Central Office Code (NXX) Assignment Request
Part 1 December 9, 2005

Tracking Number: 605-SIOUX FLS-SD-703869

Full NXX: LRN

Type of Application: ☑ **New**   ☐ **Change** [1]   ☐ **Delete**

1.0 GENERAL INFORMATION

1.1 Contact Information:

Code Applicant:

Company/Entity Name: ONVOY, INC. - SD

Headquarters Address: 10300 6th Ave

City, State, Zip: New Plymouth ,MN ,55441

Contact Name: Joani O'Neill

Contact Address: 130 N. Main

City,State,Zip: Butte, MT, 59701

Phone: **406-496-6522**   FAX: **406-496-6584**   E-mail: **joani.oneill@onvoy.com**

Code Administrator: [2]

Name: **David Morgan**

Address: **46000 Center Oak Plaza**

City,State,Zip: **Sterling ,VA ,20166**

Phone: **571-434-5381**   FAX:**571-434-5502**

1.2 NPA: **605** NXX: [3]   LATA: **640**   OCN: [4]
858G   Parent Company's OCN(s) **858G**

Switching Identification(Switch Entity/POI) [5] **SXFLSDCOTMD**

Locality/City/Wire Center: Rate Center: [6] **SIOUX FLS**

Homing Tandem Operating Co: [7]   Tandem Homing CLLI [8]
ONVOY   :**SXFLSDCO09T**

1.3 Dates: Date of Application:**02/18/2014**   Request Effective Date: [9]
[10]   **04/25/2014**

☑ By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

Request Expedited Treatment? Yes __**X**__ No _____
Expedited Explanation: __**NEED CODE/LRN FOR OCN TRANSFER/MIGRATION PROJECT**__

1.4   a)   Type of company/entity requesting the code: __**CAP OR CLEC**__ (LEC, IC, CMRS, Other)

   b) Types of service: __**Wireline**__ (e.g., Cellular - Type 2)
   c) Code Assignment Preference (Optional) _____
   d) Codes that are undesirable, if any _____
   e) Type of change(Mark **all** that apply)

      ☐ OCN-Intra-company [11] ☐ Switching Id ☐ Rate Center ☐ Tandem Homing CLLI

      ☐ OCN-Inter-company [12] ☐ Effective Date ☐ LATA ☐ Extend Reservation

1.5   Type of Request (Initial, growth, etc.) __**Initial**__

If an initial code, attach(1) evidence of certification and (2) proof of ability to place code in service within 60 days. If a growth code, attach months to exhaust worksheet.

   Pooling Indicator: [13] ☑ Yes ☐ No

1.6   NPA Jeopardy Criteria Apply: ☐ Yes ☐ No

1.7   Code request for new service (Explain): **NEED CODE/LRN FOR OCN TRANSFER/MIGRATION PROJECT**

_____

_____

1.8   It is the code applicant's responsibility to arrange input of Part 2 information into BIRRDS. The 45-calendar day nationwide minimum interval cut-over for BIRRDS will not begin until input into BIRRDS has been completed.

Comments:

_____

I hereby certify that the above information requesting an NXX code is true and accurate to the best of my knowledge and that this application has been prepared in accordance with Central Office Code (NXX) Assignment Guidelines posted to the ATIS Web Site (http://www.atis.org/atis/clc/inc/incdocs.htm) as of the date of this application: [14]

Joani O'Neill	**Number Administrator**	**02/18/2014**
Signature of Code Applicant	Title	Date

Thousands-Block Application Form - Part 1A

Tracking Number:	**605-SIOUX**
	FLS-SD-703869
	Full NXX: LRN

Type of Application: ☑ **New**   ☐ **Change** [i]   ☐ **Disconnect**

GENERAL APPLICATION INFORMATION

1.1 Contact Information:

Block Applicant:

Company Name:	**ONVOY, INC. - SD**
Headquarters Address:	**10300 6th Ave**
City, State, Zip:	**New Plymouth, MN, 55441**
Contact Name:	**Joani O'Neill**
Contact Address:	**130 N. Main**
City,State,Zip:	Butte , MT , 59701

Phone: **406-496-6522**   FAX: **406-496-6584**   E-mail: **joani.oneill@onvoy.com**

Pooling Administrator: [ii]

Contact Name:	**Genevieve Bettiga**
Contact Address:	1800 Sutter St
City,State,Zip:	Concord ,CA,94520

Phone: 925-363-7652   FAX: **925-363-7683**

E-mail: **genevieve.bettiga@neustar.biz**

1.2 General Information:

Check one : No LRN needed _____ LRN needed [iii] ___X___

NPA: **605**   LATA: **640**   OCN: [iv] **858G**   Parent Company's OCN **858G**

Number of Thousands-Blocks Requested : **2**

Switching Identification(Switch Entity/POI) :
[v] **SXFLSDCOTMD**

City or Wire Center Name : _____   Rate Center: [vi] __**SIOUX FLS**__
Rate Center Sub Zone:_____

1.3 Dates:

Date of Application: Requested Block Effective Date:
[vii] __**02/18/2014**__   [viii] __**04/25/2014**__

☑ By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

Request Expedited Treatment? (See Section 8.6) Yes __**X**__No _____
Expedited Explanation: __**NEED CODE/LRN FOR OCN TRANSFER/MIGRATION PROJECT**__

1.4 Type of Service Provider Requesting the Thousands-Block :

a) Type of Service Provider : __**CAP OR CLEC**__ (LEC, IXC, CMRS, Other)
b) Primary type of service Blocks to be used for : __**Wireline**__
c) Thousands-Block(s) (NXX-X) assignment Preference (Optional) _____
d) Thousands-Block(s) (NXX-X) that are undesirable for this assignment , if any _____
e) If requesting a code for LRN purposes, indicate which block(s) you will be keeping(the remainder of the blocks will be given to the pool) ____ __**605-xxx-7,605-xxx-8,**__ ____

1.5 Type of Request:

Initial block for rate center : Yes ____**X**____If Yes , attach evidence of authorization and proof of capability to provide service within 60 days.
Growth block for rate center : Yes _____If Yes , attach months to exhaust worksheet

☐ By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date.

 Type of change(Mark **all** that apply)

☐ OCN:Intra-company [ix] ☐ Switching Id ☐ Part 1B

☐ OCN:Inter-company ^x☐ Effective Date

Change block : Yes _____If Yes , list NPA-NXX-X _____

1.6 Block Return :

a) Is this block Contaminated Yes _____ No _____
b) If Yes how many TNs are NOT available for assignment :_____
c) Have all new Intra SP ports been completed in the NPAC Yes _____ No _____
d) Has this block been protected from further assignment Yes _____ No _____

Disconnect block : Yes _____If Yes , list NPA-NXX-X _____

Remarks:

I hereby certify that the above information requesting an NXX-X block is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the Thousands-Block (NXX-X) Pooling Administration Guidelines(ATIS-0300066) available on the ATIS web site (http://www.atis.org/inc) or by contacting inc@atis.org as of the date of this application.

Joani O'Neill   **Number Administrator** **02/18/2014**

Signature of Block Applicant   **Title**   **Date**

Appendix 3   May 16, 2008
MONTHS TO EXHAUST and UTILIZATION CERTIFICATION WORK SHEET - TN
Level[1]
(Thousands-Block Number Pooling Growth Block Request)

Tracking Number: **605-SIOUX FLS-SD-703869**

Date: **02/18/2014**   OCN:**858G**   Company Name:**ONVOY, INC. - SD**

Rate Center: **SIOUX FLS**

List all Codes NPA(s)-NXX(s) and Blocks NPA(s)-NXX-X(s):

Name of Block Applicant:**Joani O'Neill**   Signature: **Joani O'Neill**

Title:**Number Administrator**   Telephone No.: **406-496-6522**   FAX No.: **406-496-6584**

E-mail: **joani.oneill@onvoy.com**

A. Available Numbers:**0**

B. Assigned Numbers: **0**

C. Total Numbering Resources:**0**

D. Quantity of numbers activated in the past 90 days (increments of 1,000 or 10,000) and excluded from the Utilization calculation [2]:**0**

List Excluded Code(s) or Block(s):

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
E. Growth History - Previous 6 months[3]	**0**	**0**	**0**	**0**	**0**	**0**						
F. Forecast - Next 12 months[4]	**300**	**300**	**300**	**300**	**300**	**300**	**200**	**200**	**200**	**200**	**200**	**200**

G. Average Monthly Forecast (Sum of months 1-6 (Part F above) divided by 6):**300.0**

H. Months
to   Numbers Available for Assignment to
Exhaust[5]   Customers(A)
=
                     Average Monthly Forecast(G)

Block Requested	Available Numbers	Months To Exhaust
1	**0**	**0.00**
2	**1000**	**3.333**

I.
Utilization   Assigned Numbers(B) - Excluded
[6] =   Numbers(D)   X 100 = **N/A**

                    Total Numbering Resources(C)-
                        Excluded Numbers(D)

Explanation: _____

November 21, 2003   Attachment 3
ATIS-0300066.at3
                    Pooling Administrator's Response/Confirmation
                                TBPAG Part 3

Tracking Number :   605-SIOUX
                        FLS-SD-703869

Date of Application: 02/18/2014   Effective Date:
Date of Receipt: 02/18/2014   Date of   02/24/2014

<div align="center">Response:</div>

Service Provider Name:	ONVOY, INC. - SD
(Telcordia [TM] LERG [TM] Routing Guide) OCN:	858G
Parent Company OCN:	858G

NPAC SOA SPID :

Pooling Administrator Contact Information:

Genevieve Bettiga	Phone:	925-363-7652
Signature of Pooling Administrator		
Genevieve Bettiga	Fax:	925-363-7683
Name (print)		
Email:	genevieve.bettiga@neustar.biz	

NPA-NXX or NPA-NXX-X :	Block Assigned:
	Block Reserved :
	Block Reservation Expiration Date :
	Block/Code Modified :
	Block/Code Disconnected :

Block Contaminated(Yes or No) :

If Yes,enter the number of TNs contaminated :

Switch Identification(Switch Entity/POI): [1]	SXFLSDCOTMD
Rate Center:	SIOUX FLS

Rate Center Sub Zone:

X Form Complete, request denied.

Explanation:

DR-09: Records indicate there already is an LRN for the requested switch and LATA. According to the Thousands-Block Number Pooling Administration Guidelines (Section 8.2), ?An SP requiring an LRN will not be assigned an NXX for the sole purpose of establishing an LRN (either initial or growth NXX in a rate area) unless that service provider?s switch or subtending POI does not yet have an LRN for the LATA where the SP intends to provide service.?

If you are in disagreement with the disposition of this request, please refer to the Thousands-Block Number (NXX-X) Pooling Administration Guidelines for the appeals process.

Request withdrawn.

Explanation:

Assignment activity suspended by the administrator.

Explanation:

Remarks: