National Payphone Clearinghouse
201 East 4th Street
Room 102-980
Cincinnati, OH 45201
PHONE: 513-397-6260, FAX: 513-721-COIN(2646)

ear Payphone Owner:

When submitting your quarterly claim on disk, using a spreadsheet format the actual layout of your file should look like the one below. Naturally, you will have more ANIs elephone numbers) than we have depicted in this example. The bold column headings and column width indicators in the example below are for your formatting reference. You ould not include titles, column headers, or blank lines in your submission to the National Payphone Clearinghouse.

There should be a header record containing the correct billing name and address for the group of ANIs listed beneath it.

A new header record should be inserted above each ANI or group of ANIs whose billing name and address is different.

Please use spaces rather than tabs to obtain correct column spacing. If our system encounters tabs your file will be rejected.

Please submit your report on 3.5-inch diskette. We will accept Excel spreadsheets versions' 97 or less, Lotus 1-2-3 spreadsheets, or spreadsheets saved in a "text-space delimited" format. We cannot accept Macintosh, Lotus SmartSuite, or database files. If you question the format of your disk, please call the NPC for assistance.

lease note that the leading character in the submission is an alpha "O". This designates an "owner's" submission. The next nine digits are numeric: four zero's and the ve-digit PSP ID which in the example is 12345.

Vhen using a spreadsheet to prepare your data, your report should look like this:

olumn width: 10 spaces	Billing Name Width = 40.0	Address Line 1 Width = 35.0	Address Line 2 Width = 35.0	City Width = 25.0	State W = 2.0	Zipcode W = 9.0	Contact Name Width = 40.0	Contact Phone Width = 10.0
0000012345	YOUR BILLING NAME	BILLING ADDRESS		ANYTOWN	OH	45202	JOHN DOE	5135551212
6065551212								
8135551212								
0000012345	JOHN DOE	DBA COMPANY NAME	BILLING ADDRESS	ANYTOWN	OH	45202	JOHN DOE	5135551212
6065554343								

lease note that *new customers* who do not yet have a PSP ID assigned, should enter an alpha O and nine zero's. See the example below.

0000000000	JOHN DOE	Billing Address 1	Billing Address 2	ANYTOWN	OH	45202	JOHN DOE	5135551212
6065554343								

he common reasons that the system may reject your file is as follows:

The spacing is incorrect.
The header record did not contain an Alpha O and four zeros.
The header record does not contain your PSP ID, or the PSP ID is incorrect.
There were tabs, extra blank lines, titles or column headings in your file.
The State Code was not the standard two digit postal abbreviation (i.e. Ohio must be OH).
The Zip Code was not correct, had dashes or not enough digits.

NOTE: ALL CONFIDENTIAL/PROPRIETARY CLAIM INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

201 East 4th Street
Room 102-980
Cincinnati, OH 45201
PHONE: 513-397-6260, FAX: 513-721-COIN(2646)

:ar Payphone Owner:

When submitting your quarterly claim on disk, using a text format, the actual layout of your file should look like the one below. Naturally, you will have more ANIs :lephone numbers) than we have depicted in this example. The bold numbers that appear above the header in the example below are column position indicators. To demonstrate, cording to the example below the billing name should begin in column 11. The bold numbers which are used as a ruler over the header should not be on the disk that you send us.

There should be a header record containing the correct billing name and address for the group of ANIs listed beneath it.

A new header record should be inserted above each ANI or group of ANIs whose billing name and address is different.

Please use spaces rather than tabs to obtain correct column spacing. If our system encounters tabs, your file will be rejected.

You may use a word processing package such as Word or WordPerfect (version 6 or less); however, please save your file as a TEXT file on a 3.5-inch diskette and send it to us with your invoice. We cannot accept Macintosh formats, Lotus SmartSuite or Database files. If you question the format of your disk, please call the NPC for assistance.

ease note that the leading character in the submission is an alpha "O". This designates an "owner's" submission. The next nine digits are numeric: four zero's and the five-git PSP ID which in the example is 12345.

```
↓           ↓                ↓            ↓            ↓ ↓      ↓          ↓
11          51               86           121          146 148  157        197
000012345YOUR BILLING NAME   BILLING ADDRESS  SUITE X   ANYTOWN  OH 45202  YOUR NAME  YOUR PHONE
:35551212
:33979999
000012345JOHN DOE            DBA YOUR COMPANY  BILLING ADDRESS  YOUR TOWN  OH 45202  YOUR NAME  YOUR PHONE
165551212
```

.ease note that new customers who do not yet have a PSP ID assigned, should enter an alpha O and nine zero's. See the example below.

```
000000000YOUR BILLING NAME   BILLING ADDRESS  SUITE X   ANYTOWN  OH 45202  YOUR NAME  YOUR PHONE
135551212
165551212
```

he common reasons that the system may reject your file is as follows:

The spacing is incorrect.
The header record did not contain an Alpha O and four zeros.
The header record does not contain your PSP ID, or the PSP ID is incorrect.
There were tabs, extra blank lines, titles or column headings in your file
The State Code was not the standard two digit postal abbreviation (i.e. Ohio must be OH).
The Zip Code was not correct, had dashes or not enough digits.

NOTE: ALL CONFIDENTIAL/PROPRIETARY CLAIM INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

JUL-15-2002 14:07 BRUHDWING INC. P.32

U.S. NPA SPLITS PLANNED FOR 2002 & 2003

219	574	01/15/02	N/A	IN
219	260	01/15/02	N/A	IN
501	479	01/19/02	N/A	AR
248*	947	01/26/02	N/A	MI
919*	984	SUSPENDED	N/A	NC
561	772	02/11/02	N/A	FL
941	239	03/11/02	NA	FL
314*	557	SUSPENDED	N/A	MO
513*	283	SUSPENDED	N/A	OH
616	269	07/13/02	N/A	MI
321*	689	SUSPENDED	N/A	FL
407*	689	SUSPENDED	N/A	FL
903*	430	07/20/02	N/A	TX
816*	975	SUSPENDED	N/A	MO
614*	380	SUSPENDED	N/A	OH
206*	564	10/01/02	N/A	WA
253*	564	10/01/02	N/A	WA
360*	564	10/01/02	N/A	WA
425*	564	10/01/02	N/A	WA
801	385	03/30/03	N/A	UT
915	325	04/05/03	N/A	TX
915	432	04/05/03	N/A	TX
505	575	06/01/03	N/A	NM

In the above tables (*) indicates that the NPA (Area Code) is an <u>overlay.</u>
In the above tables (**) indicates New NPA for Toll Free Services.

General Information regarding AC splits:
The Clearinghouse provides a list each quarter of past, present, and future Area Code splits. Please check this list (available on our website at www.npc.cc) *each* quarter to determine if the Area Codes assigned to your payphones have changed.

Why do I have to Re-Submit:
Whenever an Area Code splits, some ANIs get the new Area Code, some keep the old Area Code. Beginning with the claim quarter 1Q95, those ANIs that receive the new Area Code *must* be submitted with the new Area Code starting with the quarter in which the Area Code actually splits. If ANIs which receive a new Area Code are submitted with the *old* Area Code *after* that Area Code has split, they *CANNOT* be compensated. These will be classified as ineligible on the end of quarter data dump.

LEC Submissions:
LECs *will* report ANIs with a new Area Code the *same quarter* that Area Code split is effective. If an owner claims an ANI with the *old* Area Code *after* that same Area Code has split, it will fall out as ineligible (S status) and will not be compensated. A Payphone Service Provider who continues to claim an ANI with an *old* Area Code *after* that Area Code has changed will **NEVER** be compensated until he begins to claim that ANI with the **CORRECT Area Code.**

How do I re-submit an ANI?
When you see an ANI marked as S on your quarterly data dump, you must *re-submit* that ANI with the CORRECT Area Code in order to be eligible for compensation. If you have 25 ANIs or less, you may re-submit your corrected ANIs on paper. We would prefer that you use one of our Area Code Split re-submission Forms. (If your quarterly claims are submitted to our Clearinghouse by an aggregator, your Area Code Resubmission should also be sent to that aggregator so it can be included on their quarterly claim disk.) Be sure to clearly write the OLD Area Code and 7 digit ANI in the left-hand column. Then list the *Corrected* Area Code and 7 digit ANI in the right hand column. Be specific as to which quarters are being re-submitted. **If you have more than 25 ANIs to re-submit, you must submit them via diskette.** The format for the disk is exactly the same as the normal quarterly submission. If re-submitting multiple quarters, you may create separate files for each quarter. Be sure to re-submit ***only*** those ANIs that were ***affected*** by an Area Code split. As with all correspondence to our office, please be sure to include your PSP ID number, your customer Billing Name and address, as well as your return phone and fax numbers. ***(*NOTE: PLEASE SEND YOUR DISK IN A PROTECTIVE DISKETTE-MAILER ENVELOPE TO AVOID DAMAGE!!!)***

When to re-submit:
Re-submission of Area Code split ANIs *must* be done within one year of the original claim quarter. All Area Code re-submissions must be received before the last business day of the 1st month of each quarter, in order to be processed during the current quarter. Area Code Re-submissions have the *same* deadlines for submission to the National Payphone Clearinghouse as regular quarterly PSP data.

What to do after a split:
Once an Area Code split has taken place, you should claim *all* ANIs with *correct* Area Codes in your normal quarterly submission.

What about Error Code 12s?
When sending a request to a LEC to resolve Error Code 12s disputes, please be sure to send the correct Area Code with your ANI(s). Be sure to determine whether the quarter/year for which the ANI is in dispute is *before or after* the Area Code split for that ANI.

National Payphone Clearinghouse, Room 102-980, 201 East 4th Street, Cincinnati, OH 45202
Phone: 513-397-6260 Fax: 513-721-COIN(2646) E-mail: npc@cinbell.com Web address: www.npc.cc

PSP/COCOT DISPUTE RESOLUTION FORM

Please attach a copy of *all* Error 12 dispute information to this form.

Serving LEC : _____ **LEC Contact:** _____

LEC Contact's phone number: (___)___-____ **LEC Contact's Fax number** (___)___-____

COCOT/PSP Contact's Name: _____

COCOT/PSP Company Name: _____

COCOT/PSP Billing Address: _____

COCOT/PSP City: _____ **State:** _____ **Zip Code** _____

PSP ID Number: __ __ __ __ __

	Disputed ANIs	Install Date	Disconnect Date	Date LEC Verified
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

The above information *must* be filled out by the Local Exchange Company (LEC) on *LEC* letterhead, and faxed *or* mailed to: National Payphone Clearinghouse
201 East Fourth Street, Rm 102-980 - Cincinnati, OH 45202
Phone: (513) 397-6260 / Fax: (513) 721-COIN (2646)

NOTE: ALL CONFIDENTIAL/PROPRIETARY DISPUTE RESOLUTION INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

- **DO Submit ANIs using the Billing Name and Address as shown on the payphone bill.**
- **DO submit a complete ANI including the *CORRECT* AREA CODE.**
- **DO notify your LEC giving them permission to release information regarding your non-published coin lines to the National Payphone Clearinghouse. This will allow compensation to be paid.**
- **DO submit letters from LECs on LEC letterhead, signed and dated by the LEC representative, in order to resolve Error 12s.**
- **DO request that the LECs supply install *and* disconnect dates on all ANIs that are in dispute in order to resolve Error 12s.**
- **DO send complete information in the first three fields and only the Pure Error 12s for that LEC when sending a disk to the LEC to complete the information to resolve Error 12s on disk. Make sure your disk is labeled properly and that the LEC knows to complete the remaining fields and return to the NPC along with a cover letter verifying that this information is from the LEC.**
- **DO send *only* March, June, September or December bills for qtrs. in dispute to resolve Error 13s & 14s.**
- **DO provide a LEC contact phone number that can be dialed from Cincinnati, Ohio. (Please note: Many 800 numbers are only valid within that LEC's state or billing area.)**
- **DO include PSP ID number, Customer Billing Name and Address, and call back phone and fax numbers on *all* correspondence.**
- **DO have LEC representatives initial *all* pages of LEC data being submitted for dispute resolution.**
- **DO ask your LEC to submit ALL ANIs which are listed under a master billing arrangement. LECs who submit *ONLY* master billing numbers are creating Error 12s.**
- **DO make sure that all documentation submitted is complete and legible.**

- **DO NOT send ANIs to a LEC which are NOT in that LEC's operating/service area as that LEC cannot verify those ANIs.**
- **DO NOT submit RESIDENCE or other NON-COIN lines.**
- **DO NOT add comments or additional notes to original LEC letters. Please attach any comments or pertinent information regarding your disputes on a separate piece of paper.**
- **DO NOT send any documentation *other* than LEC bills to resolve Error 13s and 14s.**
- **DO NOT submit the physical location of a phone.**
- **DO NOT submit the same ANI under more than one ID for the *same* claim quarter.**

Helpful hint: **Suggest to your LEC that they fax their dispute resolution directly to the NPC for faster processing & resolution of disputes. The NPC's fax number is (513) 721-COIN (2646).**

End of Quarter
Industry Dump File

File Contents

The industry dump file contains 5 sections of data.

Header

This section is designated as Record ID type 0. It contains one row of data for each recipient (PSP or Aggregator) that provides summary information about compensation paid.

Claim Status and Compensation Data

This section is designated as Record ID type 3. It provides detailed information about the compensation paid and the status of unpaid claims.

Validated and Paid Claims Toll Free Reporting

This section is designated as Record ID type 5. It provides detailed information regarding the toll free numbers reporting.

Adjustment Reporting

This section is designated as Record ID type 7. It provides detailed information regarding any adjustments made to the compensation paid.

Trailer

This section is designated as Record ID type 9. It contains one row of data for each recipient (PSP or Aggregator) that provides a count of the records for each of the previous sections as well as a total count of all the records in the file.

Filename

The industry dump files are named using the following format:

Processing Quarter and 2 digit Year — Indicates Compressed File

xxxxxqyydmp.gz

PSP ID or AGGR ID — File Extension

This is a compressed file. Since the dump files can be very large, compression was used to reduce the size of the file that will be downloaded. The dump file can be extracted using a compression utility like WinZip. For more information on this tool, please go to the web site http://www.winzip.com.

File Layout

FIELD	POSITION	LENGTH
Record ID type	1	1
Production Year	2 – 5	4
Production Quarter	6	1

End of Quarter
Industry Dump File

Recipient ID	7 – 11	5
Recipient Name	12 – 51	40
Total Amount Due	52 – 66	15
Not Enough Comp	67 – 81	15
Total Adjustments	82 – 96	15
Actual Compensation	97 – 111	15
FILLER	112 – 144	33
Record ID type	1	1
PSP ID	2 – 6	5
Claim Year	7 – 10	4
Claim Quarter	11	1
Payphone ANI	12 – 21	10
State Code	22 – 23	2
Load Year	24 – 27	4
Load Quarter	28	1
Status	29	1
IXC ID	30 – 34	5
Payment Type	35 – 49	15
Rate Indicator	50	1
Rate	51 – 62	12
Month 1 Traffic	63 – 75	13
Month 2 Traffic	76 – 88	13
Month 3 Traffic	89 – 101	13
Payment Amount	102 – 115	14
Disputes Code	116	1
Incl Code	117	1
Invalid Code	118 – 125	8
Special Handling Ind	126	1
FILLER	127 – 144	18
Record ID type	1	1
PSP ID	2 – 6	5
Claim Year	7 – 10	4
Claim Quarter	11	1
Payphone ANI	12 – 21	10
FILLER	22 – 29	8
IXC ID	30 – 34	5
Toll-Free ANI	35 – 44	10
FILLER	45 – 62	18
Month 1 Call Volume	63 – 75	13
Month 2 Call Volume	76 – 88	13
Month 3 Call Volume	89 – 101	13
FILLER	102 – 123	22
Special Handling Ind	124	1
FILLER	125 – 144	20

End of Quarter
Industry Dump File

Record ID type	1	1
PSP ID or AGGR ID	2 – 6	5
ID Type Code	7	1
Adjust Type	8 – 22	15
Adjust Type Code	23	1
FILLER	24 – 29	6
IXC ID	30 – 34	5
FILLER	35 – 101	67
Adjust Amount	102 – 115	14
FILLER	116 – 144	29
Record ID type	1	1
Number of records in the file of type '0'	2 – 12	11
FILLER	13 – 34	22
Number of records in the file of type '3'	35 – 45	11
FILLER	46 – 56	11
Number of records in the file of type '5'	57 – 67	11
FILLER	68 – 78	11
Number of records in the file of type '7'	79 – 89	11
FILLER	90 – 100	11
Number of records in the file of type '9'	101 – 111	11
FILLER	112 – 133	22
Total number of data records in the file	134 – 144	11

Glossary

FIELD	DESCRIPTION	EXAMPLES
Record ID type	Identifies what section this record is in.	0
Production Year	The processing year during which the Industry Dump file was created.	2001, 2002, etc.
Production Quarter	The processing quarter during which the Industry Dump file was created.	1, 2, 3, 4
Recipient ID	PSP ID or Aggregator ID and is up to 5 characters long.	99999 - PSP ID XXXXX - Aggregator ID
Recipient Name	Name of PSP or Aggregator.	John Doe Payphones
Total Amount Due	Total calculated compensation	
Not Enough Comp	Total net of negative compensation unable to be applied	
Total Adjustments	Total adjustments applied	
Actual Compensation	Total check or wire amount	
FILLER	Blank spaces	Blank spaces

End of Quarter
Industry Dump File

Record ID type	Identifies what section this record is in.	3
PSP ID	A 5 digit unique ID assigned to a PSP.	99999
Claim Year	The year for which the ANI is claimed.	2001, 2002, etc.
Claim Quarter	The quarter for which the ANI is claimed.	1, 2, 3, 4
Payphone ANI	Automatic Number Identification – 10 digit telephone number for a Payphone	
State Code	State code abbreviation	OH, CA, etc.
Load Year	The year during which the claim is loaded.	2001, 2002, etc.
Load Quarter	The quarter during which the claim is loaded.	1, 2, 3, 4
Status	Claim Status	I Ineligible N Invalid D Dispute P Paid
IXC ID	A 5 digit unique ID assigned to an Interexchange Carrier (IXC).	ATT, MCIWC, etc.
Payment Type	Compensation type	PER-CALL, NEA, ZERO PLUS, SURROGATE, etc.
Rate Indicator	Calculated Method	M Monthly (indicates per-call compensation) L Per Line (indicates FLAT compensation)
Rate	Calculated Rate	0.24, -0.24
Month 1 Traffic	Per-call message counts or surrogate proration	
Month 2 Traffic	Per-call message counts or surrogate proration	
Month 3 Traffic	Per-call message counts or surrogate proration	
Payment Amount	Calculated amount	
Disputes Code	Populated only if the Status field has a value of 'D'. Indicates the type of dispute.	2 Error 12 3 Error 13 4 Error 14 5 Error 12 & 13 6 Error 13 & 14
Inel_Code	Populated only if the Status field has a value of 'I'. Indicates why the claim is ineligible.	A Out of country ANI L Ineligible per LEC M ANI reported by multiple LECS N Invalid NPA or NPA/NXX combination S ANI is ineligible due to

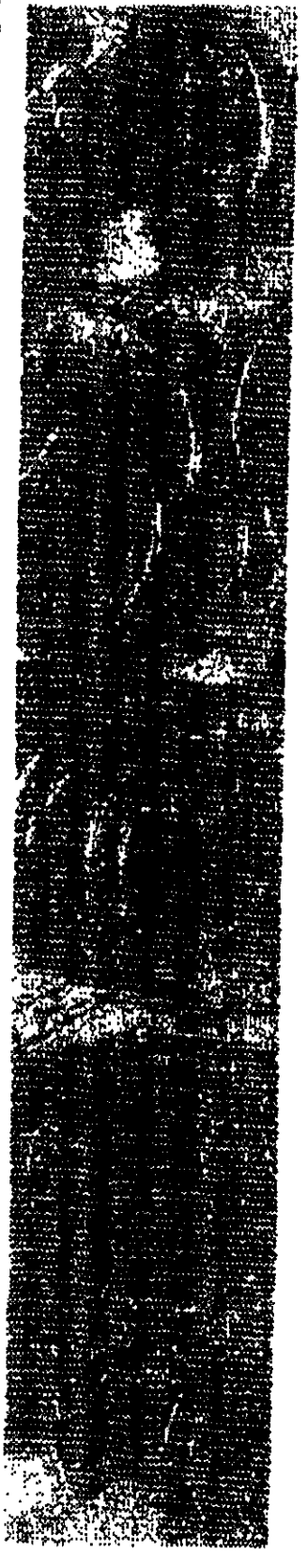
End of Quarter
Industry Dump File

		an Area Code split
Invalid_Code	Populated only if the Status field has a value of 'N'. Indicates why the claim is invalid.	INELIG Marked an ANI ineligible. M-OTHER Claim matches another PSP. PD2OTHER This claim was paid to another PSP. UNRESOLV Error was made to go through Dispute Resolution again.
Special Handling Ind	Populated only if the Status field has a value of 'P'. Indicates that a claim with a Paid status has been prorated.	P Prorated Compensation
FILLER	Blank spaces	Blank spaces
Record ID type	Identifies what section this record is in.	5
PSP ID	A 5 digit unique ID assigned to a PSP.	99999
Claim Year	The year for which the ANI is claimed.	2001, 2002, etc.
Claim Quarter	The quarter for which the ANI is claimed.	1, 2, 3, 4
Payphone ANI	Automatic Number Identification – 10 digit telephone number for a Payphone	
FILLER	Blank Spaces	Blank Spaces
IXC ID	A 5 digit unique ID assigned to an Interexchange Carrier.	ATT, MCIWC, etc.
Toll-Free ANI		8001234567, 8881234567, etc.
FILLER	Blank spaces	Blank spaces
Month 1 Call Volume	Per-call volume count	
Month 2 Call Volume	Per-call volume count	
Month 3 Call Volume	Per-call volume count	
FILLER	Blank spaces	Blank spaces
Special Handling Ind		R Retro Reporting
FILLER	Blank spaces	Blank spaces
Record ID type	Identifies what section this record is in.	7
PSP ID or AGGR ID	A 5 digit unique ID assigned to a PSP or an aggregator.	99999 - PSP ID XXXXX - Aggr ID
ID Type Code	The owner type	A Aggregator

End of Quarter
Industry Dump File

		P PSP
Adjust Type	Type of Adjustment	INTEREST, PAYHO-DEBIT, WRONG-PSP-PAID, etc.
Adjust Type Code	Adjustment Type	C Credit D Debit
FILLER	Blank spaces	Blank spaces
IXC ID	A 5 digit unique ID assigned to an Interexchange Carrier.	
FILLER	Blank spaces	Blank spaces
Adjust Amount	Amount of compensation being debited or credited from a PSP in the current quarter's payout.	
FILLER	Blank spaces	Blank spaces
Record ID type	Indicates what section this record is in.	9
Number of records in the file of type '0'	A count of the number of records in the Header section.	
FILLER	Zero fill	Zero fill
Number of records in the file of type '3'	A count of the number of records in the Claim Status and Compensation Data section.	
FILLER	Zero fill	Zero fill
Number of records in the file of type '5'	A count of the number of records in the Validated and Paid Claims Toll-Free Reporting section.	
FILLER	Zero fill	Zero fill
Number of records in the file of type '7'	A count of the number of records in the Adjustment Reporting section.	
FILLER	Zero fill	Zero fill
Number of records in the file of type '9'	A count of the number of records in the Trailer section.	
FILLER	Zero fill	Zero fill
Total number of data records in the file	A total count of all the records in all 5 sections.	

National Payphone Clearinghouse ■ 201 East 4th Street, 102-980 ■ Cincinnati Ohio 45201 ■ Phone 513-397-6260 ■ Fax 513-721-COIN (2646)



Dear LEC:

The following is an explanation of the FCC's requirement that LEC's report payphone information each quarter for each customer having COCOT lines in the LEC's operating territory. This is *your* reminder to report this data in accordance with the dates outlined below:

LEC - Data Submission

Per the FCC Record dated November 7, 1996 - FCC Docket No. 96-388, *every* LEC is **required to submit** LEC payphone data each quarter:

> "112. ... We also conclude that we should require that each LEC must submit to each carrier-payor on a quarterly basis a list of ANIs of all payphones in the LEC's service area...."

LEC Data is due by the **last** business day of the **first** month following the end of **each** quarter. For *2002* the due dates are as follows:

- ☆ First quarter data is due by **April 30**
  Report any paystation line that was installed and active on March 31
- ☆ Second quarter data is due by **July 31**
  Report any paystation line that was installed and active on June 30
- ☆ Third quarter data is due **October 31**
  Report any paystation line that was installed and active on September 30
- ☆ Fourth quarter data is due **January 31, 2003.**
  Report any paystation line that was installed and active on December 31

Please note: If submitting more than 25 ANIs, please submit them on a disk in a LEC report format.

PLEASE SEND YOUR DISK IN A PROTECTIVE DISKETTE-MAILER ENVELOPE TO AVOID DAMAGE!!!

Completed information should be submitted to the following address:

National Payphone Clearinghouse
NPC Data Manager
201 E. 4th St., 102-980
Cincinnati, OH 45201

or faxed to:
(513) 721-COIN(2646)

NOTE: ALL CONFIDENTIAL/PROPRIETARY REPORT INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

NPC Instructions For LEC Report

The following list outlines the steps to take in reporting all working paystations in your service area on a quarterly basis, as mandated by FCC Docket No. 96-388:

1. List all paystation telephone numbers that are installed and working on the last day of each calendar quarter.

2. List billing name and billing address complete with city, state, and zip code. Do **not** list the paystation location unless it is the billing name and address.

3. Provide a separate file of all paystation telephone numbers disconnected during the quarter along with disconnection date. If a paystation telephone number was disconnected and then reconnected within the same quarter, that number should **not** be listed on the disconnect report.

4. Submit your LEC quarterly report on disk or CD-ROM, preferably a 3.5 inch diskette or CD-ROM, if your report will consist of more than 25 lines. Please send your diskette or CD-ROM in a diskette/CD mailer to avoid damage to your diskette or CD-ROM.

5. Now that Local Exchange Carriers are permitted to collect dial-around compensation, be sure to include your LEC owned paystations on your LEC quarterly report, as well as those paystation lines owned by other private payphone owners.

6. Be aware of the **date of sale** of paystation lines to Competitive Local Exchange Carriers if you are a LEC, and the **acquisition date of lines acquired** from Local Exchange Carriers if you are a Competitive Local Exchange Carrier. Both the LEC and the CLEC ***cannot*** report the same paystation lines in the same quarter; there can only be one Local Service Provider during any quarter.

NOTE: If you are a Competitive Local Exchange Carrier (CLEC), the following items must be forwarded to the National Payphone Clearinghouse before a LEC report can be accepted from your company:

1. Articles of Incorporation
2. State Certification
3. Copy of letter from National Exchange Carriers Association (NECA) assigning an OCN, or LEC ID number, to your company.

NATIONAL PAYPHONE CLEARINGHOUSE -- LEC REPORTING DATA SHEET

Please report all paystations to the Clearinghouse. (Do *not* use this form when *claiming* dial-around compensation.)

Please note:

- This form is to be used only for summarizing the information contained on your disk. Your report disk should contain a listing of all payphone ANIs for which you are *obligated by FCC Docket No. 96-388 to provide each quarter on a diskette.*
- If reporting more than twenty-five (25) ANIs, please submit your LEC report on diskette (format instructions on reporting on diskette available upon request.)
- It is not necessary to use this form, but please provide the following information with your diskette. PLEASE SEND YOUR DISKETTE IN A DISKETTE MAILER TO AVOID DAMAGE TO YOUR DISKETTE!!! Also, label your diskette with your Company Name, LEC ID (OCN#), & quarter(s) you are reporting.
- Please send only one set of quarterly reports to the Clearinghouse address. Your data will be applied to all the carriers that we represent. When reporting on diskette, it is not necessary to send a paper copy of your report.

Name of LEC: _____

LEC ID No. (OCN#): __ __ __ __

ADDRESS: _____

☐ Please ✓this box if this is an Address CHANGE!

CITY: _____ **STATE:** _____ **ZIP:** _____

LEC CONTACT NAME: _____

☐ Please ✓this box if this is a Contact Name CHANGE!

LEC CONTACT OFFICE # _____

☐ *Please* ✓this box if this is a new office phone #!

LEC CONTACT FAX # _____

☐ *Please* ✓this box if this is a new fax #!

LEC CONTACT E-MAIL ADDRESS: _____

☐ *Please* ✓this box if this is a new e-mail Address!

SUMMARY OF REPORT INFORMATION ON DISKETTE

Total # ANIs	Quarter/Year being reported:
Total # ANIs	Quarter/Year being reported:
Total # ANIs	Quarter/Year being reported:
Total # ANIs	Quarter/Year being reported:
Total # ANIs ____	Quarter/Year being reported: _____

Total # of Disconnects _____

Please return completed Form with diskette to:

National Payphone Clearinghouse
201 East 4th St. – Room 102-990
Cincinnati, OH 45201

Phone # (513) 397-8260
Fax # (513) 721-COIN (2646)
Website www.npc.cc

NOTE: ALL CONFIDENTIAL/PROPRIETARY REPORT INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

NATIONAL PAYPHONE CLEARINGHOUSE -- LEC REPORTING DATA SHEET

Please report all paystations to the Clearinghouse. (Do *not* use this form when *claiming* dial-around compensation.)

Please note:

- This form is to be used only for summarizing the information contained on your disk. Your report disk should contain a listing of all payphone ANIs for which you are *obligated by FCC Docket No. 96-388 to provide each quarter on a diskette.*
- If reporting more than twenty-five (25) ANIs, please submit your LEC report on diskette (format instructions on reporting on diskette available upon request.)
- It is not necessary to use this form, but please provide the following information with your diskette. PLEASE SEND YOUR DISKETTE IN A DISKETTE MAILER TO AVOID DAMAGE TO YOUR DISKETTE!!! Also, label your diskette with your Company Name, LEC ID (OCN)#, & quarter(s) you are reporting.
- Please send only one set of quarterly reports to the Clearinghouse address. Your data will be applied to all the carriers that we represent. When reporting on diskette, it is not necessary to send a paper copy of your report.

Name of LEC: _____

LEC ID No. (OCN#): __ __ __ __

ADDRESS: _____

☐ Please ✓ this box if this is an Address CHANGE!

CITY: _____ **STATE:** _____ **ZIP:** _____

LEC CONTACT NAME: _____

☐ Please ✓ this box if this is a Contact Name CHANGE!

LEC CONTACT OFFICE # _____

☐ *Please* ✓ this box if this is a new office phone #!

LEC CONTACT FAX # _____

☐ *Please* ✓ this box if this is a new fax #!

LEC CONTACT E-MAIL ADDRESS: _____

☐ *Please* ✓ this box if this is a new e-mail Address!

SUMMARY OF REPORT INFORMATION ON DISKETTE

Total # ANIs	Quarter/Year being reported:
Total # ANIs	Quarter/Year being reported:
Total # ANIs	Quarter/Year being reported:
Total # ANIs	Quarter/Year being reported:
Total # ANIs	Quarter/Year being reported:
Total # of Disconnects _____	

Please return completed form with diskette to:

National Payphone Clearinghouse
201 East 4th St. – Room 102-980
Cincinnati, OH 45201

Phone # (513) 397-6260
Fax # (513) 721-COIN (2646)
Website www.npc.cc

NOTE: ALL CONFIDENTIAL/PROPRIETARY REPORT INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

Please report all paystations to the Clearinghouse *every* quarter.
(Do *not* use this form when *claiming* dial-around compensation.)

This LEC report list should only include ANIs that were "in and working" at the end of the quarter. ANIs which were disconnected in this quarter should be reported separately.

I (including *correct* Area Code)	Billing Name & Billing Address (Including City, State and Zip)
(____) ____-_____	
(____) ____-_____	
(____) ____-_____	
(____) ____-_____	
(____) ____-_____	
(____) ____-_____	
(____) ____-_____	
(____) ____-_____	
(____) ____-_____	
(____) ____-_____	

ne of LEC: _____ LEC ID No.: _____ Date Submitted: ___/___/___

C Address: _____ CITY: _____ STATE ___ ZIP CODE _____

all ANIs being reported for the same quarter(s) ? YES ☐ NO ☐ Total # ANIs _____ Quarter(s)/Year being reported: _____

C Contact Name: _____ LEC Contact Phone #: (____) ____-_____
(please provide your signature, then print your name)

C Contact e-mail address: _____ LEC FAX #: (____) ____-_____

se return completed form to: **National Payphone Clearinghouse:** 201 E. 4th St., Room 102-980, Cincinnati, OH 45201. Fax# (513) 721-COIN(2646). Phone# (513) 397-6260.

NOTE: ALL CONFIDENTIAL/PROPRIETARY REPORT INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

lease note: If this form is used for LEC Quarterly paystation report, it must be accompanied by a short note on LEC letterhead to verify the validity of the Generic Report Form. If reporting more than ten (10) ANIs, either copy this form and send multiple copies, or provide additional ANIs on a separate sheet of paper. If reporting more than twenty-five (25) ANIs, please submit your LEC report on disk (format instructions on reporting on disk available upon request.) lecreprt.doc7/2/02

NATIONAL PAYPHONE CLEARINGHOUSE
201 EAST 4TH STREET
ROOM 102-980
CINCINNATI, OH 45201
PHONE: 513-397-6260, FAX: 513-721-COIN(2646)

ear LEC,

When reporting your quarterly paystation data on disk, using a **spreadsheet format**, the actual layout of your file should look like the one below. You will robably have more ANIs than we have shown in this example. The **bold column headings** and **column width indicators** in the example below are for your formatting eference. You should not include titles, column headers, or blank lines in your submission to the National Payphone Clearinghouse.

he first line of this example contains the header record identifier of "202201" and the company's LEC ID, in this example "1234." All other lines in the report have a ecord identifier of "391001", which needs to be present on each ANI record you are reporting.

The first line of your file should be the header. It should include only the header record identifier "202201" and your assigned LEC ID, "1234" in the example below.
All lines following the header should have a record identifier of "391001". This identifier must appear on each ANI line you are reporting.
There must be a complete Billing Name and Address present on each ANI record you are reporting.
Please report only those ANIs which were installed and working on the last day of the quarter.
Please use spaces rather than tabs to obtain correct column spacing. If our system encounters tabs, your file will be rejected.
Please submit your report on 3.5-inch diskette. We will accept Excel spreadsheets versions'97 or less, Lotus 1-2-3 spreadsheets, or spreadsheets saved in a "text- space delimited" format. We cannot accept Macintosh, Lotus SmartSuite, or database files. If you question the format of your disk, please call the NPC for assistance.

Vhen using a spreadsheet to prepare your data, your report should look like this:

.ecord ID /idth = 6.0	Filler Width = 6.0	ANI Width = 32.0	Billing Name Width = 25.0	Address Line 1 Width = 25.0	Address 2 If no detail, leave blank Width = 25.0	Address 3 If no detail, leave blank Width = 25.0	City Width = 15.0	State W=2.0	Zip Code Width=9.0
202201		1234							
391001	mmddyy	5135551212	Generic Payphones	Billing Address	Suite X		Anytown	OH	12345
391001	mmddyy	5135551215	John Doe	DBA Company Name	1500 Oak St		Anytown	OH	12345
391001	mmddyy	5135551999	Walkup Phone Co	PO Box 200			Anytown	OH	12345
391001	mmddyy	6065551212	Kentucky Comm	County Sheriff's Office	12 Justice Pl		Rivertown	KY	220220144
391001	mmddyy	6065559198	Dial and Go Comm	Attn: Accts. Payable	110 12th St	Suite Y	Anywhere	KY	29899

ll columns in your report should be left justified.

he most common reasons the system may reject your file are as follows:

- **The spacing is incorrect.**
- **There is no header record in the file.**
- **The header does not contain a LEC ID, or the LEC ID is not correct.**
- **There are tabs, blank lines, titles, or column headings in the file.**
- **The file did not have the "391001" identifier on each ANI line.**
- **The Billing Name and Address was not present on each ANI line reported.**
- **The State Code was not the standard two digit postal abbreviation (i.e. Ohio must be OH).**
- **The Zip Code was not correct, had dashes, or had too many or too few digits. You may use 5 or 9 digits. However, there can be no spaces or characters following the Zip Code.**

**********NOTE**********
* Your end marker or next line return must *
* immediately follow the last digit of your Zip Code. *
****

NOTE: ALL CONFIDENTIAL/PROPRIETARY REPORT INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

[redacted]

On page 66, paragraph 113 of FCC Docket 96-388, the FCC states that *"once a LEC makes positive identification of an installed payphone, the carrier-payor must accept claims for that payphone's ANI until the LEC provides information, on a timely basis, that the payphone has been disconnected."*

The following is the Record Layout for the Quarterly LEC ANI Disconnect file when reporting on diskette or CD-ROM:

Field	Columns	Format
LEC ID	**1 - 4**	**Characters (4)**
ANI	**5 - 14**	**9999999999**
Disconnect Date	**15 - 22**	**YYYYMMDD**

Please submit your quarterly payphone ANI Disconnect file in the above format to the:

National Payphone Clearinghouse, 201 E. 4th St., 102-980, Cincinnati, OH 45201
Our 24 hour FAX number is (513)721-COIN. Our phone is (513) 397-6260.
Website www.npc.cc.

This file should be submitted along with your quarterly LEC payphone data report which is due to the NPC during the month immediately following the end of each calendar quarter.

Please note: If submitting more than 25 ANIs, please submit them on a disk or CD-ROM in the above disconnect format.
PLEASE SEND YOUR DISKETTE OR CD-ROM IN A DISKETTE/CD MAILER TO AVOID DAMAGE TO YOUR DISKETTE OR CD-ROM!!!

If you have any questions about this layout, please contact the NPC at **513-397-6260**.

NOTE: ALL CONFIDENTIAL/PROPRIETARY REPORT INFORMATION RECEIVED ON DISK BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

On page 66, paragraph 113 of FCC Docket 96-388, the FCC states that *"once a LEC makes positive identification of an installed payphone, the carrier-payor must accept claims for that payphone's ANI until the LEC provides information, on a timely basis, that the payphone has been disconnected."*

Please submit to the NPC *all* Paystation ANIs which have been disconnected during the quarter.

ANI (including *correct* Area Code)	Disconnect Date
1. (___) ___-____	___/___/___
2. (___) ___-____	___/___/___
3. (___) ___-____	___/___/___
4. (___) ___-____	___/___/___
5. (___) ___-____	___/___/___
6. (___) ___-____	___/___/___
7. (___) ___-____	___/___/___
8. (___) ___-____	___/___/___
9. (___) ___-____	___/___/___
10. (___) ___-____	___/___/___
11. (___) ___-____	___/___/___
12. (___) ___-____	___/___/___
13. (___) ___-____	___/___/___
14. (___) ___-____	___/___/___
15. (___) ___-____	___/___/___
16. (___) ___-____	___/___/___
17. (___) ___-____	___/___/___
18. (___) ___-____	___/___/___
19. (___) ___-____	___/___/___
20. (___) ___-____	___/___/___
21. (___) ___-____	___/___/___
22. (___) ___-____	___/___/___
23. (___) ___-____	___/___/___
24. (___) ___-____	___/___/___
25. (___) ___-____	___/___/___

LEC Name: _____

LEC Address: _____

CITY: _____, **STATE** _____ **ZIP CODE** _____-____

LEC ID : _____ **Date Submitted:** ___/___/___

LEC Contact's Name: _____
(please print your name)

LEC Contact's Signature: _____

LEC Contact Phone #: (___) ___-____

Are all ANIs listed above being submitted for the same quarter ? YES ☐ NO ☐

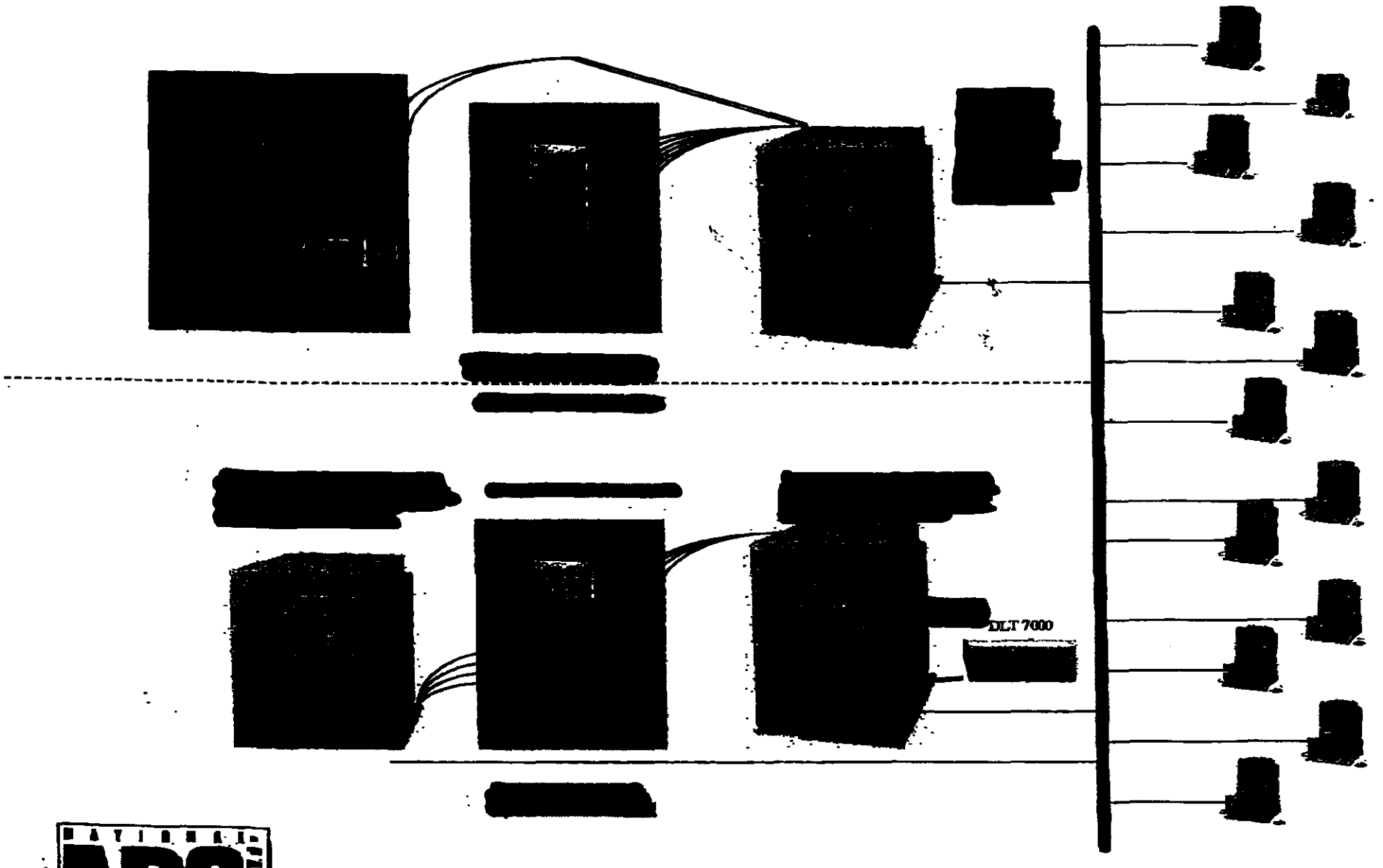
Quarter/Year being submitted: ___/___

Please return completed form to **National Payphone Clearinghouse**: 201 E. 4th St., 102-980, Cincinnati, OH 45201. Our 24 hour FAX number is (513) 721-COIN. Our phone is (513) 397-6260. Website www.npc.cc

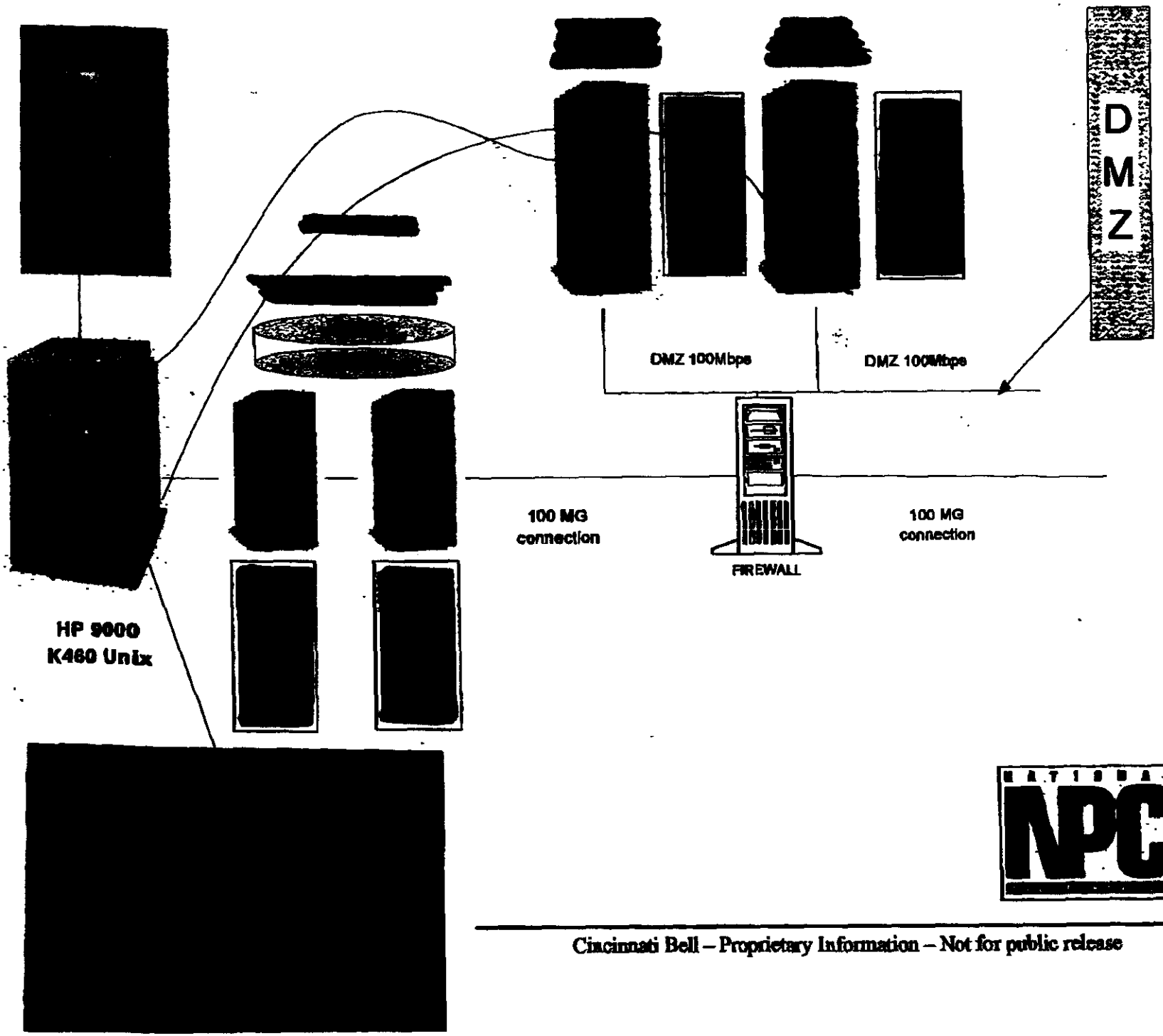
NOTE: ALL CONFIDENTIAL/PROPRIETARY REPORT INFORMATION RECEIVED BY THE NPC BECOMES THE PROPERTY OF THE NPC AND IS NONRETURNABLE!

Please note: If submitting more than 25 ANIs, please submit them on a disk in a disconnect format.
PLEASE SEND YOUR DISKETTE IN A DISKETTE MAILER TO AVOID DAMAGE TO YOUR DISKETTE!!!

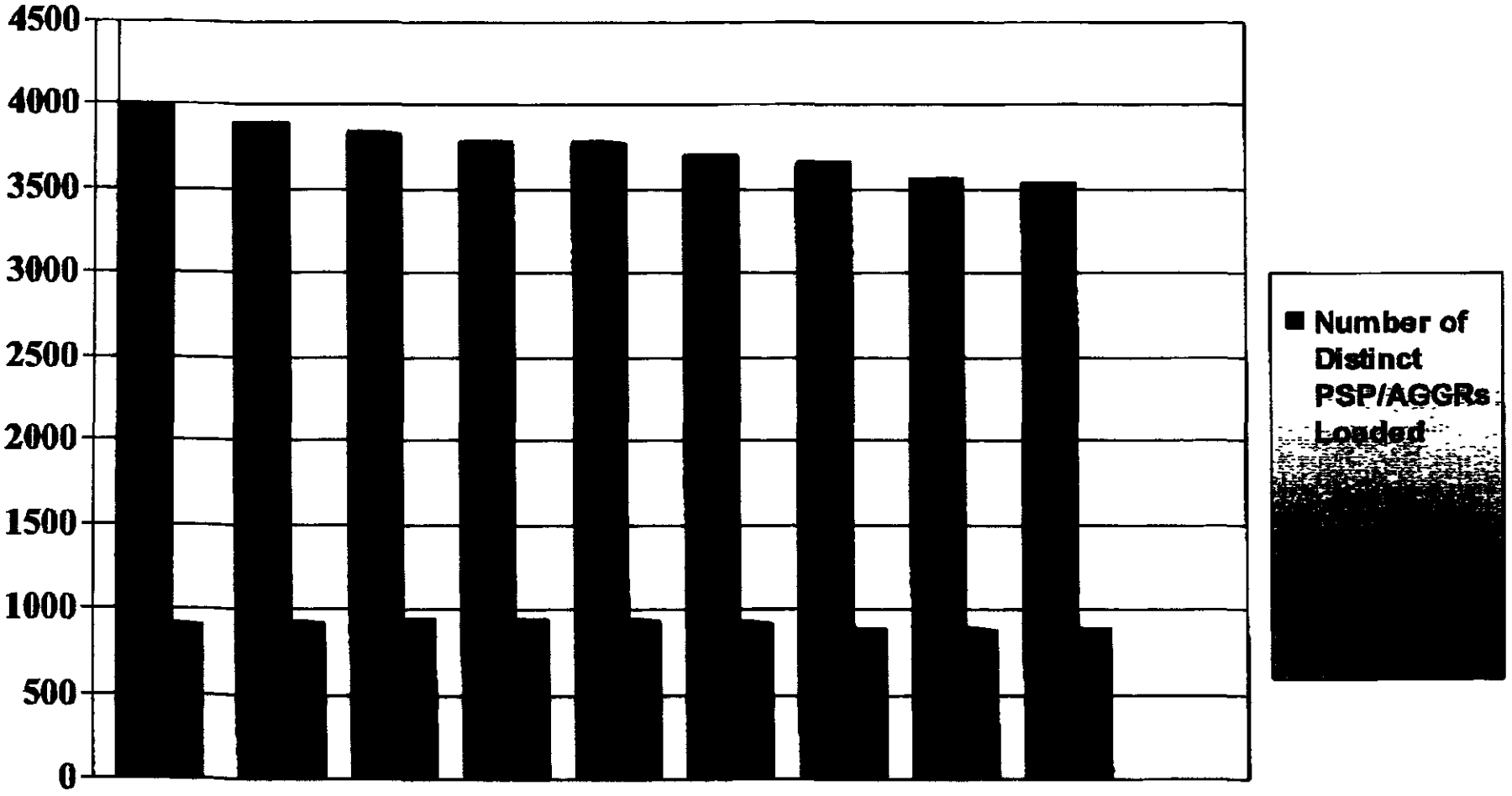
Hardware System Overview



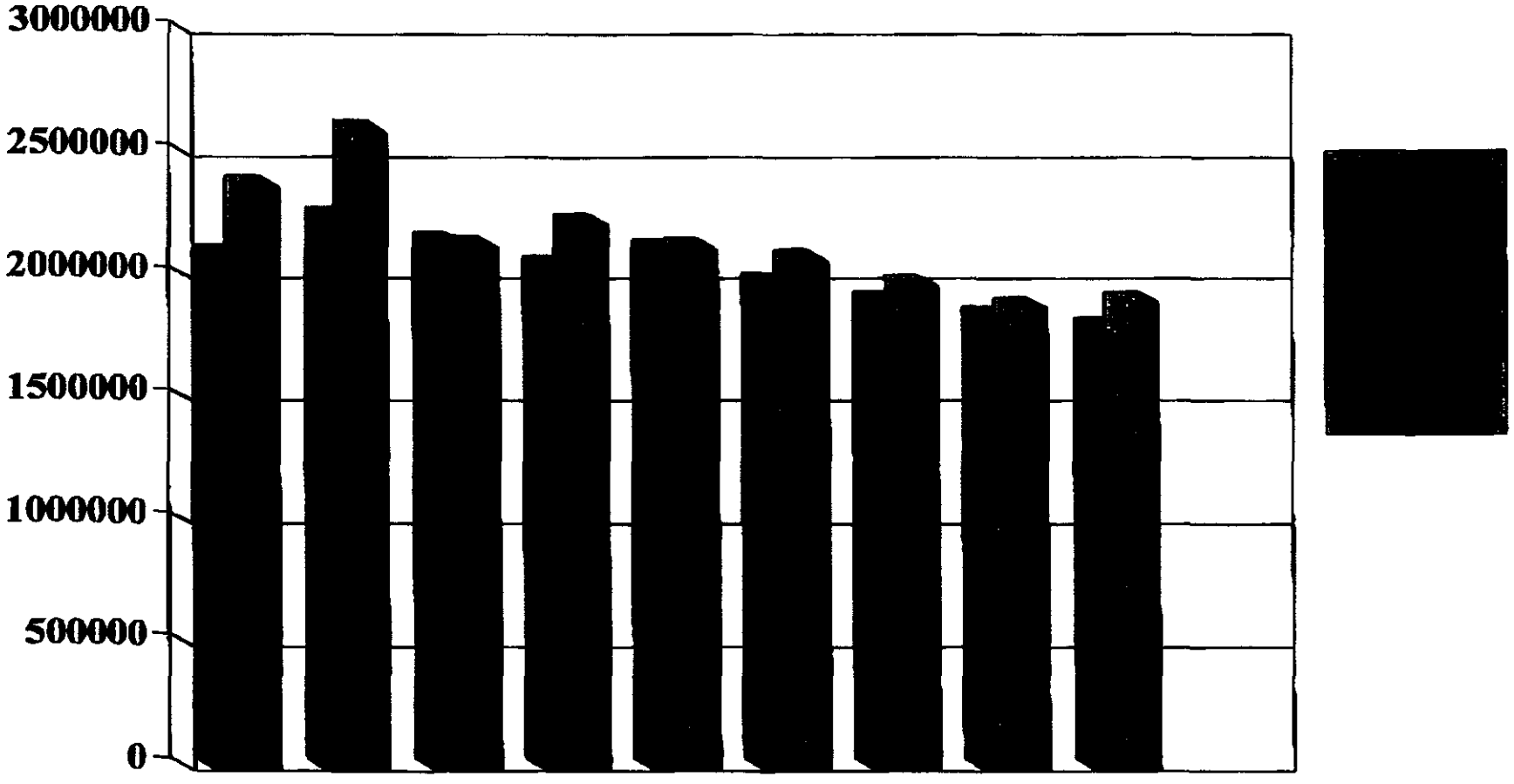
Web Architecture



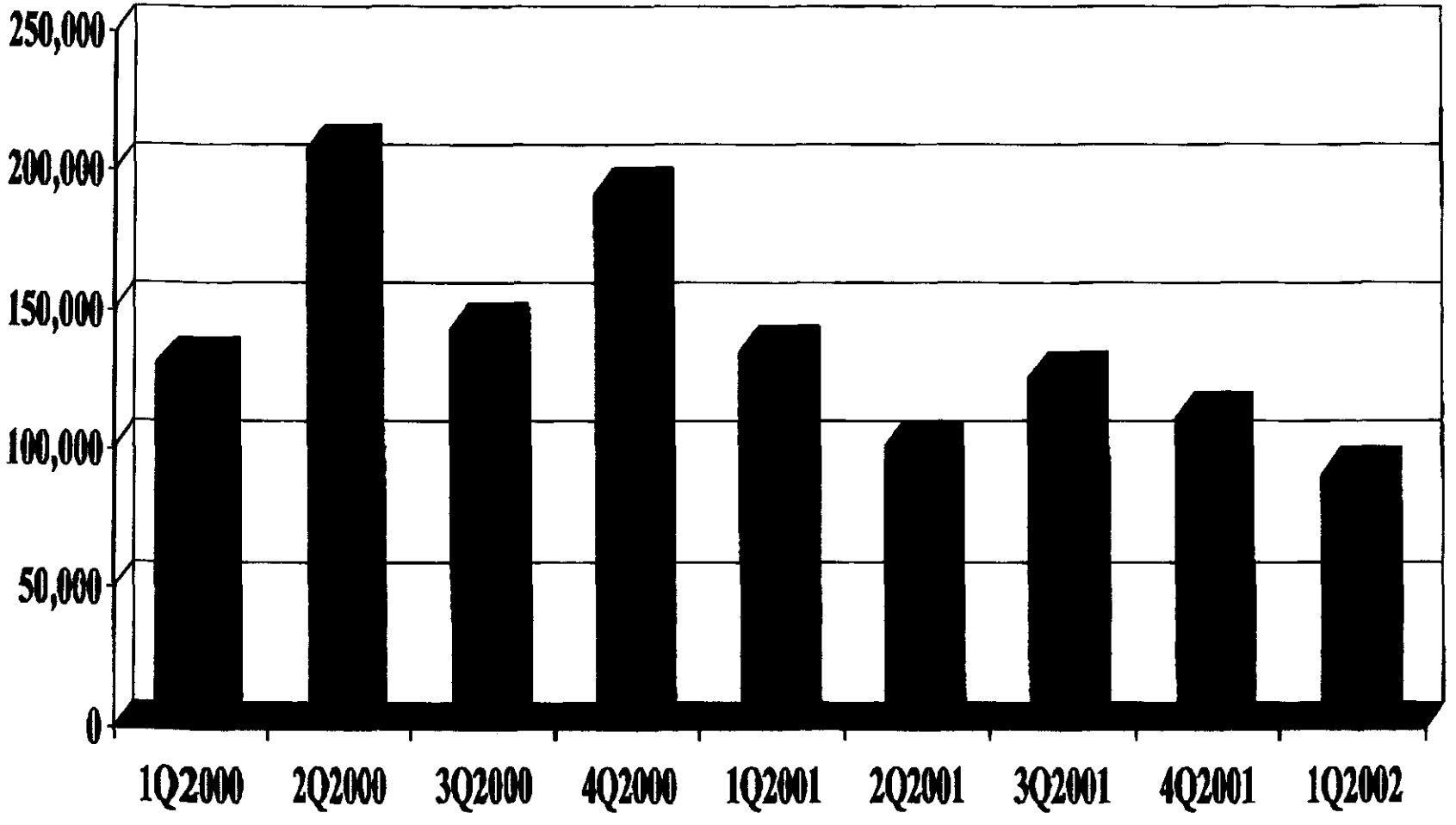
Number of Distinct PSP/AGGRs Loaded
Versus
Number of Distinct LEC/RBOC/CLEC Loaded



Number of Distinct ANIs Loaded
versus
Number of Unique ANIs



ANI - Disputes Resolved



FCC 162
April 2000

Approved by OMB
3060-0919

Federal Communications Commission
Commission Registration System (CORES)
CORES Certification Form

I, George Y. Wheeler, certify that the FCC Registration Number (FRN) listed below is true and correct to the best of my knowledge, information and belief.

FCC Registration Number (FRN) 0003-0300-04

ENTITY NAME:

CINCINNATI BELL TELEPHONE COMPANY