

Contact Information -- All Parties Submitting Data Must Complete This Page

Please complete items 1 - 7 below.

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| 1. Name of Company Submitting Data | <input type="text" value="Qwest Corporation"/> |
| 2. FRN of Company Submitting Data | <input type="text" value="0003746757"/> |
| 3. DBA Name of Company Submitting Data | <input type="text"/> |
| 4. Use the drop-down box to indicate whether this worksheet contains data for ILEC operations, non-ILEC operations, CMRS operations, a combination of all. | <input type="text" value="ILEC operations"/> |
| 5. Contact person (person who prepared the data) | <input type="text" value="Melissa E. Newman"/> |
| 6. Contact person telephone number and email address. | |
| Phone. | <input type="text" value="202-429-3120"/> |
| Email. | <input type="text" value="Melissa.newman@qwest.com"/> |
| 7. Use the drop-down box to indicate whether this is an original or revised filing. | <input type="text" value="Original Filing"/> |