

Control Number: 50447



Item Number: 82

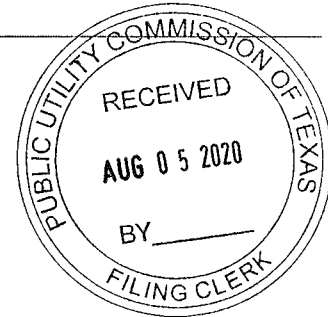
Addendum StartPage: 0

Troutman Sanders LLP
660 Peachtree Street NE, Suite 3000
Atlanta, GA 30308-2216

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Alan Gregory Poole
alan.gpoole@troutman.com



August 5, 2020

Public Utility Commission of Texas
Central Records
1701 N Congress PO Box 13326
Austin, Texas 78711-3326

Re: Telephone Service Quality Report for LTS Telecommunications Services (USA) Inc.

Dear Sir or Madam:

I have attached to be filed the Telephone Service Quality Report for LTS Telecommunications Services (USA) Inc for the second quarter of 2020. In conformance with Commission order in Docket 50664 issued March 16, 2020, this report is filed online only.

Please contact me if you have any questions.

Sincerely,

/s/Alan Poole
Alan Gregory Poole

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SPCOA: 60983

UTILITY: LTS Telecommunications Services (USA) Inc. **QUARTER ENDING:** 6/31/2020

TELEPHONE SERVICE QUALITY REPORT

<u>SERVICE ORDERS</u>	Objective	Oct.	Nov.	Dec.
% Regular Orders Completed in 5 Working Days	90%	n/a	n/a	n/a
% Primary Orders Completed in 5 Working Days	95%	n/a	n/a	n/a
% Installation Commitments Met	90%	n/a	n/a	n/a
% All Orders Completed in 30 Days	99%	n/a	n/a	n/a
% All Orders Completed in 90 Days	100%	n/a	n/a	n/a
<u>ANSWER TIME</u>				
<i>Toll & Assistance</i>				
Average Answer Time in Seconds	3.3	n/a	n/a	n/a
<i>Directory Assistance</i>				
Average Answer Time in Seconds	5.9	n/a	n/a	n/a
<i>Repair Service</i>				
Average Answer Time in Seconds	5.9	n/a	n/a	n/a
<u>TROUBLE REPORTS</u>				
Customer Trouble Reports per 100 Access Lines	3.0 or 6.0	n/a	n/a	n/a
% of Out-of-Service Reports Cleared in 8 Working Hours	90%	n/a	n/a	n/a
% Repeated Trouble Reports	22%	n/a	n/a	n/a

Contact Name: Karen Graham

Contact Telephone Number: 858-527-6473

AFFIDAVIT

I, Tom Lofaro, General Counsel & Corporate Secretary and authorized representative for LTS Telecommunications Services (USA) Inc., do hereby declare and affirm that the attached report titled "Telephone Service Quality Report" was prepared with my personal knowledge and the information contained therein is true and correct.



Tom Lofaro
General Counsel & Corporate Secretary

Sworn and subscribed before me this _____ day of _____ 2020.

Signature of official administering oath

Print Name/Title

My commission expires _____

[NOTARY SEAL]

see attached California jurat xdg

Contact Name: Karen Graham

Contact Telephone Number: 858-527-6473

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

☒ See Attached Document (Notary to cross out lines 1-6 below)

☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

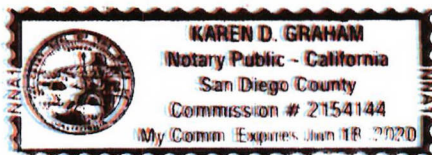
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego



*The notary commission extended
pursuant to Executive Order N-63-20.*

Subscribed and sworn to (or affirmed) before me

on this 3rd day of August, 2020,
by _____ Date _____ Month _____ Year _____

(1) Thomas J. Lofaro

(and ~~(2)~~ _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Karen D. Graham
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____