Patricia Scrocco Area Manager – Regulatory Relations

33 Thomas Street New York, NY 10005 917-838-8336 ps1474@att.com

June 30, 2023

Daniel Goldner, Chairman New Hampshire Public Utilities Commission 21 South Fruit Street, Suite 10 Concord, New Hampshire 03301

Dear Mr. Goldner:

Enclosed for filing on behalf of AT&T CORP., ("AT&T") are an original and two (2) copies of the following updates to its AT&T Access and Network Interconnection Services Tariff (CLEC) for effect August 1, 2023.

Access Services
Pages 22 & 24

Price List

This filing is based on the FCC's 8YY Access Charge Reform Report and Order in WC Docket No. 18-156 (FCC 20-143). On the effective date of this filing, AT&T Corp's intrastate originating 8YY access rates will be compliant with the FCC Order.

AT&T requests an effective date of August 1, 2023.

If you have any questions on this filing, please contact me on 917-838-8336.

Please stamp the enclosed "DUPLICATE" and return it in the envelope provided.

Sincerely,

Patricia Scrocco

Area Manager - Regulatory Relations

Patricia Serocco

Attachment



NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION 21 S. FRUIT ST., STE 10 CONCORD, NH 03301-2429 603-271-2431 www.puc.nh.gov

NHPUC Form CLEC-25 Rate Schedule Cover Sheet Puc 449.10 Rev. 12/06/04

CLEC RATE SCHEDULE COVER SHEET

1. General Information				
Federal Identification Number	13-4924710			
CLEC Authorization Number		OR	Date of App	olication 6/30/23
Legal Name	AT&T CORP.			
Trade Name (d/b/a) in New Hampshire	AT&T CORP.			
Regulatory Contact	Patricia Scrocco			
Complete Mailing Address	146 Ravenhurst Avenue			
	Staten Island, NY 10310			
Phone Number	917-838-8336			
Fax Number				
E-mail Address	ps1474@att.com			
2. Attachments				
Attach rate sheets, and include a. The name of the service as appears on customer bills; b. The name of the service as appears on company provisioning documents; c. A brief description of service; d. The price at which the service is offered; and e. The date on which the price is effective.				
Any rate schedule of more than ten pages shall include a table of contents and numbered pages.				
3. Signature				
I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.				
Authorized Representative Signature	Patricia Scrocco		Title _	Area Manager
Printed Name Pa	tricia Scrocco		Date	6/30/23

If you have any questions, please call the New Hampshire Public Utilities Commission at 603-271-2431. Please mail any documents to the above address.