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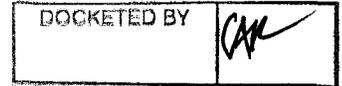


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Overnight Delivery

Arizona Corporation Commission
DOCKETED

DEC 14 2004



210 N. Park Ave.
Winter Park, FL
32789

Docket Control Center
Arizona Corporation Commission
1200 West Washington Street
Phoenix, AZ 85007-2996

P.O. Drawer 200
Winter Park, FL
32790-0200

**RE: United States Advanced Network, Inc.
Response to Data Request - Docket No.: T-03707A-04-0814**

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

Dear Sir or Madame:

The purpose of the original and thirteen (13) copies of the of the Response to Staff's first set of Data Requests in the above referenced docket number.

If you have any questions regarding this filing, please contact at (407) 740-8575 or by e-mail at cwightman@tminc.com.

Please acknowledge receipt of this filing by returning, file-stamped, the extra copy of this cover letter in the self-addressed, stamped envelope enclosed for that purpose.

Thank you for your assistance in this matter.

Sincerely,

Connie Wightman
Consultant to United States Advanced Network, Inc.

CW/im.

cc: Michele Shaw, USAN
File: USAN - AZ
TMS: AZX0403

AZ CORP COMMISSION
DOCUMENT CONTROL

2004 DEC 14 P 3:52

RECEIVED

STAFFS FIRST SET OF DATA REQUESTS FOR
UNITED STATES ADVANCED NETWORK, INC.
DOCKET NO. T-03707A-04-0814

Please make sure each numbered item and part of the item is answered completely. In order for Staff to continue with its review of this application, the following information must be submitted:

1. Has the Applicant ever had any Customers? IF yes, please continue. If no, there is no need to answer the following questions.

United States Advanced Networks, Inc. does not and has never had any customers in the State of Arizona.

2. Please indicate the service(s) the Applicant wishes to cancel its authority to provide.

Not Applicable.

3. Please indicate if the Applicant's performance bond (if required) is still valid.

Not Applicable.

4. Please indicate if the Applicant has ever collected advances, deposits and/or prepayments. Indicate if the advances, deposits and/or prepayments were returned to Customers prior to the discontinuance of the service(s) indicated in question No. 2.

Not Applicable.

5. Please indicate when (year and month) the Applicant discontinued providing the services indicated in question No. 2.

The Company does not have any customers in Arizona, consequently, never started offering services.

6. Please indicate the number of residential and business Customers the Applicant had in the Applicant's last month of providing service.

Not Applicable.

7. Please indicate if Customers were notified of the Applicant's discontinuance of service. Please provide a copy of the Customer notification sent and indicate the date it was sent. If no notice was sent, please explain why.

Not Applicable.

8. Please indicate if Customers were transferred to another telecommunications carrier. Indicate the telecommunications carrier the Customers were transferred to and the number of Customers transferred.

Not Applicable.

9. Please indicate if there are any affiliates of the Applicant currently offering telecommunications service in Arizona.

Not Applicable.

- 10 Please indicate any other states the Applicant is currently providing the telecommunications services indicated in question No. 2.

Not Applicable.

11. Please provide a copy of the legal notice of the Application to cancel in all counties affected by the Application. Counties affected are those that the Applicant is certificated to provide service in. Refer to Arizona Administrative code §14-2-1107(B).

Not Applicable.