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AZ CORP COMMISSION February 9, 2006
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Lance J.M. Steinhart, P.C.
1720 Windward Concourse
Suite 250
Alpharetta, GA 30005

Subject: Request to Cancel CC&N - Docket No. T-04027A-06-0061

Dear Mr. Steinhart:

The Division is in receipt of the Application of Telefyne Incorporated for cancellation of its Certificate of Convenience and Necessity to Provide Resold Long Distance Telephone Service as well as AOS. Upon preliminary review, the application is insufficient and requires the following information. Please make sure each numbered item and each part of the item is answered completely.

1. 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 R14-2-1107(B).
2. Applicant indicates in its Application that it wishes to cancel its authority to provide competitive intrastate telecommunications services as a long distance reseller and AOS. If this statement is not correct, please state which services Applicant intends to cancel.
3. Please state the reasons for the proposed discontinuance of service or abandonment of service area.
4. Please indicate if the Applicant's performance bond (if required) is still valid.
5. Please indicate if the Applicant has ever collected prepayments. Indicate if the prepayments were returned to customers prior to the discontinuance of the service(s) indicated in question No. 2.
6. Please indicate the number of residential and business customers the Applicant had in the Applicant's last month of providing service.

February 9, 2006

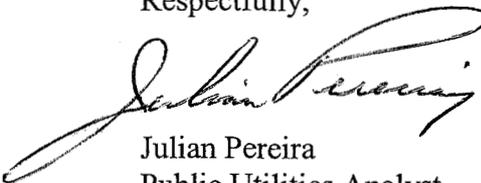
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7. Please indicate if customers were notified of the Applicant's discontinuance of service. Please provide a copy of the customer notification sent and indicate the date it was sent. If no notice was sent, please explain why.
8. Please indicate if customers were transferred to another telecommunications carrier. Indicate the telecommunications carrier the customers were transferred to and the number of customers transferred.
9. Please list all alternative utilities providing the same or similar service within the affected geographic area.
10. Please indicate if there are any affiliates of the Applicant currently offering telecommunications service in Arizona.
11. Please indicate any other states the Applicant is currently providing the telecommunications services indicated in question No. 2.
12. Please note that the Division has received only one annual report on Feb. 22, 2005 for fiscal year 2004. Please provide missing annual reports.

Please mail an original plus 13 copies to: Docket Control, Arizona Corporation Commission, 1200 W. Washington Street, Phoenix, AZ 85007-2927. If no response is received or all deficiencies are not remedied within **30 days**, Staff will recommend that the application be terminated pursuant to Rule R14-2-1103(B)3 and R14-2-510(E)3.

Remember that information submitted for cancellation of a CC&N will be made a part of the public record (including financial statements). Any information designated as confidential will not be accepted by Docket Control. If you have any questions, please contact me at **(602) 364-0235**. Thank you for your prompt response to this request.

Respectfully,



Julian Pereira
Public Utilities Analyst
Utilities Division

Enclosure(s)

cc: Docket Control Center (Original and Sixteen Copies)