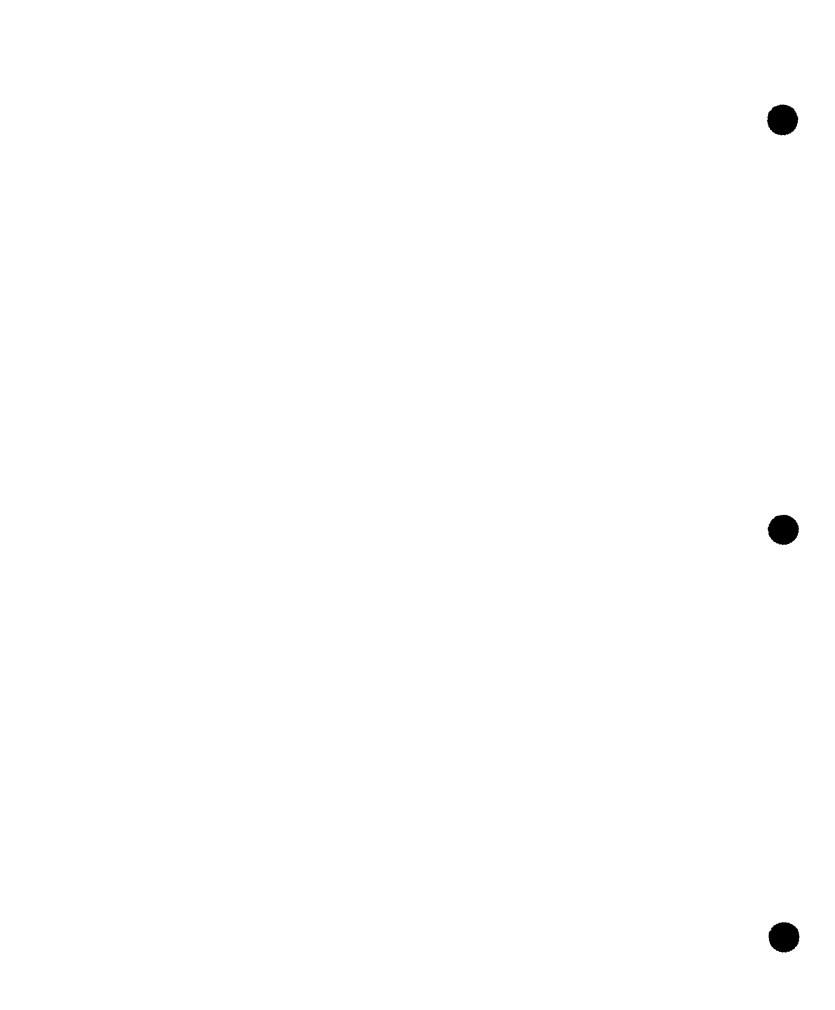
(c) Provide a summary explanation of all items checked in "b" above.

Previous and proposed boundary exchanges reside in Northern Jack County.

- 2. Provide a description of the Applicant, which shall include the following:
 - (a) Legal name and all assumed names under which the Applicant conducts business, if any; Community Telephone Company, Comcell, Inc.
 - (b) Address of principal office and business office; 10184 St Hwy 25 Windthorst, Texas 76389
 - (c) Principal office/business office telephone number: (940) 423-6201 Fax number: (940) 423-2111 Website address: www.comcell.net E-mail address: admin@comcell.net Toll-free customer service telephone number: 1-800-794-6407
 - (d) FCC Carrier Identification Code (CIC) or National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs), if available;

4

ILEC Operating Carrier Number: 2061 ILEC Study Area Code: 442061 IXC Carrier Identification Code: IX010322

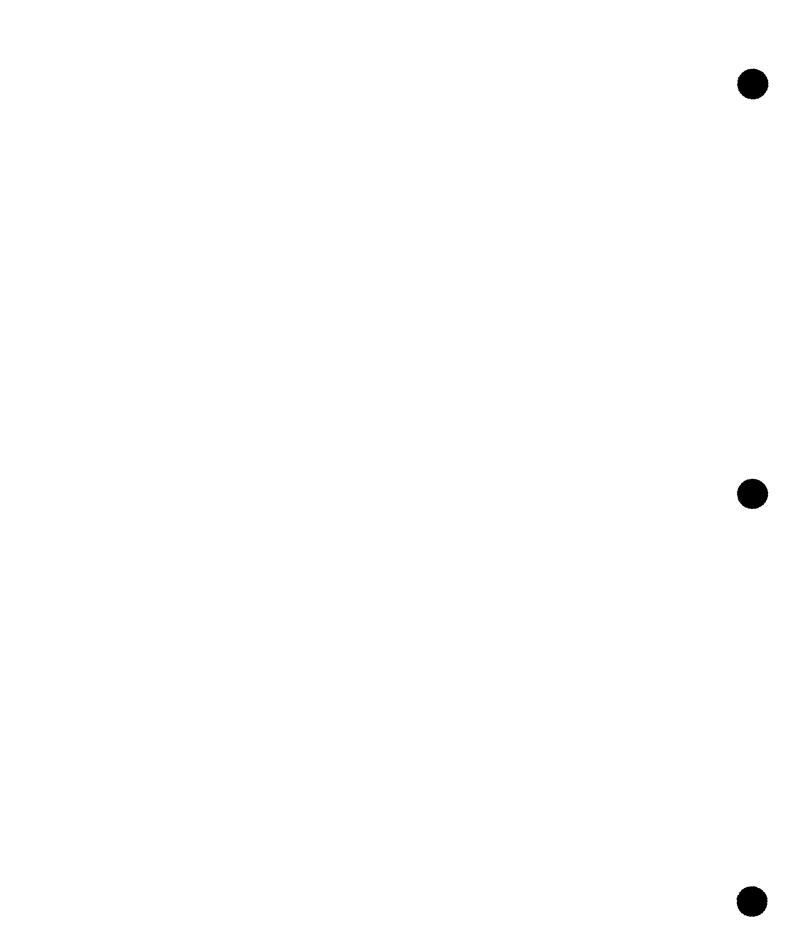


3. State the name(s) in which the Applicant wants the Commission to issue or amend this certificate. (NOTE: If the Applicant is a corporation, the Commission will issue the certificate in either the Applicant's corporate or assumed name the certificate holder must use only the name(s) approved by the Commission on all bills and advertisements sent to or viewed by the public. Name Changes require Commission Approval as well as Secretary of State Approval.) Community Telephone Company

4. Does this Application directly affect other Utilities? If Yes, name the utility(s) and provide a letter of approval/disapproval from the affected utility(s).

6

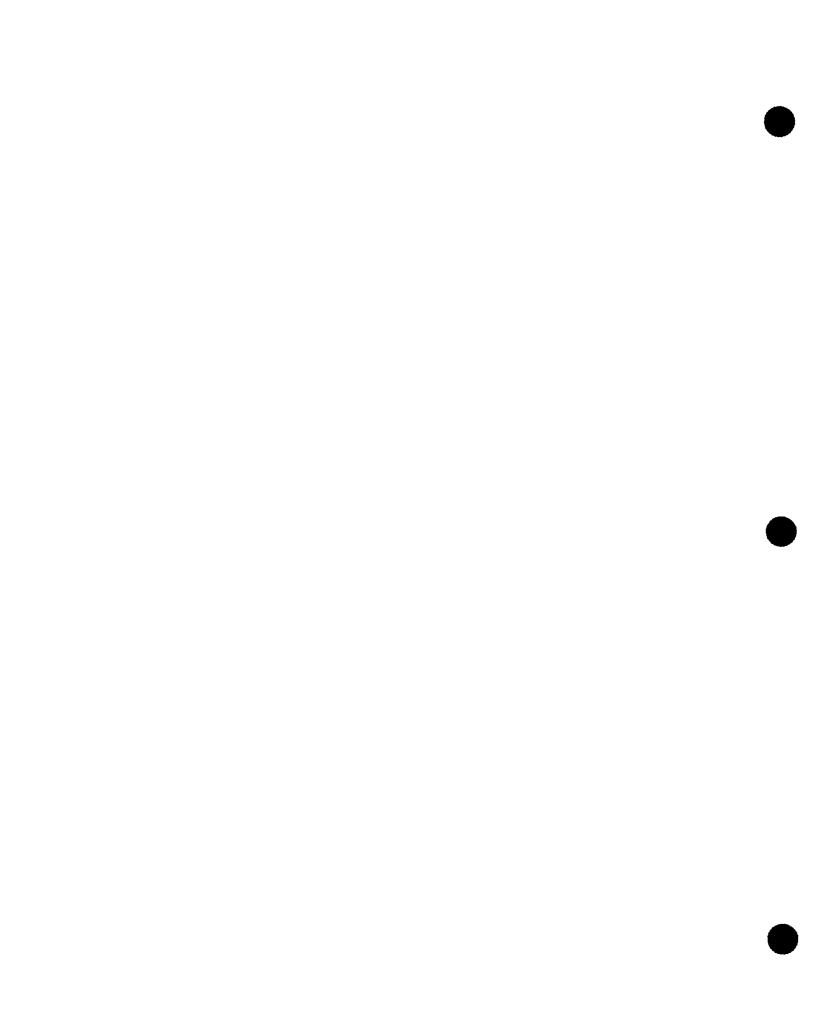
No



5. Provide a description of the affected exchanges, local access and transportation areas (LATAs), or incumbent local exchange company (ILEC) service areas. If the application is to request a new certificate or amend an existing service area boundary attach a scaled map of the geographic area which clearly identifies the area for which the certificate is requested.

The expansion for study area 442061 would add 8 locations within Northern Jack County and would expand the boundary in the Joy exchange to include Old Post Rd which intersects with Puddin Valley Rd. The 8 locations currently reside in the Jacksboro exchange. A scaled map of the geographic area and proposed changes is included herein as Addendum A. The outlined red border is the current study area boundary. The straight white line to the east of the red border is the requested addition to the study area.

7



6. (a) How and when were the affected customers notified of this Application?

Pursuant to P.U.C. Proc. R. 22.52(b), minor boundary changes are exempted from notice requirements. No customers will be affected. Notice is not required.

(b) Provide a copy of the notification provided to customers. Provide an explanation of how the affected customers will be kept informed about the results of this application.

No customers will be impacted.

(c) Are 5% or less of the customers affected in each of the exchange(s) for a service area boundary amendment application?

Yes. No customers will be impacted.

10. Does the Applicant have a tariff on file with the Commission? If yes, how will this application affect the tariff?

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This minor boundary change will not affect the tariff.

11. Will the request in this Application in any way harmfully affect recreational and park areas, historical and aesthetic values, community values, or the integrity of the environment? Provide an explanation.

The proposed minor boundary change will have no negative effect on any of the above elements.

ATTACHMENT A COMMUNITY TELEPHONE COMPANY

Service Area Boundary Change Map

