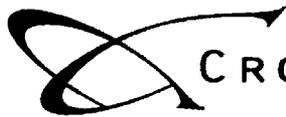


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CROCKER & CR

ATTORNEYS AT LAW



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PATRICK D. CROCKER
patrick@crockerlawfirm.com

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October 15, 2012

Docket Control
Arizona Corporation Commission
Telecommunications Division
1200 West Washington
Phoenix, AZ 85007

RE: Access One, Inc.
Docket No. T-03699A-12-0097

Dear Sir or Madam:

In accordance with Staff Member, Pamela J. Genung's request, please find an original and thirteen (13) copies of revised application and exhibit pages.

Should you have any questions concerning this filing, please contact the undersigned.

Very truly yours,

CROCKER & CROCKER

Patrick D. Crocker

PDC/tld

Arizona Corporation Commission

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ARIZONA CORPORATION COMMISSION

**Application and Petition for Certificate of Convenience and Necessity to Provide
Intrastate Telecommunication Services**

Mail original plus 13 copies of completed application to:

For Docket Control Only:
(Please Stamp Here)

Docket Control Center
Arizona Corporation Commission
1200 West Washington Street
Phoenix, Arizona 85007-2927

Please indicate if you have current applications pending in Arizona as an Interexchange reseller, AOS provider, or as the provider of other telecommunication services.

Type of Service: _____

Docket No.: _____ Date: _____ Date Docketed: _____

Type of Service: _____

Docket No.: _____ Date: _____ Date Docketed: _____

A. Company and Telecommunications Service Information

(A-1) Please indicate the type of telecommunications services that you want to provide in Arizona and mark the appropriate box(s):

- Resold Long Distance Telecommunications Services (Answer Sections A, B, C).
- Resold Local Exchange Telecommunications Services (Answer Sections A, B, C).
- Facilities-Based Long Distance Telecommunications Services (Answer Sections A, B, D).
- Facilities-Based Local Exchange Telecommunications Services (Answer Sections A, B, D, E).
- Alternative Service Provider Telecommunications Services (Answer Sections A, B).
- Other _____ (Please attach complete description)

(A-2) The name, address, telephone number (including area code), facsimile number (including area code), email address, and World Wide Web address (if one is available for consumer access) of the Applicant:

Access One, Inc.
820 W Jackson Blvd, 6th Floor
Chicago, IL 60607
Telephone: (312) 441-1000
Facsimile: (312) 441-1010
Toll Free Number: (800) 804-8333
Website: www.accessoneinc.com

(A-3) The d/b/a ("Doing Business As") name if the Applicant is doing business under a name different from that listed in Item (A-2):

Not applicable

(A-9) Include your Tariff as "Attachment B."

Your Tariff must include the following information:

1. Proposed Rates and Charges for each service offered (reference by Tariff page number).

Tariff Page(s) No.:

Tariff #2 Section 8-pages 1-4;
Section 9-pages 1-7;
Section 10-pages 1-6;
Section 12-pages 1-2;
Section 13-Current Price List-pages 1-4

2. Tariff Maximum Rate and prices to be charged (reference by Tariff page number).

Tariff Page(s) No.:

Tariff #2 Section 8-pages 1-4;
Section 9-pages 1-7;
Section 10-pages 1-6;
Section 12-pages 1-2;
Section 13-Current Price List-pages 1-4

3. Terms and Conditions Applicable to provision of service (reference by Tariff page number).

Tariff Page(s) No.:

Tariff #2 Section 2-pages 1-25

4. Deposits, Advances, and/or Prepayments Applicable to provision of service (reference by Tariff page number).

Tariff Page(s) No.:

Tariff #2 Section 2 -pages 15-16 "2.5.4" "2.5.5"

5. The proposed fee that will be charged for returned checks (reference by Tariff page number).

Tariff Page(s) No.:

Tariff #2 Section 2-pg 14 "2.5.2.F."
Section 13-pg 4

(A-10) Indicate the geographic market to be served:

- Statewide (Applicant adopts statewide map of Arizona provided with this application).
 Other. Describe and provide a detailed map depicting the area.

(A-14) Is Applicant willing to post a Performance Bond? Please check appropriate box(s).

For Long Distance Resellers, a \$10,000 bond will be recommended for those resellers who collect advances, prepayments or deposits.

Yes No

If "No," continue to question (A-15).

For Local Exchange Resellers, a \$25,000 bond will be recommended.

Yes No

If "No," continue to question (A-15).

For Facilities-Based Providers of Long Distance, a \$100,000 bond will be recommended.

Yes No

If "No," continue to question (A-15).

For Facilities-Based Providers of Local Exchange, a \$100,000 bond will be recommended.

Yes No

If any box in (A-14) is marked "No", continue to (A-15).

Note: Amounts are cumulative if the Applicant is applying for more than one type of service.

(A-15) If any box in (A-14) is marked "No", provide the following information. Clarify and explain the Applicant's deposit policy (reference by tariff page number). Provide a detailed explanation of why the Applicant's superior financial position limits any risk to Arizona consumers.

Applicant will not require deposits or advance payments by Customers for Services. See Tariff No. 2, Section 2, Pages 15 and 16.

(A-16) Submit copies of affidavits of publication that the Applicant has, as required, published legal notice of the Application in all counties where the services will be provided.

Applicant will publish legal notice prior to authorization

Note: For Resellers. The Applicant must complete and submit an Affidavit of Public Form as Attachment "C" before Staff prepares and issues its report. Refer to the Commission's website for Legal Notice Material (Newspaper Information, Sample Legal Notice and Affidavit of Publication). **For Facilities-Based Service Providers,** the Hearing Division will advise the Applicant of the date of the hearing and the publication of legal notice. Do not publish legal notice or file affidavits of publication until you are advised to do so by the Hearing Division.

(A-17) Indicate if the Applicant is a switchless reseller of the type of telecommunications services that the Applicant will or intends to resell in the State of Arizona:

Yes No

If "Yes," provide the name of the company or companies whose telecommunications services the Applicant resells:

XO Communications

(A-18) List the States in which the Applicant has had an application approved or denied to offer telecommunications services similar to those that the Applicant will or intends to offer in the State of Arizona:

Attached as Attachment C.

Note: If the Applicant is currently approved to provide telecommunications services that the Applicant intends to provide in Arizona in less than six states, excluding Arizona, list the Public Utility Commission ("PUC") of each state that granted the authorization. For each PUC listed provide the name of the contact person, their phone number, mailing address including zip code, and e-mail address.

(A-19) List the States in which the Applicant currently offers telecommunications services similar to those that the Applicant will or intends to offer in the State of Arizona.

Attached as Attachment C.

Note: If the Applicant currently provides telecommunication services that the Applicant intends to provide in Arizona in six or more states, excluding Arizona, list the states. If the Applicant does not currently provide telecommunications services that the Applicant intends to provide in Arizona in five or less states, list the key personnel employed by the Applicant. Indicate each employee's name, title, position, description of their work experience, and years of service in the telecommunications services industry.

(A-20) List the names and addresses of any alternative providers of the service that are also affiliates of the telecommunications company, as defined in R14-2-801.

Applicant currently has no affiliates providing service in Arizona.

(A-21) Check here is you wish to adopt as your petition a statement that the service has already been classified as competitive by Commission Decision:

- Decision #64178 Resold Long Distance
- Decision #64178 Resold LEC
- Decision #64178 Facilities-Based Long Distance
- Decision #64178 Facilities-Based LEC

ATTACHMENT B

Proposed Tariffs

Tariff No. 2 – Local Exchange Services Tariff