

Oklahoma Corporation Commission

REQUEST FOR WITHDRAWAL OF OKLAHOMA CERTIFICATE OF CONVENIENCE AND NECESSITY

*This form should not be used if the Company currently serves Oklahoma Customers

		Date:
	Mark Argenbright, Director : Cessation of Business in Oklahoma	
In accordan	nce with OAC 165: 55-15-5, 165: 56-14-	3, 165: 57-12-3, and/or 165: 58-12-3,
of telecomr	(Name of Company) ithdrawal of its Certificate of Convenience munications service(s) in the State of Okl wer the following questions, as applicable	ahoma, effective (Effective Date of Cessation)
	· · · · · · · · · · · · · · · · · · ·	es not attest to this, PUD will not file an Company's behalf. The Company may file 165:55-15-5, OAC 165:56-14-3, OAC
	The Company presently has no custome	ers within the state.
	The Company presently has Cunumber of Customers	istomers within the state.
		has been sent to customers detailing the ue. If selected, please attach the Notice of
	The Company presently has no outstand	ling customer deposits.
	The Company presently has	utstanding customer deposits.

Does the Company have any Intrastate Gross Operating Revenues for the current calendar year?

(Number of Deposits)

If yes, please provide the Intrastate Gross Operating Revenues for the current calendar year:



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Did the Company generate any Intrastate Gross Operating Revenues for the previous calendar year?
If yes, please provide the Intrastate Gross Operating Revenues for the previous calenda year:
If the Company generated any Intrastate Gross Operating Revenues for the current or previous calendar year, did the Company complete its reporting obligations to the PUD Fee Assessment, OUSF Fee Assessment, and Annual Report, as applicable?
Please explain the procedure used to refund customer deposits:
Please explain the reason for cessation of business in the State of Oklahoma:
Please list all contact information for the contact person(s) responsible for concluding all outstanding business with the Oklahoma Corporation Commission and customers:
Name: Mailing Address:

Email:



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AFFIDAVIT

This Affidavit must be executed by the President, Chief Executive Officer, or an individual with authority to bind the company.

(Print Name and Title of Affiant)				
eing first duly sworn state	that:			
	(Print Legal Name of Certificated Comp	pany)		
ereby requests that the Ok	dahoma Corporation Commission w	rithdraw the Company's		
	and Necessity to operate in Oklahor			
(Effective Date of Cessation)	-			
further attest that the Con	npany does not currently serve any (okianoma customers.		
		Signature of Affiant)		
State	e of, Count			
	e of, Count	ty of		
		ty of		
	e of, Count	ty of		
	e of, Count scribed and sworn before me on	ty of		
	e of, Count scribed and sworn before me on			