



CONTACT & TRADE NAME INFORMATION
Applicable to All Telephone Utilities

A telephone utility must complete this form: 1) When requesting Public Utilities Commission authorization to provide voice service in New Hampshire; 2) Annually, on or before March 31 of each year, and 3) when there have been changes to the information previously reported.

Date _____

General Information

Legal Name _____
 Federal Employer Identification
 Number (FEIN) - _____
 Telephone Utility Identification
 Number if one has been assigned _____
 Trade Name(s) d/b/a
 in New Hampshire _____
 Complete Mailing
 Address _____
 Phone Number - - _____
 E-mail Address _____
 Website _____

End User Customer Service

Toll free 800 Number - - _____
 E-mail Address _____
 Hours of Operation _____

End User Repair Service

Toll free 800 Number - - _____
 E-mail Address _____
 Hours of Operation _____



Names and Titles of Principal Officers

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Regulatory Contact

Name _____

Title _____

Complete Mailing Address _____

Phone Number - - _____

E-mail Address _____

Person that Commission's Consumer Affairs Department Shall Call Regarding Customer Complaints

Name _____

Title _____

Complete Mailing Address _____

Phone Number - - _____

E-mail Address _____

Director of Customer Service Department

Name _____

Title _____

Complete Mailing Address _____

Phone Number - - _____

E-Mail Address _____



Company Officer Responsible for Customer Service

Name _____

Title _____

Complete Mailing Address _____

Phone Number - - _____

E-mail Address _____

Person Responsible for Paying Assessment Bills

Name _____

Title _____

Complete Mailing Address _____

Phone Number - - _____

E-mail Address _____

Check here if you would prefer to receive notices by e-mail rather than postal mail:

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 _____ Title _____

Printed Name _____ Date _____

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.



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

NHPUC Form T-2
 Assessment Report
 Puc 409.02
 Rev.12/2013

ASSESSMENT REPORT Applicable to All Telephone Utilities

Pursuant to RSA 363-A:2 Assessment. This report is due by March 31 following the reported calendar year.

Your assessment will be computed for the upcoming fiscal year based on gross utility revenue derived from New Hampshire operations of all utilities under the jurisdiction of the New Hampshire Public Utilities Commission, and the provision of the above statute.

For Calendar Year ending December 31, _____

1. General Information

Legal Name _____

Federal Identification Number (FEIN) - _____

Telephone Utility Identification Number if one has been assigned _____

Trade Name(s) (d/b/a) in New Hampshire _____

Complete Mailing Address _____

Phone Number - - _____

E-mail Address _____

Website _____

2. Revenue

Gross utility revenue derived from New Hampshire operations for the calendar year reported. (For ILECs not operating as ELECs, the amount reported on ILEC-1 Annual Report, F-11, Line 1). \$ _____

3. Phone Numbers
 Number of New Hampshire telephone numbers in use by your customers _____



NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION
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NHPUC Form T-2
Assessment Report
Puc 409.02
Rev.12/2013

4. Signature

I, _____, (name) declare under penalty of perjury that I am authorized to make this verification for and on behalf of the applicant; that I have read the information provided by the applicant in the foregoing document and any and all attachments, and am informed and believe the same are true, and on that ground, affirm that the matters stated herein are true.

_____ Signed _____ Title

Subscribed and sworn before me this _____ (day) of _____ (month) in the year _____

County of _____

State of _____

Notary Public/Justice of the Peace
My Commission expires _____

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.



UTILITY ACCIDENT REPORT

1. General Information

Legal Name _____

Federal Identification Number - _____

Telephone Utility Identification
 Number if one has been assigned _____

Trade Name (s) (d/b/a)
 in New Hampshire _____

Complete Mailing
 Address _____

Phone Number - - _____

E-mail Address _____

Website _____

2. Accident Information

Date of accident _____

Date of accident report _____

Location of accident _____

Extent of property damage _____

3. Fatality/Injury Information (Attach additional sheets if more than one person injured)

Name of injured person: _____

Nature and extent of injury: _____

Did accident involve electric contact? Yes _____ No _____

Was injury fatal? Yes _____ No _____



4. Pole Information

If any utility poles were involved, specify their locations.

5. 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 _____
Printed Name _____

Title _____
Date _____

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.



TRANSFER OF CUSTOMER BASE REPORT
Applicable to All Telephone Utilities

A telephone utility acquiring all or part of the customer base of another carrier pursuant to Puc 405.03(a) must submit this form 30 days prior to the acquisition.

A telephone utility selling or transferring all or part of its customer base to an entity that is not a telephone utility pursuant to Puc 405.03(b) must submit this form 30 days prior to the sale or transfer.

Telephone utilities must also file copies of relevant FCC submissions pursuant to Puc 405.03(a).

1. General Information (Acquiring Company)

Legal Name _____

Federal Employer Identification
 Number (FEIN) - _____

Telephone Utility Identification
 Number if one has been assigned _____

Trade Name(s) d/b/a
 in New Hampshire _____

Complete Mailing
 Address _____

Phone Number - - _____

E-mail Address _____

Website _____

2. General Information (Seller or Transferring Company)

Legal Name _____

Federal Employer Identification
 Number (FEIN) - _____

Telephone Utility Identification
 Number if one has been assigned _____

Trade Name(s) d/b/a
 in New Hampshire _____

Complete Mailing
 Address _____

Phone Number - - _____

E-mail Address _____

Website _____



3. Attach an updated T-1 Contact and Trade Name Information Form for the Acquiring Company if it is a telephone utility

4. Additional Information

Effective date for transfer of customer base _____

Number of New Hampshire customers affected _____

5. Signature for Reporting Telephone Utility:

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.

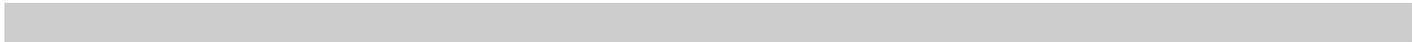
Authorized Representative

Signature _____

Title _____

Printed Name _____

Date _____



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.



FACILITY DISRUPTION REPORT
Applicable to All Telephone Utilities

1. General Information

Legal Name
Federal Employer Identification Number (FEIN)
Telephone Utility Identification Number if one has been assigned
Trade Name(s) d/b/a in New Hampshire
Complete Mailing Address
Phone Number
E-mail Address
Website

2. Report Statistics

Date of Report
Date and Time of Outage
Location of outage
Date and Time Restored
Was an entire exchange affected?
State cause of outage

Name of commission person contacted
Date Commission contacted
Time Commission contacted

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
Printed Name
Title
Date

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.



3. Payphones Removed from Service Since Previous Report (attach pages if needed)					
Telephone Number	Name of Location	Street Address	City/ Zip	Uses Coins?	Another Payphone within 750 feet?
- -					
- -					
- -					
- -					
- -					
- -					
- -					
- -					
- -					
- -					
- -					

4. 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 _____ Title _____

Printed Name _____ Date _____

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.



Exchange Eligibility Report
Applicable to All Telephone Utilities Expanding Into New Exchanges

1. General Information

Legal Name
Federal Employer
Identification Number (FEIN) -
Telephone Utility
Identification Number if one
has been assigned
Trade Name(s) d/b/a
in New Hampshire
Complete Mailing
Address
Phone Number - -
E-mail Address
Website

2. Definitions

A telephone utility must complete this form when first establishing a local nexus in a particular exchange area, thereby entitling it to number assignments.

- The presence of physically located customers, as shown by:
1. Collocation with the ILEC in the exchange.
2. Provisioning of service via local loops owned by the utility.
3. Provisioning of service via Enhanced Extended Links (EELs).
Customer For the purposes of this report, a customer is defined as a billing entity. Count one customer for each separate bill rendered in a billing cycle.

Instructions

For each exchange area in which your company has become eligible to provide service since filing an earlier Exchange Eligibility Report, describe your operations showing how you meet the local nexus test.

3. Signature

I certify that the information on the attached report 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 Title
Printed Name Date



APPLICATION FOR REGISTRATION TO PROVIDE VOICE SERVICE
Applicable to All Telephone Utilities
When Proposing to Offer Voice Service in an Area Not Previously Authorized

1. General Information

Legal Name
Federal Identification Number
Telephone Utility Identification Number
Trade Name(s) d/b/a in New Hampshire
Complete Mailing Address
Phone Number
E-mail Address
Website

2. History of Applicant

- a. Has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers been convicted of any felony not annulled by a court?
b. In the past ten years, has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers had any civil, criminal or regulatory sanctions or penalties imposed pursuant to any state or federal consumer protection law or regulation?
c. In the past ten years, has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers settled any civil, criminal or regulatory investigation or complaint involving any state or federal consumer protection law or regulation?
d. Is the applicant, or are any of the general partners, corporate officers, director of the company, limited liability company managers or officers currently the subject of any pending civil, criminal or regulatory investigation or complaint involving any state or federal consumer protection law or regulation?
e. Has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers been denied certification in any other state.
If so, please list each state.
f. If the answer to any of the questions in a through e above is yes, please attach an explanation.

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.



3. Service

List up to three services, including at least one voice service, that the applicant will provide to retail customers:

- a.
b.
c.

Identify the applicant's proposed service area:

4. Required Attachments

- a. A copy of the New Hampshire Secretary of State Certificate of Authority
b. Form T-1, Contact and Trade Name Information

5. Compliance Statements

I attest that the applicant will comply with all applicable New Hampshire laws and all Commission policies, rules and orders. (initial)

I attest that the applicant has the necessary managerial qualifications, technical competence and financial resources to operate the telephone utility for which the applicant seeks registration. (initial)

6. Signature

I, (name) declare under penalty of perjury that I am authorized to make this verification for and on behalf of the applicant; that I have read the information provided by the applicant in the foregoing document and any and all attachments, and am informed and believe the same are true, and on that ground, affirm that the matters stated herein are true.

Signed Title

Subscribed and sworn before me this (day) of (month) in the year

County of

State of

Notary Public/Justice of the Peace
My Commission expires



ANNUAL REPORT
Applicable to ILECs that are Not Operating as Excepted LECs

Due by March 31 following the reported calendar year.

For Calendar Year ending December 31, _____

1. General Information

Legal Name _____
Federal Employer Identification
Number (FEIN) - _____
Telephone Utility Identification
Number if one has been assigned _____
Trade Name(s) d/b/a
in New Hampshire _____

Complete Mailing Address _____

Phone number - - _____
E-mail Address _____
Website _____

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.



NH Public Utilities Commission Annual Report of _____ for 20 ____

ANNUAL REPORT

OF

*TO THE
STATE OF NEW HAMPSHIRE
PUBLIC UTILITIES COMMISSION
For the Year Ended December 31, 20*

OATH

State of _____

County of _____ ss.

We, the undersigned, _____ and _____ of the

_____ utility, on our oath do severally say that the annual report filed with the Commission on behalf of said utility on _____ (date) has been prepared, under our direction, from the original books, papers and records of said utility, that we have carefully examined the same, and declare the same to be a complete and correct statement of the business and affairs of said utility, in respect to each and every matter and thing therein set forth to the best of knowledge, information and belief; and that the accounts and figures contained in the foregoing report embrace all of the financial operations of said utility during the period for which said report is made.

_____ President

_____ Treasurer

Subscribed and sworn to before me this _____ day of _____

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

Attachment A
NHPUC Form ILEC-1
Annual Report
Part Puc 412.01
Rev. October 2013

**INCUMBENT LOCAL EXCHANGE CARRIER
ANNUAL REPORT**

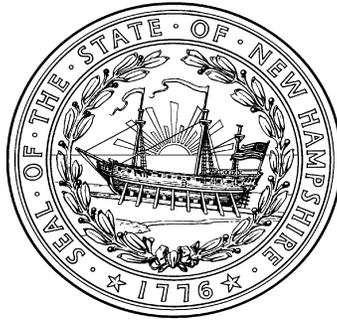
Company:

For the Year Ended December 31,

Please enter any comments and notes below.

STATE OF NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION

Concord, New Hampshire



Telecommunications Companies
Incumbent Local Exchange Carrier

ANNUAL REPORT
OF

<Please enter Name in Name & Year sheet>

(If name was changed during the year, enter the previous name and date of change below)

f/k/a <Enter Previous Company Name>

Date of Change <Enter Date>

FOR THE YEAR ENDED DECEMBER 31, <Please enter Year in Name & Year sheet>

FEDERAL TAX ID#

Officer or other person to whom correspondence should be addressed regarding this report:

Name	<input type="text"/>
Title	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

RSA 374:15 Every public utility shall file with the commission reports at such times, verified by oath in such manner, and setting forth such statistics and facts, as may be required by the commission.

RSA 374:17 Neglect or refusal to file will result in a forfeiture of \$100 per day for each day in default.

PUC Rule 411.08-This annual report is due at the commission offices no later than March 31 of each year.

me & Year sheet>

TABLE OF CONTENTS

Schedule ID		PAGE
A	<u>General Corporate Information Schedules</u>	
A-1.	General Information	1
A-5.	List of Exchanges Served Directly	2
A-8.	Important Changes During Year	3
A-9.	Financial Reporting Disclosure Instructions	4
FS	<u>Financial Statements</u>	
FS-10.	Balance Sheet	5
FS-11.	Income Statement	6
B	<u>Balance Sheet Supporting Schedules</u>	
B-14B.	Bases of Charges for Depreciation	7
B-16.	Statement of Cash Flows	8
I	<u>Income Statement Supporting Schedules</u>	
I-34.	Operating Revenues	9
I-34A.	Increase or Decrease in Operating Revenues	10
I-35.	Operating Expenses	11
I-35A.	Increase or Decrease in Operating Expenses	12
I-39.	Special Expenses Attributable to Formal Regulatory Cases	13
S	<u>Statistical and Other Schedules</u>	
S-1	Switches and Access Lines In Service	14
S-2	Outside Plant Statistics - Distribution/Feeder	15
S-3	Outside Plant Statistics - Interoffice	16
	Signature Page/Oath	17

A-1. GENERAL INFORMATION

1. Give the exact name under which the utility does business:

 2. Full name of any other utility acquired during the year and date of acquisition:

 3. Location of principal office:

 4. State whether the utility is a corporation, joint stock association, trust or partnership, or an individual:

 5. If a corporation or association, give date of incorporation, State under whose laws incorporated, and whether incorporated under special law:

 6. If incorporated under special act, given chapter and session date:

 7. Give date when company was originally organized and date of any reorganization:

 8. Name and addresses of principal offices of any corporations, trusts or associations owning, controlling or operating respondent:

 9. Name and addresses of principal offices of any corporations, trusts or associations owned, controlled or operated by the respondent:

 10. Date when respondent first began to operate as a utility

 11. If the respondent is engaged in any business not related to utility operation, provide all details*:

 12. If the status of the respondent has changed during the year in respect to any of the statements made above, provide all details, Including dates:

 13. If the utility is a foreign corporation which operated in New Hampshire prior to June 1, 1911, give date in which permission was granted to operate under NH. Rev. Stat. Ann 374:25, Exceptions and NH. Rev. Stat. Ann. 374:26 Permission.
- *If engaged in operations of utilities of more than one type, give dates for each.

OTHER PUBLISHED ANNUAL REPORTS

REPORT TO STOCKHOLDERS/MEMBERS. A copy of the annual report to stockholders or members [] was [] will be sent to NH PUC on or about
 Annual reports to stockholders or members are not published.

RUS REPORT. A copy of the published annual report to the Rural Utilities Service [] was [] will be sent to NH PUC on or about
 The respondent does not report to the Rural Utilities Service

LEC REPORT. A copy of the respondent's Annual Report for Local Exchange Carriers to NH PUC is attached.

A-5. LIST OF EXCHANGES SERVED DIRECTLY

List individually each exchange name, exchange NXX , towns served directly, indicating those in which franchise is for limited area by an asterisk (*) after the town/area's name.

Line No.	Exchange Name	Exchange NXX	Towns Served	Number of Customers	Line No.	Exchange Name	Exchange NXX	Towns Served	Number of Customers
1					16			Sub-Total Forwarded	-
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				
Sub-Totals Forward:				-	Total:				-

Give concise answers to each of the following, numbering them in accordance with the inquiries. Each inquiry should be answered. If "none" or "not applicable" states the fact, that response should be made. If information which answers an inquiry is given elsewhere in the report, reference to the schedule in which it appears will be sufficient.

1. List extensions of the systems (other than additions supplementing existing facilities of the respondent whether by purchase, construction, donation or otherwise. Give the location, new territory covered, and dates of beginning operation, and in case of purchase give also the name and address of the company from which purchased, date of acquisition, and the total consideration given, monetary and otherwise.
2. If during the year, a substantial portion or all of the property of the respondent was sold, merged, or abandoned, provide all details, including the location and territory covered. In case of sale or merger, give the effective date, name and address of the successor company, and the consideration given, monetary and otherwise.
3. Purchase or sale of an operating unit or system: Give a brief description of the property, and of the transactions relating thereto, and reference to Commission authorization, if any, that was required. Give the date of the journal entries, required by the Uniform System of Accounts that were submitted to the Commission.
4. Estimated increase or decrease in annual revenues due to important rate changes: State effective date and approximate amount of increase or decrease for each revenue classification and the customers affected.
5. Obligation incurred or assumed by respondent as guarantor for the performance by another of any agreement or obligation, excluding ordinary commercial paper maturing on demand or not later than one year after date of issue: State on behalf of whom the obligation was assumed and amount of the obligation. Give reference to Commission authorization if any was required.
6. Changes in articles of incorporation or amendments to charter: Explain the nature and purpose of such changes or amendments.
7. Attach a map defining the territory covered by the respondent's operations. A new map is required when changes in territory have occurred and in each year ending in 0 or 5 (e.g., 1990 or 1995). In all other years reference to the report in which the map last appears will be sufficient.
8. State the annual effect of each important change in wage scales. Include also the effective date and the portion applicable to operations.
9. State briefly the status of any materially important transactions of the respondent not disclosed elsewhere in this report in which an officer, director, security holder reported on page 6, voting trustee, associated company or known associate of any of these persons was a party or in which any such person had a material interest.

A-9. FINANCIAL REPORTING DISCLOSURE INSTRUCTIONS

Footnote Disclosure:

Financial information presented in statements included within the New Hampshire Public Utilities Commission Annual Report is generally in conformance with general accepted accounting principles and the following should be disclosed:

1. Data necessary to prevent the information from being misleading. Accordingly, (a) extraordinary or material, unusual or infrequently occurring items; (b) significant principles or practices from those used in the prior year, and (c) the acquisition or disposition of significant operation, assets or liabilities should be noted.
2. Uncertainties that could affect the fairness of the information, including significant changes in the status of loss contingencies since the prior year, should be noted.
3. If revenues, costs, or expenses are accrued or deferred in a manner different from that of the prior year, the method used and the amount of such accruals or deferrals should be noted.

F-10. BALANCE SHEET					
Assets and Other Debits					
Line No.	Accounts (a)	See Sch.	Current Year End Balance	Previous Year End Balance	Increase or Decrease (d)
CURRENT ASSETS					
1	1130	Cash			\$ -
2	1130.1	REA Cash			-
3	1130.2	Cash Savings			-
4	1140	Special Cash Deposits			-
5	1150	Working Cash Advances			-
6	1160	Temporary Investments			-
7	1180	Telecommunications Accounts Receivable			-
8	1181	Accounts Receivable Allowance-Telecom			-
9	1190.1	Accounts Receivable from Affiliated Co.			-
10	1190.2	Other Accounts Receivable			-
11	1191	Accounts Receivable Allow.-Affiliates			-
12	1200.1	Notes Receivable from Affiliated Companies			-
13	1200.2	Other Notes Receivable			-
14	1201	Notes Receivable Allow.-Affiliates			-
15	1210	Interest and Dividends Receivable			-
16	1220	Material and Supplies			-
17	1290	Prepaid Rents			-
18	1300	Prepaid Taxes			-
19	1310	Prepaid Insurance			-
20	1320	Prepaid Directory Expenses			-
21	1330	Other Prepayments			-
22	1350	Other Current Assets			-
23	1360	Current Deferred Income Taxes-Dr.			-
24		Total Current Assets	\$ -	\$ -	\$ -
NONCURRENT ASSETS					
25	1401	Investments in Affiliated Companies			\$ -
26	1402	Investments in Non-Affiliated Companies			-
27	1406	Nonregulated Investments			-
28	1407	Unamortized Debt Issuance Expense			-
29	1408	Sinking Funds			-
30	1410	Other Noncurrent Assets			-
31	1438	Deferred Maintenance & Retirement			-
32	1439	Deferred Charges			-
33		Total Noncurrent Assets	\$ -	\$ -	\$ -
REGULATED PLANT					
34	2001	Telecommunications Plant in Service			\$ -
35	2002	Property Held for Future Telecom. Use			-
36	2003	Telecom. Plant Under Const.-Short Term			-
37	2004	Telecom. Plant Under Const.-Long Term			-
38	2005	Telecommunications Plant Adjustment			-
39	2006	Nonoperating Plant			-
40	2007	Goodwill			-
41		Total Regulated Telecommunications Plant	\$ -	\$ -	\$ -
42	3100-3300	Less: Accumulated Depreciation			
43	3410-3600	Less: Accumulated Amortization			
44		Net Telecommunications Plant	\$ -	\$ -	\$ -
45		Telecommunications Plant Adjustment			-
46		TOTAL ASSETS AND OTHER DEBITS	\$ -	\$ -	\$ -

F-10. BALANCE SHEET					
Liabilities and Stockholders' Equity					
Line No.	Accounts (a)	See Sch.	Current Year End Balance	Previous Year End Balance	Increase or (Decrease) (d)
CURRENT LIABILITIES					
1	4010	Accounts Payable			\$ -
2	4020	Notes Payable			-
3	4030	Advanced Billing and Payment			-
4	4040	Customer Deposits			-
5	4050	Current Maturities-Long Term Debt			-
6	4060	Current Maturities-Capital Leases			-
7	4070	Income Taxes-Accrued			-
8	4080	Other Taxes-Accrued			-
9	4100	Net Current Deferred Operating Income Taxes			-
10	4110	Net Current Deferred Non-Operating Income Taxes			-
11	4120	Other Accrued Liabilities			-
12	4130	Other Current Liabilities			-
13		Total Current Liabilities	\$ -	\$ -	\$ -
LONG TERM DEBT					
14	4210	Funded Debt			\$ -
15	4220	Premium on Long Term Debt			-
16	4230	Discount on Long Term Debt			-
17	4240	Reacquired Debt			-
18	4250	Obligation Under Capital Leases			-
19	4260	Advances from Affiliated Companies			-
20	4270	Other Long Term Debt			-
21		Total Long Term Debt	\$ -	\$ -	\$ -
OTHER LIABILITIES AND DEFERRED CREDITS					
22	4310	Other Long-Term Liabilities			\$ -
23	4320	Unamortized Operating Investment Tax Credits-Net			-
24	4330	Unamortized Non-Operating Investment Tax Credits-Net			-
25	4340	Net Non-current Deferred Operating Income Taxes			-
26	4350	Net Non-current Deferred Non-Operating Income Taxes			-
27	4360	Other Deferred Credits			-
28		Total Other Liabilities and Deferred Credits	\$ -	\$ -	\$ -
STOCKHOLDERS' EQUITY					
29	4510.1	Capital Stock-Common			\$ -
30	4510.2	Capital Stock-Preferred			-
31	4520	Additional Paid-in Capital			-
32	4530.1	Treasury Stock-Common			-
33	4530.2	Treasury Stock-Preferred			-
34	4540	Other Capital			-
35	4550	Retained Earnings			-
36		Total Stockholders' Equity	\$ -	\$ -	\$ -
37	TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY		\$ -	\$ -	\$ -

F-11. INCOME STATEMENT				
Line No.	Item (a)	See Sch.	Amount for the Current Year (b)	Increase over Preceding Year (c)
	INCOME			
	TELEPHONE OPERATING INCOME			
1	Operating Revenues	34	\$ -	\$ -
2	Operating Expenses	35	-	-
3	Net Telephone Operating Revenues		\$ -	\$ -
	OTHER OPERATING INCOME AND EXPENSES			
4	7100 Other Operating Income and Expense			-
5	Telephone Operating Revenue Before Taxes		\$ -	\$ -
	OPERATING TAXES			
6	7210 Operating Investment Tax Credits-Net			\$ -
7	7220 Operating Federal Income Taxes			-
8	7230 Operating State and Local Income Taxes			-
9	7240 Other Operating Taxes			-
10	7250 Provision for Deferred Operating Income Taxes-Net			-
11	Total Operating Taxes		\$ -	\$ -
12	Net Operating Income		\$ -	\$ -
	NON-OPERATING INCOME AND EXPENSES			
13	7300 Non-Operating Income and Expenses			\$ -
14				
	NON-OPERATING TAXES			
15	7400 Non-Operating Taxes			\$ -
16				
17	Net Non-Operating Income		\$ -	\$ -
18	Income Available for Fixed Charges		\$ -	\$ -
	INTEREST AND RELATED ITEMS			
19	7510 Interest on Funded Debt			\$ -
20	7520 Interest Expense-Capital Leases			-
21	7530 Amortization of Debt Issuance Expense			-
22	7540 Other Interest Deductions			-
23	Total Interest and Related Items		\$ -	\$ -
24	Income Before Extraordinary Items		\$ -	\$ -
	EXTRAORDINARY ITEMS			
25	7600 Extraordinary Items			\$ -
26				
	JURISDICTIONAL DIFFERENCES AND NON-REGULATED INCOME ITEMS			
27	7990 Non-Regulated Net Income			\$ -
28	Total Jurisdictional Differences and Extraordinary Items		\$ -	\$ -
29	Net Income	16	\$ -	\$ -

B-14B. BASES OF CHARGES FOR DEPRECIATION

1. Report under each of the plant accounts in column (a) all subclasses of plant for which a depreciation rate is determined and a subtotal for each primary account.
2. The net salvage factors in column (d) shall be shown as a percentage of original cost.
3. A "W" in column (b) indicates a whole life rate in column (f), an average service life in column (c) and average net salvage in column (d); and "R" indicates a remaining life rate in column (f), an average remaining life in column (c), a future net salvage in column (d).
4. For each plant account, report in column (f) the prescribed depreciation rate or those used by the utility in accordance with USOA.
5. The depreciation rate in column (f) for primary plant accounts for which subclasses or vintages are used, the life in column (c), net salvage percentage in column (d) and the accumulated depreciation percentage in column (e) are to be composite so that the resulting calculated composite rate produces the same charge to operating expenses as the sum of the individual rates applied to the individual classes of plant.

Line No.	Primary Acct. No.	Name or Description of Subclass (a)	Whole or Remaining Life (b)	Life (Years) (c)	*Net Salvage (%) (d)	Depreciation		Ratio of Depreciation Charges to Avg. Monthly Book Cost (%) (g)	
						*Reserve (%) (e)	**Rate (%) (f)		
1	2112	MOTOR VEHICLES			0.0%		0.0%		
2	2115	GARAGE WORK EQUIPMENT			0.0%		0.0%		
3	2116	OTHER WORK EQUIPMENT			0.0%		0.0%		
4	2121	BUILDINGS			0.0%		0.0%		
5	2122	FURNITURE			0.0%		0.0%		
6	2123	OFFICE EQUIPMENT			0.0%		0.0%		
7	2124	GENERAL PURPOSE COMPUTERS			0.0%		0.0%		
8	2212	CENTRAL OFFICE EQUIPMENT - SWITCH			0.0%		0.0%		
9	2232	CIRCUIT EQUIPMENT			0.0%		0.0%		
10	2411	POLES			0.0%		0.0%		
11	2421	AERIAL CABLE			0.0%		0.0%		
12	2422	UNDERGROUND CABLE			0.0%		0.0%		
13	2423	BURIED CABLE			0.0%		0.0%		
14	2431	AERIAL WIRE			0.0%		0.0%		
15	2441	CONDUIT SYSTEM			0.0%		0.0%		
16					0.0%		0.0%		
17					0.0%		0.0%		
18					0.0%		0.0%		
19					0.0%		0.0%		
20					0.0%		0.0%		
21					0.0%		0.0%		
22					0.0%		0.0%		
23					0.0%		0.0%		
24					0.0%		0.0%		
25					0.0%		0.0%		
26					0.0%		0.0%		
27									
28									
29	*Composite rate for all depreciable accounts								XXXXXXX
30	**Composite rate for all plant accounts included in Account 2001								XXXXXXX
31									
32	Ratio to all Depreciable accounts								
33	Ratio to all plant accounts included in Account 2001								

B-16. STATEMENT OF CASH FLOWS

1. Report below by source the amounts applicable to increase and decrease in cash and cash equivalents for the year.
2. For all compound amounts reported, a separate schedule is to be prepared with detail breakdown indicating applicable balance sheet accounts and amounts

Line No.	Description of Item (a)	Amount (b)	Amount (c)
	Increase/(Decrease) in Cash and Cash Equivalents		
	Cash flows from Operating Activities:		
1	Net Income		\$ -
	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
2	Depreciation and Amortization		
3	Provision for Losses for Accounts Receivable		
4	Deferred Income Taxes - Net		
5	Unamortized ITC - Net		
6	Allowance for Funds Used During Construction		
7	Net Change in Operating Receivables		
8	Net Change in Materials, Supplies and Inventories		
9	Net Change in Operating Payables and Accrued Liabilities		
10	Net Change in Other Assets and Deferred Charges		
11	Net Change in Other Liabilities and Deferred Credits		
12	Other (explained)		
13	Total Adjustments		\$ -
14	Net Cash provided by (used in) Operating Activities	XXXXXXXXXX	\$ -

B-16. STATEMENT OF CASH FLOWS (Continued)

Line No.	Description of Item (a)	Amount (b)	Amount (c)
	Total from preceding page	XXXXXXXXXX	\$ -
	Cash Inflows (Outflows) from Investing Activities	XXXXXXXXXX	
15	Construction/Acquisition for Property, Plant and Equipment (Net of Allowance of funds, Used During Construction and Capital Lease Related Acquisitions)		
16	Proceeds from Disposals of Property, Plant and Equipment		
17	Investments in and Advances in Affiliates		
18	Proceeds from Repayment of Advances		
19	Other Investing Activities (explained)		
20	Net Cash Provided by (Used In) Investing Activities	XXXXXXXXXX	\$ -
	Cash flows from Financing Activities	XXXXXXXXXX	
21	Net Increase/Decrease in Short-Term Debt with Original Maturities of Three Months or Less	XXXXXXXXXX	
22	Advances from Affiliates		
23	Repayment of Advances form Affiliates		
24	Proceeds from Long-Term Debt		
25	Repayment of Long-Term Debt		
26	Payment of Capital Lease Obligations		
27	Proceeds from Issuing Common Stock/Equity Investment for Parent		
28	Repurchase of Treasury Shares		
29	Dividends Paid		
30	Other Financing Activities (explained)		
	Repurchase of Preferred Stock		
31	Net Cash Provided by Financing Activities	XXXXXXXXXX	\$ -
32	Effect of Exchange Rate Changes on Cash	XXXXXXXXXX	
		XXXXXXXXXX	
33	Net Increase/(Decrease) in Cash and Cash Equivalents	XXXXXXXXXX	\$ -
34	Cash and Cash Equivalents at Beginning of Period	XXXXXXXXXX	\$ -
		XXXXXXXXXX	
35	Cash and Cash Equivalents at End of Period	XXXXXXXXXX	\$ -

Notes:

I-34. OPERATING REVENUES			
(a)			
Line No.	Item	Amount for the Current Year (b)	Increase Over Preceding Year (c)
LOCAL NETWORK REVENUES			
1	5001 Basic Area Revenue		\$ -
2	5002 Optional Extended Area Revenue		-
3	5003 Cellular Mobile Revenue		-
4	5004 Other Mobile Services Revenue		-
5	5010 Public Telephone Revenue		-
6	5040 Local Private Line Revenue		-
7	5050 Customer Premises Revenue		-
8	5060 Other Local Exchange Revenue		-
9	Total Local Network Services Revenues	\$ -	\$ -
NETWORK ACCESS SERVICES REVENUES			
10	5081 End User Revenue		\$ -
11	5082 Switched Access Revenue		-
12	5083 Special Access Revenue		-
13	5084 State Access Revenue		-
14	Total Network Access Services Revenue	\$ -	\$ -
LONG DISTANCE NETWORK SERVICES REVENUES			
15	5100 Long Distance Message Revenue		\$ -
16	5120 Long Distance Private Network Revenue		-
17	5160 Other Long Distance Revenue		-
18	5169 Other Long Distance Revenue Settlements		-
19	Total Long Distance Network Services Revenues	\$ -	\$ -
MISCELLANEOUS REVENUES			
20	5230 Directory Revenue		\$ -
21	5240 Rent Revenue		-
22	5250 Corporate Operations Revenue		-
23	5260 Miscellaneous Revenue		-
24	5270 Carrier Billing and Collection Revenue		-
25	Total Miscellaneous Revenues	\$ -	\$ -
UNCOLLECTIBLE REVENUES			
26	5301 Uncollectible Revenue - Telecommunications		\$ -
27	5302 Uncollectible Revenue - Other		-
28	Total Uncollectible Revenues	\$ -	\$ -
29	TOTAL Operating Revenues	\$ -	\$ -

I-34A. INCREASE OR DECREASE IN OPERATING REVENUES

Give explanation of all operating revenue accounts, over \$10,000, that have increased or decreased 10% or more over the prior year.

I-35. OPERATING EXPENSES			
Line No.	Item (a)	Amount for the Current Year (b)	Increase Over Preceding Year (c)
PLANT SPECIFIC OPERATIONS EXPENSES			
1	6112 Motor Vehicle Expense		\$ -
2	6115 Garage Work Equipment Expense		-
3	6116 Other Work Equipment Expense		-
4	6121 Land and Building Expense		-
5	6122 Furniture and Artworks Expense		-
6	6123 Office Equipment Expense		-
7	6124 General Purpose Computers Expense		-
8	6211 Analog Electronic Expense		-
9	6212 Digital Electronic Expense		-
10	6215 Electro-Mechanical Expense		-
11	6220 Operators System Expense		-
12	6230 Central Office Transmission Expense		-
13	6311 Station Apparatus Expense		-
14	6341 Large Private Branch Exchange Expense		-
15	6351 Public Telephone Terminal Equipment Expense		-
16	6362 Other Terminal Equipment Expense		-
17	6411 Pole Expense		-
18	6421 Aerial Cable Expense		-
19	6422 Underground Cable Expense		-
20	6423 Buried Cable Expense		-
21	6424 Submarine Cable Expense		-
22	6426 Intrabuilding Network Cable Expense		-
23	6431 Aerial Wire Expense		-
24	6441 Conduit Systems Expense		\$ -
25	Total Plant Specific Operations Expense	\$ -	\$ -
PLANT NONSPECIFIC OPERATIONS EXPENSE			
26	6511 Property Held for Future Telecommunications Use Expense		\$ -
27	6511 Provisioning Expense		-
28	6530 Network Operations Expense		-
29	6540 Access Expense		-
30	6561 Depreciation Expense-Telecommunications Plant in Service		-
31	6562 Depreciation Expense-Property Held for Future Telecommunications Use		-
32	6563.1 Amortization Expense-Capital Leases		-
33	6563.2 Amortization Expense-Leaseholds		-
34	6564 Amortization Expense-Intangible		-
35	6565 Amortization Expense-Other		-
36	Total Plant Nonspecific Operations Expense	\$ -	\$ -
CUSTOMER OPERATIONS EXPENSE			
37	6610 Marketing		\$ -
38	6620 Service		-
39	Total Customer Operations Expense	\$ -	\$ -
CORPORATE OPERATIONS EXPENSE			
40	6710 Executive and Planning		\$ -
41	6720 General and Administrative		-
42	6790 Provision for Uncollectible Notes Receivable		-
43	Total Corporate Operations Expense	\$ -	\$ -
44	TOTAL Operating Expense	\$ -	\$ -

I-35A. INCREASE OR DECREASE IN OPERATING EXPENSES

Give explanation of all operating expense accounts, over \$10,000, that have increased or decreased 10% or more over the prior year.

I-39. SPECIAL EXPENSES ATTRIBUTABLE TO FORMAL REGULATORY CASES

1. Show, to the extent indicated by the following instructions and columnar captions, the expenses incurred during the year in connection with formal cases before Federal, State and other regulatory commissions, and in cases in which such a commission is a party, including to the same extent, the cost of defense and prosecution of petitions and complaints presented to such commissions and the cost of valuations, inventories, and appraisals of plant made for rate-case purposes and those taken in compliance with State and other regulatory authorities.
2. Expenses in connection with the procurement of franchises, issuance of capital stock and funded debt, and the expenses of securing certificates of convenience and necessity shall not be included in this schedule.
3. Give in column (a) a complete description of the regulation, hearing, or case that occasioned the items reported, including its number or other identification and the name of the regulatory commission concerned.
4. Column (b) shall include special assessments by regulatory commissions pertaining to the proceedings reported. General assessments by such commissions shall not be included in this schedule.
5. Column (c) shall include amounts such as fees, retainers, and expenses (excepting minor expenses not readily separable) paid to attorneys, consultants, and others not carried on the payroll of respondent.
6. Column (d) shall include salaries and wages and readily associated expenses of employees that have been employed or retained in service by respondent solely or almost entirely because of one or more of the proceedings reported.
7. Total expenses reported in columns (b), (c) and (d) shall be reported in column (e).

Line No.	Description of Regulation or Case (a)	Special Assessments by Regulatory Commissions (b)	OTHER SPECIAL EXPENSES		Total Reported Expenses and Assessments (e)
			Fees, Retainers Expenses, and Other Billed Items (c)	Incremental Payroll Costs and Directly Associated Expenses (d)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
13	Total	\$ -	\$ -	\$ -	\$ -

S-1. SWITCHES AND ACCESS LINES IN SERVICE					
Line No.	Description (a)	Total at End of Year			
		Electronic	Digital	Main Access Lines	
		(b)	(c)	Analog (d)	Digital (e)
SWITCHES					
1	Central Office Switches - List by exchange				
2	Remote Switches				
3	Carrier Systems				
	Total	0	0	0	0
ACCESS LINES					
<u>Access Lines In Service by Customer:</u>				Total at End of Year	
				Analog (b)	Digital (c)
4	Residential Access Lines				
5	Multiparty				
6	Total Access Lines			0	0
7	Business Access Lines:				
8	Single Party				
9	Basic Rate ISDN (2B+D)				
10	Primary Rate ISDN				
11	PBX Trunks				
12	Centrex-CO Line Count				
13	InWATS - Closed End				
14	Total Business Lines			0	0
15	Other Access Lines				
16	Radio Common Carrier (RCC) and Company Mobile				
17	Switched Access - FGA FX/ONAL				
18	Public Pay Stations				
19	Other				
20	Total Other Access Lines			0	0
21	Total Access Lines			0	0

S-2. OUTSIDE PLANT STATISTICS - DISTRIBUTION/FEEDER		
Line No.	Description (a)	Total at End of Year (b)
1	Miles of Aerial Wire Aerial Cable	
2	Miles of Sheath Copper	
3	Miles of Wire in Cable	
4	Miles of Sheath Fiber	
5	Miles of Fiber in Sheath Underground Cable	
6	Miles of Sheath Copper	
7	Miles of Wire in Cable	
8	Miles of Sheath Fiber	
9	Miles of Fiber in Sheath Buried Cable	
10	Miles of Sheath Copper	
11	Miles of Wire in Cable	
12	Miles of Sheath Fiber	
13	Miles of Fiber in Sheath Submarine Cable	
14	Miles of Sheath Copper	
15	Miles of Wire in Cable	
16	Miles of Sheath Fiber	
17	Miles of Fiber in Sheath Total Distribution/Feeder Cable	
18	Miles of Sheath - Copper	
19	Miles of Sheath - Fiber	
20	Fiber Miles in Sheath - Lit	
21	Fiber Miles in Sheath - Deployed (Lit & Dark) Poles and Underground Conduit	
22	Number of Poles	
23	Underground Conduit- Trench Miles	
24	Underground Conduit- Duct Miles	

S-3. OUTSIDE PLANT STATISTICS - INTEROFFICE		
Line No.	Description (a)	Total at End of Year (b)
1	Miles of Aerial Wire Aerial Cable	
2	Miles of Sheath Copper	
3	Miles of Wire in Cable	
4	Miles of Sheath Fiber	
5	Miles of Fiber in Sheath Underground Cable	
6	Miles of Sheath Copper	
7	Miles of Wire in Cable	
8	Miles of Sheath Fiber	
9	Miles of Fiber in Sheath Buried Cable	
10	Miles of Sheath Copper	
11	Miles of Wire in Cable	
12	Miles of Sheath Fiber	
13	Miles of Fiber in Sheath Submarine Cable	
14	Miles of Sheath Copper	
15	Miles of Wire in Cable	
16	Miles of Sheath Fiber	
17	Miles of Fiber in Sheath Total Distribution/Feeder Cable	
18	Miles of Sheath - Copper	
19	Miles of Sheath - Fiber	
20	Fiber Miles in Sheath - Lit	
21	Fiber Miles in Sheath - Deployed (Lit & Dark)	

ANNUAL REPORT
of

<Please enter Name in Name & Year sheet>

TO THE
STATE OF NEW HAMPSHIRE
PUBLIC UTILITIES COMMISSION
For the year ended December 31,

<Please enter Year in Name & Year sheet>

OATH

State of New Hampshire.
County of Merrimack ss.

We, the undersigned,
of the utility, on our oath do severally say that the foregoing report has
been prepared, under our direction, from the original books, papers and records of said utility, that we have carefully examined
the same, and declare the same to be a complete and correct statement of the business and affairs of said utility, in respect to
each and every matter and thing therein set forth to the best of our knowledge, information and belief; and that the accounts
and figures contained in the foregoing report embrace all of the financial operations of said utility during the period for which
said report is made.

_____ President

_____ Treasurer

Subscribed and sworn to before me this

(insert day) day of (insert month and year)



AUTHORITY TO ISSUE SECURITIES
Applicable to ILECs that are Not Operating as Excepted LECs

Pursuant to RSA 369:1 Authority To Issue Securities. - A public utility lawfully engaged in business in this state may, with the approval of the commission but not otherwise, issue and sell its stock, bonds, notes and other evidences of indebtedness payable more than 12 months after the date thereof for lawful corporate purposes. The proposed issue and sale of securities will be approved by the commission where it finds that the same is consistent with the public good.

For Calendar Year Ending December 31, _____

1. General Information

Legal Name _____
Federal Employer Identification Number (FEIN) - _____
Telephone Utility Identification Number _____
Trade Name(s) d/b/a in New Hampshire _____
Complete Mailing Address _____
Phone Number - - _____
E-mail Address _____
Website _____
Person Responsible for Form _____
Phone Number of Person Responsible for Form _____

2. Requirements

Attachments:

- A. Petition which shall include
a. description of authorized and outstanding long term debt and capital stock;
b. amount of short term notes outstanding;
c. description of new securities;
d. description of what proceeds will be used for;
e. petitioner's prayer asking for the relief requested.
B. Statement in reasonable detail of any proposed additions, construction or working capital requirements.
C. Testimony by a qualified person.



2. Requirements con't.

- Exhibits:**
- Exhibit 1 Authorized and Outstanding Long-Term Debt
 - Exhibit 2 Authorized and Outstanding Capital Stock
 - Exhibit 3 Capital Expenditures
 - Exhibit 4 Estimated Cost of Financing
 - Exhibit 5 *Pro forma* Balance Sheet
 - Exhibit 6 *Pro forma* Income Statement
 - Exhibit 7 *Pro forma* Adjustments to Balance Sheet and Income Statement
 - Exhibit 8 Source and Application of Funds and Capitalization
 - Exhibit 9 Terms and Conditions of Proposed Securities
 - Exhibit 10 Purchase and Sale Agreement and Commitment Letter
 - Exhibit 11 Proposed Promissory Note and/or Mortgage

3. Signature and Certification

The petitioner utility company believes and, therefore, alleges that the securities to be issued will be consistent with the public good and that it is entitled to issue said securities under RSA 369 for the purposes set forth in its petition.

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 _____ Title _____

Printed Name _____ Date _____

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.



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

NHPUC Form ILEC-3
Proposed Capital Expenditures
Page 2 of 2
Puc 412.03
Rev. 12/2013

3. Signature and Certification

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 _____ Title _____

Printed Name _____ Date _____

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.



**REPORT OF PROPOSED CHANGES IN DEPRECIATION RATES
Applicable to ILECs that are Not Operating as Excepted LECs**

Pursuant to RSA 374:10: Depreciation Account. Every public utility shall carry a proper and adequate depreciation account.

For Calendar Year ending December 31, _____ Date _____

1. General Information

Legal Name _____

Federal Employer Identification Number (FEIN) - _____

Telephone Utility Identification Number if one has been provided _____

Trade Name(s) d/b/a in New Hampshire _____

Complete Mailing Address _____

Phone Number - - _____

E-mail Address _____

Website _____

Person Responsible for Form _____

Phone Number of Person Responsible for Form _____

2. Requirements

Attachment A: see Page 2

3. Signature and Certification

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 _____ Title _____

Printed Name _____ Date _____

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.

