



A COMMONWEALTH TELEPHONE
ENTERPRISES COMPANY

July 25, 2001

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FCC MAIL ROOM

DOCKET FILE COPY ORIGINAL

Secretary
Federal Communications Commission
445 12th Street SW., TW-A325
Washington, DC 20554

Re: Domestic Interexchange Carrier Detariffing Order DA---1028, CC Docket No. No. 96-61—Tariff Withdrawal – CTSI, Inc. Domestic Interstate Telecommunications Services Tariff – FCC No. 3

Dear Sir or Madam:

In compliance with the Order of the Federal Communications Commission FCC at the above-referenced docket, CTSI, Inc. seeks FCC approval to cancel and withdraw its Domestic Interstate Telecommunications Services Tariff – FCC No. 3, consistent with the detariffing Order.

Under separate cover, CTSI, Inc. has remitted the requisite \$655.00 filing fee, accompanied by FCC Form 159, the FCC's lockbox located in Pittsburgh, Pennsylvania.

It is respectfully requested that CTSI, Inc.'s Domestic Interstate Telecommunications Services Tariff – FCC No. 3, be canceled and withdrawn from the FCC's files effective August 1, 2001. Furthermore, I certify that CTSI, Inc.'s rates will be available to consumers via an Internet website on August 1, 2001.

Please contact Tauna Thomas at 570-631-5409 with any questions or comments.

Sincerely,

Kenneth E. Lee
Vice President & General Counsel
CTSI, Inc.

No. of Copies rec'd _____
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Approved by OMB
3060-0589
Page No. 1 of 1

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

(1) LOCKBOX #
358150

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

FCC MAIL ROOM

SPECIAL USE
FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)
CTSI, Inc
(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
\$655.00

(4) STREET ADDRESS LINE NO. 1
100 CTE DR

(5) STREET ADDRESS LINE NO. 2

(6) CITY
Dallas
(7) STATE
TX
(8) ZIP CODE
75012

(9) DAYTIME TELEPHONE NUMBER (include area code)
570-631-5409
(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN)
0003-7450-64
(12) PAYER (TIN)
22 3498 564

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME

(14) STREET ADDRESS LINE NO. 1

(15) STREET ADDRESS LINE NO. 2

(16) CITY
(17) STATE
(18) ZIP CODE

(19) DAYTIME TELEPHONE NUMBER (include area code)
(20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)
(22) APPLICANT (TIN)

COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID
(24A) PAYMENT TYPE CODE
CCK
(25A) QUANTITY
1

(26A) FEE DUE FOR (PTC)
\$655.00
(27A) TOTAL FEE
\$655.00
FCC USE ONLY

(28A) FCC CODE 1
(29A) FCC CODE 2

(23B) CALL SIGN/OTHER ID
(24B) PAYMENT TYPE CODE
(25B) QUANTITY

(26B) FEE DUE FOR (PTC)
(27B) TOTAL FEE
FCC USE ONLY

(28B) FCC CODE 1
(29B) FCC CODE 2

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT
I, Kenneth Lee, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.
SIGNATURE [Signature] DATE 7/25/01

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31) MASTERCARD MASTERCARD/VISA ACCOUNT NUMBER: [] EXPIRATION DATE: []

VISA I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.
SIGNATURE _____ DATE _____