

**CALIFORNIA PUBLIC UTILITIES
COMMISSION**
Advice Letter Filing Summary Sheet
(PAL)

(Date Filed / Received Stamp by CPUC Industry Division)

Date AL served on parties: 11/13/2018

Company Name: Sierra Telephone Company, Inc.

CPUC Utility Number U-1016-C

Address: P.O. Box 219

GRC-LEC URF-Carrier Other

City, State, ZIP:: Oakhurst, CA 93644-0219

Commission Resolution Requested
 Carrier of Last Resort (See D.96-10-066)

Filing AL #: 457 Requested Effective Date: 1/1/2019

AL Tier I II III

	Name:	Email Address:	Phone No.:	Fax No.:
Filer	Al Baumgarner	alb@STCG.net	559-642-0238	559-683-4233
Certif.	Linda Lassen	Regtariffs@STCG.net	559-642-0369	No. Tariff Sheets: <u>12</u>

(Name, email address & Phone and FAX numbers are Required for "Filer")

Tariff Schedules: A1, A2 and A10

Keyword: Service Changes
(see keyword list on reverse)

For Contract Keyword, Type: Government Other Date Executed _____ Contract Total Rev (\$) _____

Subject of filing: Request to Grandfather/ Freeze for ISDN-BRI Services
(Service(s) included)

Authorization for filing: D.07-01-024, D.07-09-019
(Resolution #, Decision #, etc.)

Affected services: _____
(Other services affected, pending or replacement AL filings)

Rate Element(s) affected and % change: _____
(Non-recurring and / or recurring)

Customer Notice Required (if so, please attach)

Notes/Comments: _____
(Other information & reference to advice letter, etc.)

File Protest and/or Correspondence to:
Director, Telecommunications Division
505 Van Ness Ave., San Francisco, CA 94102
and if you have email capability, ALSO email to:
TD_PAL@cpuc.ca.gov
Protest also must be served on utility:
(see utility advice letter for more information)

GRC-LEC = Cost of Service LEC Carrier
URF-Carrier = Uniform Regulatory Framework Carrier
(see D.06-08-030/D.07-09-019)
OTHER = Wireless (CMRS) Carrier

(FOR CPUC USE ONLY)

Resolution Required
 Executive Action Resolution Req'd.
 TD Suspension on: ___ / ___ / ___
 Comm. Suspension on: ___ / ___ / ___

Resolution No.: T - _____

Rev. 09/24/07

Supv. / Analyst _____ / _____

Due Date to Supv.: _____

Analyst Completion Date: _____

Supervisor Approval Date: _____

AL / Tariff Effective Date: _____

Notes: _____