



**CLEC APPLICATION FOR REGISTRATION**

**1. General Information**

Federal Identification Number 95-4862910

Date of Application October 30, 2006

Legal Name Airespring, Inc.

Trade Name (d/b/a)  
in New Hampshire \_\_\_\_\_

Contact Person Cynthia Firstman, Director of Finance

Complete Mailing Address 6060 Sepulveda Blvd.  
Van Nuys, California 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address info@airespring.com

**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? No

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? No

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? No

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? No

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. No

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 the three primary telecommunications services the company will provide:

a. See Exhibit A

---

b.

---

c.

---

Identify the applicant's proposed service area:

Verizon exchanges

---

---

### 4. Required Attachments

a. A copy of the New Hampshire Secretary of State Certificate of Authority

See Exhibit B

b. Proof of Surety Bond

See Exhibit C

c. Form CLEC-1, Contact Information

See Exhibit D

d. A copy of the CLEC's complete rate schedule

See Exhibit E

e. A copy of Form CLEC -11, Adoption of Model Tariff, if applicable

See Exhibit F



**5. Compliance Statements**

I attest that the applicant will comply with all applicable New Hampshire laws and all Commission policies, rules and orders. [Puc 1304.02(a)(7)] \_\_\_\_\_ (initial)

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

I attest that the applicant agrees to use with the Verizon New Hampshire rates for intraLATA switched access, as filed in Tariff 85, including future changes, or charge a lower rate. In the event the applicant believes a higher rate is justified, the applicant will file a separate petition with evidence supporting the higher rate. \_\_\_\_\_ (initial)

**6. Signature**

I, Avi Lonstein, 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 \_\_\_\_\_ President \_\_\_\_\_ 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 \_\_\_\_\_

## EXHIBITS

- Exhibit A -- Nature of Service
- Exhibit B -- New Hampshire Secretary of State
- Exhibit C -- Request for Waiver of Surety Bond
- Exhibit D -- CLEC-1, Contact Information
- Exhibit E -- Rate Schedule
- Exhibit F -- CLEC 11, Adoption of Model Tariff
- Exhibit G -- Contact Escalation List

## Exhibit A -- Nature of Services

Upon initiation of service in New Hampshire, Airespring, Inc., (Airespring) proposes to offer resold local exchange services, and local services using Unbundled network elements purchased from Verizon through a wholesale commercial agreement. Such services will be provided by utilizing Verizon facilities. Airespring intends to provide all forms of intrastate local exchange telecommunications services including:

- A. Local Exchange Services for business and residence customers that will enable customers to originate and terminate local calls in the local calling area served by Verizon, including local dial tone and custom calling features..
- B. Switched local exchange services, including basic service, trunks, carrier access, and any other switched local services that currently exist or will exist in the future.
- C. Non-switched local services (e.g., private line) that currently exist or will exist in the future.
- D. Centrex and/or Centrex-like services that currently exist or will exist in the future.
- E. Digital subscriber line, ISDN, PRI, and other high capacity line services.

Airespring seeks authority to resell and provide local exchange services initially throughout the State in the areas served by Verizon. Since Applicant will providing service initially in the same local exchanges as service is provided by Verizon, which has service area maps on file with the Commission, no maps of the proposed service area are being filed by Applicant, and Applicant hereby concurs with such maps and respectfully requests a waiver of the requirement to file service area maps.

Exhibit B -- New Hampshire Secretary of State

Exhibit C -- Request for Waiver of Surety Bond

Airespring, Inc. will not require any customer deposits or do any advance billing

Exhibit D -- CLEC-1, Contact Information





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-1  
Contact Information  
Page 1 of 4  
Puc 449.02  
Rev. 12/06/04

### CONTACT INFORMATION

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

Check here if you would prefer electronic notices rather than notice by US Mail

Date October 30, 2006

#### 1. General Information

Federal Identification Number 95-4862910

CLEC Authorization Number \_\_\_\_\_

Legal Name Airespring, Inc.  
Trade Name d/b/a  
in New Hampshire \_\_\_\_\_

Complete Mailing Address 6060 Sepulveda Blvd.  
VAN NUYS, CALIFORNIA 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address INFO@AIRESPRING.COM

Website WWW.AIRESPRING.COM

#### 2. Person Responsible for Preparing the CLEC Annual Report

Name CYNTHIA FIRSTMAN

Title DIRECTOR OF FINANCE

Complete Mailing Address 6060 Sepulveda Blvd.  
VAN NUYS, CALIFORNIA 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address INFO@AIRESPRING.COM



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-1  
Contact Information  
Page 2 of 4  
Puc 449.02  
Rev. 12/06/04

### 3. Person Responsible for Paying Assessment Bills

Name CYNTHIA FIRSTMAN

Title DIRECTOR OF FINANCE

Complete Mailing Address 6060 Sepulveda Blvd.

VAN NUYS, CALIFORNIA 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address INFO@AIRESPRING.COM

### 4. Regulatory Contact

Name CYNTHIA FIRSTMAN

Title DIRECTOR OF FINANCE

Complete Mailing Address 6060 Sepulveda Blvd.

Van Nuys, California 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address INFO@AIRESPRING.COM

### 5. Person that Commission's Consumer Affairs Department Should Call Regarding Customer Complaints

Name DAVID LONSTEIN

Title CUSTOMER SERVICE MANAGER

Complete Mailing Address 6060 Sepulveda Blvd.

VAN NUYS, CALIFORNIA 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address DAVID@AIRESPRING.COM



#### 6. Director of Customer Service

Name DAVID LONSTEIN

Title CUSTOMER SERVICE MANAGER

Complete Mailing Address 6060 Sepulveda Blvd.

VAN NUYS, CALIFORNIA 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address DAVID@AIRESPRING.COM

#### 7. Company Officer Responsible for Customer Service

Name DAVID LONSTEIN

Title CUSTOMER SERVICE MANAGER

Complete Mailing Address 6060 Sepulveda Blvd.

VAN NUYS, CALIFORNIA 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address DAVID@AIRESPRING.COM

#### 8. End User Customer Service

Toll free 800 Number (888) 389-2899

Fax Number (818) 786-9225

E-mail Address INFO@AIRESPRING.COM

Hours of Operation The Company's services are provided on a monthly basis, and are available twenty-four (24) hours per day, seven (7) days per week.

#### 9. End User Repair Service

Toll free 800 Number (888) 389-2899

Fax Number (818) 786-9225

E-mail Address INFO@AIRESPRING.COM

Hours of Operation The Company's services are provided on a monthly basis, and are available twenty-four (24) hours per day, seven (7) days per week.



10. Names and Titles of Principal Officers

Name	Title
AVI LONSTEIN	CHAIRMAN, CEO, PRESIDENT AND SECRETARY
TONY LONSTEIN	EXECUTIVE VICE PRESIDENT
DANIEL LONSTEIN	VICE PRESIDENT AND CHIEF FINANCIAL OFFICER

11. Contact Escalation List

Please attach a contact escalation list, including, name, phone number and e-mail address for first level contacts, directors and company officers responsible for the following: network, interconnection; and provisioning.

See Exhibit G

12. 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 \_\_\_\_\_ PRESIDENT \_\_\_\_\_

Printed Name \_\_\_\_\_ AVI LONSTEIN \_\_\_\_\_

Date \_\_\_\_\_

Exhibit E -- Rate Schedule



**CLEC RATE SCHEDULE  
 COVER SHEET**

**1. General Information**

Federal Identification Number 95-4862910

CLEC Authorization Number \_\_\_\_\_ OR Date of Application October 30, 2006

Legal Name Airespring, Inc.

Trade Name (d/b/a) \_\_\_\_\_  
 in New Hampshire \_\_\_\_\_

Regulatory Contact Cynthia Firstman, Director of Finance

Complete Mailing Address 6060 Sepulveda Blvd.  
Van Nuys, California 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address info@airespring.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.

See Continuation of Exhibit E

**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 \_\_\_\_\_ Title President

Printed Name Avi Lonstein Date \_\_\_\_\_

**RATE SHEET**  
**TABLE OF CONTENTS**

Description

Table of Contents .....	1
General Customer Rate Information .....	2
Intrastate IntraLATA Residential MTS Rates .....	3
Intrastate IntraLATA Business MTS Rates .....	4
Business Local Exchange Rates .....	5-7
Residential Local Exchange Rates .....	8-11

## General Customer Rate Information

1. Name of the service as appears on customer bills:  
Local Exchange Telecommunications Services
2. Name of the service as appears on company provisioning documents:  
Intrastate IntraLATA Residential MTS Rates  
Intrastate IntraLATA Business MTS Rates  
Business Local Exchange Rates  
Residential Local Exchange Rates
3. A brief description of service:
4. The price at which the service is offered; and  
See Page 3 - 11 of this Rate Sheet
5. The date on which the price is effective.

Upon Approval from New Hampshire Public Utilities Commission



**Intrastate IntraLATA Residential MTS Rates**

All Calls	Day		Evening		Night	
	First Second (\$)	Add'l. Second (\$)	First Second (\$)	Add'l. Second (\$)	First Second (\$)	Add'l. Second (\$)
Mileage						
124	0.0135	0.0035	0.0125	0.0025	0.0117	0.0017

Surcharges	Per Call (\$)
Directory Assistance	
Private Phones (5)	0.40
Public Phones	0.00
Calling Card	0.65
Operator-Assisted	
Automated Service	1.05
Live Operator	1.65
Person-to-Person	3.55
Coin Sent-Paid	0.70

Usage Discounts	Credit (\$)
Day Usage Only Minutes of Use	
480	0.00
4800	0.08
4801 +	0.11

**Intrastate IntraLATA Business MTS Rates**

All Calls	Day		Evening		Night	
	First Second (\$)	Add'l. Second (\$)	First Second (\$)	Add'l. Second (\$)	First Second (\$)	Add'l. Second (\$)
Mileage						
124	0.0135	0.0035	0.0125	0.0025	0.0117	0.0017

Surcharges	Per Call (\$)
Directory Assistance	
Private Phones (5)	0.40
Public Phones	0.00
Calling Card	0.65
Operator-Assisted	
Automated Service	1.05
Live Operator	1.65
Person-to-Person	3.55
Coin Sent-Paid	0.70

Usage Discounts	Credit (\$)
Day Usage Only Minutes of Use	
480	0.00
4800	0.08
4801 +	0.11

**Business Local Exchange Rates**

	USOC	Flat-Rate Monthly (\$)	Service NRC (\$)	USOC	Measured Monthly (\$)	4E Service NRC (\$)
<b>Individual Line &amp; Multiline Key</b>						
Rate Class A		27.70	60.00		20.86	60.00
Rate Class B		31.71	60.00		20.86	60.00
Rate Class C		35.89	60.00		20.86	60.00
Rate Class D		40.27	60.00		20.86	60.00
Rate Class E		44.63	60.00		20.86	60.00
<b>PBX Trunk</b>						
Rate Class A		40.81	60.00		21.01	60.00
Rate Class B		46.92	60.00		21.01	60.00
Rate Class C		53.29	60.00		21.01	60.00
Rate Class D		59.97	60.00		21.01	60.00
Rate Class E		66.60	60.00		21.01	60.00
<b>Direct Inward Dialing (DID)</b>						
DID Station Numbers						
100 DID Station Numbers	ND8	37.40	26.76	ND8	37.40	26.76
DID Trunk Termination						
First 10 Trunks, Each		89.05	42.56		89.05	42.56
Additional Trunks, Each		44.53	42.56		44.53	42.56
<b>Usage Allowance</b>						
		N/A	N/A		6.00	N/A
		<b>First Minute (\$)</b>	<b>Add'l. Minute (\$)</b>		<b>First Minute (\$)</b>	<b>Add'l. Minute (\$)</b>
<b>Usage Charges</b>						
Peak Hours						
Call Area B		N/A	N/A		0.0700	0.0300
Call Area B		N/A	N/A		0.0900	0.0400
Off-Peak Hours						
Call Area B		N/A	N/A		0.0550	0.0150
Call Area B		N/A	N/A		0.0700	0.0200

## Business Local Exchange Rates (Cont'd.)

	USOC	Flat-Rate Monthly (\$)	Service NRC (\$)	USOC	Measured Monthly (\$)	4E Service NRC (\$)
<b>Additional Charges</b>						
Federal Universal Service Fund						
Individual Line		0.59	0.00		0.59	0.00
Multiple Line		0.83	0.00		0.83	0.00
PBX with DID/EUPC		1.20	0.00		1.20	0.00
PBX - All Others		1.04	0.00		1.04	0.00
Hunting		0.00	24.32		0.00	24.32
End User Common Line (EUCL)						
Individual Line	9LM	6.38	0.00	9LM	6.38	0.00
Multiple Line or Trunk	9ZR	6.38	0.00	9ZR	6.38	0.00
End User Port Charges(EUPC)						
Per DID Trunk		1.21	0.00		1.21	0.00
Directory Assistance						
After 5th Call (Per Call)		0.40	0.00		0.40	0.00
<b>Optional Features</b>						
Local Usage Detail, Per Line/Trunk		N/A	N/A		2.98	13.00
<b>Order Charges</b>						
Service Order						
Each Additional Line/Trunk		0.00	60.00		0.00	60.00
Changes to Existing Line/Trunk		0.00	31.00		0.00	31.00
Secondary/Record Order		0.00	12.00		0.00	12.00
<b>Premises Visit Charge</b>						
First 15 Minutes		0.00	32.00		0.00	32.00
Additional 15 Minutes		0.00	12.00		0.00	12.00

## Business Local Exchange Rates (Cont'd.)

	USOC	Monthly (\$)	NRC (\$)
<b>Vertical Features (VF)</b>			
<b>Custom Calling Features</b>			
Call Waiting	ESX	7.43	0.00
Call Forwarding (Variable)	ESM	7.43	0.00
Call Forwarding II			
Busy Line		2.75	0.00
Do Not Answer		2.75	0.00
Busy Line/Do Not Answer		4.00	0.00
Three-Way Calling	ESC	7.43	0.00
Speed Calling			
8 Number Capacity	E8C	5.94	0.00
30 Number Capacity	E3D	9.20	0.00
<b>Custom Calling Discounts</b>			
Each Additional Feature		-1.42	0.00
<b>Ringmate Ring Identification</b>			
One Dependent Number	DRS1X	6.00	0.00
Two Dependent Numbers	DRS2X	10.00	0.00
<b>PhonSMART Features</b>			
Call Return	NSS	2.25	0.00
Caller ID	NSD	4.95	0.00
Caller ID with Name	NNK	5.95	0.00
Call Waiting ID	NWT	4.95	0.00
Call Waiting ID with Name	N7PXA	5.95	0.00
Repeat Dialing	NSQ	2.25	0.00
Repeat Dialing and Call Return	NSP	3.95	0.00
Anonymous Call Rejection	AYK	3.00	0.00
<b>WorkSMART Discounts (%)</b>			
1-Year Commitment		-10.00	0.00
2-Year Commitment		-15.00	0.00
3-Year Commitment		-20.00	0.00
<b>Per-Use Features</b>			
Call Return	NSS	0.50	0.00
Repeat Dialing	NSQ	0.50	0.00
Call Trace	NST	3.25	0.00

## Residential Local Exchange Rates

	USOC	Flat-Rate Monthly (\$)	Service NRC (\$)	USOC	Measured Monthly (\$)	4E Service NRC (\$)
<b>Individual Line</b>						
Rate Class A		11.11	39.00		7.82	39.00
Rate Class B		12.10	39.00		7.82	39.00
Rate Class C		13.25	39.00		7.82	39.00
Rate Class D		14.41	39.00		7.82	39.00
Rate Class E		15.69	39.00		7.82	39.00
<b>Usage Allowance</b>		N/A	N/A		4.00	N/A
		<b>First Minute (\$)</b>	<b>Add'l. Minute (\$)</b>		<b>First Minute (\$)</b>	<b>Add'l. Minute (\$)</b>
<b>Usage Charges (Peak)</b>						
Call Area A		N/A	N/A		0.0700	0.0300
Call Area B		N/A	N/A		0.0900	0.0400
<b>Usage Charges (Off-Peak)</b>						
Call Area A		N/A	N/A		0.0550	0.0150
Call Area B		N/A	N/A		0.0700	0.0200
<b>Additional Charges</b>						
Touch-Tone		0.00	0.00		0.00	0.00
End User Common Line (EUCL)						
Primary Line	9LM	6.38	0.00	9LM	6.38	0.00
Additional Line	9ZRMR	6.38	0.00	9ZRMR	6.38	0.00
Federal Universal Service Fund						
Primary Line		0.59	0.00		0.59	0.00
Additional Line		0.59	0.00		0.59	0.00
Directory Assistance						
After 5th Call (Per Call)		0.40	0.00		0.40	0.00
<b>Optional Features</b>						
Local Usage Detail, Per Line		N/A	N/A		0.89	10.00

Residential Local Exchange Rates (Cont'd.)

	USOC	Flat-Rate Monthly (\$)	Service NRC (\$)	USOC	Measured Monthly (\$)	4E Service NRC (\$)
<b>Order Charges</b>						
Service Order						
Each Additional Line		0.00	39.00		0.00	39.00
Change to Existing Line		0.00	31.00		0.00	31.00
Secondary/Record Order		0.00	5.70		0.00	5.70
<b>Premises Visit Charge</b>						
First 15 Minutes		0.00	32.00		0.00	32.00
Additional 15 Minutes		0.00	12.00		0.00	12.00

## Residential Local Exchange Rates (Cont'd.)

	USOC	Measured Monthly (\$)	4E Low NRC (\$)	USOC	Low Use Monthly (\$)	Measured NRC (\$)
<b>Individual Line</b>						
All Rate Classes		6.08	39.00		6.05	39.00
<b>Usage Allowance</b>		1.50	N/A		N/A	N/A
<b>Message Unit Allowance</b>		N/A	N/A		30.00	N/A
		<b>First Minute (\$)</b>	<b>Add'l. Minute (\$)</b>		<b>First Minute (\$)</b>	<b>Add'l. Minute (\$)</b>
<b>Usage Charges</b>						
<b>Peak</b>						
Call Area A		0.0700	0.0300		0.1650	0.1650
Call Area B		0.0900	0.0400		0.1650	0.1650
<b>Off-Peak</b>						
Call Area A		0.0550	0.0150		0.1650	0.1650
Call Area B		0.0700	0.0200		0.1650	0.1650
		<b>Monthly (\$)</b>	<b>NRC (\$)</b>		<b>Monthly (\$)</b>	<b>NRC (\$)</b>
<b>Additional Charges</b>						
Touch-Tone		0.00	0.00		0.00	0.00
End User Common Line (EUCL)						
Primary Line	9LM	6.38	0.00	9LM	6.38	0.00
Additional Line	9ZRMR	6.38	0.00	9ZRMR	6.38	0.00
Federal Universal Service Fund						
Primary Line		0.59	0.00		0.59	0.00
Additional Line		0.59	0.00		0.59	0.00
Directory Assistance						
After 5th Call (Per Call)		0.40	0.00		0.40	0.00
<b>Optional Features</b>						
Local Usage Detail, Per Line		0.89	10.00		N/A	N/A
<b>Order Charges</b>						
Service Order						
Each Additional Line		0.00	39.00		0.00	39.00
Change to Existing Line		0.00	31.00		0.00	31.00
Secondary/Record Order		0.00	5.70		0.00	5.70
<b>Premises Visit Charge</b>						
First 15 Minutes		0.00	32.00		0.00	32.00
Additional 15 Minutes		0.00	12.00		0.00	12.00



## Residential Local Exchange Rates (Cont'd.)

All Calling Plans	USOC	Monthly (\$)	NRC (\$)
<b>Vertical Features (VF)</b>			
<b>Custom Calling Features</b>			
Call Waiting	ESX	3.81	0.00
Call Forwarding (Variable)	ESM	3.81	0.00
Call Forwarding II			
Busy Line		1.35	0.00
Do Not Answer		1.35	0.00
Busy Line/Do Not Answer		2.00	0.00
Three-Way Calling	ESC	4.51	0.00
Speed Calling			
8 Number Capacity	E8C	2.98	0.00
30 Number Capacity	E3D	5.94	0.00
<b>Custom Calling Discounts</b>			
Each Additional Feature		-0.73	0.00
<b>Ringmate Ring Identification</b>			
One Dependent Number	DRS1X	3.00	0.00
Two Dependent Numbers	DRS2X	5.00	0.00
<b>Phon SMART Features</b>			
Call Return	NSS	2.25	0.00
Caller ID	NSD	4.95	0.00
Caller ID with Name	NNK	5.95	0.00
Call Waiting ID	NWT	4.95	0.00
Call Waiting ID with Name	N7PXA	5.95	0.00
Repeat Dialing	NSQ	2.25	0.00
Repeat Dialing and Call Return	NSP	3.95	0.00
Anonymous Call Rejection	AYK	3.00	0.00
<b>Package Plans</b>			
ValuePack	NLRSA	17.99	0.00
<b>Per-Use Features</b>			
Call Return	NSS	0.50	0.00
Repeat Dialing	NSQ	0.50	0.00
Call Trace	NST	3.25	0.00

Exhibit F -- CLEC 11, Adoption of Model Tariff



**ADOPTION OF A MODEL TARIFF**

**1. General Information**

Federal Identification Number 95-4862910

CLEC Authorization Number \_\_\_\_\_ OR Date of Application October 30, 2006

Legal Name Airespring, Inc.

Trade Name (d/b/a) \_\_\_\_\_  
 in New Hampshire \_\_\_\_\_

Regulatory Contact Cynthia Firstman, Director of Finance

Complete Mailing Address 6060 Sepulveda Blvd.  
Van Nuys, California 91411

Phone Number (818) 786-8990

Fax Number (818) 786-9225

E-mail Address info@airespring.com

**2. Declaration of Intention to Adopt the NHPUC Model Tariff**

I attest that the applicant adopts the New Hampshire Model Tariff by reference as prescribed in PUC as of:

Date: \_\_\_\_\_

**DO NOT FILE A COPY OF NHPUC MODEL TARIFF**

**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 \_\_\_\_\_ Title President

Printed Name Avi Lonstein Date \_\_\_\_\_

Exhibit G -- Contact Escalation List

**Network, Interconnection and Provisioning Issues:**

**First Level Contact:**

Name: David Lonstein  
Title: Customer Service Manager  
Mailing address: 6060 Sepulveda Blvd.  
Van Nuys, California 91411  
Telephone number: (818) 786-8990  
Toll-Free number: (888) 389-2899  
Facsimile number: (818) 786-9225  
E-mail address: david@airespring.com

**Second Level Contact:**

Name: Cynthia Firstman  
Title: Director of Finance  
Mailing address: 6060 Sepulveda Blvd.  
Van Nuys, California 91411  
Telephone number: (818) 786-8990  
Toll-Free number: (888) 389-2899  
Facsimile number: (818) 786-9225  
E-mail address: info@airespring.com

**Third Level Contact:**

Name: Avi Lonstein  
Title: President  
Mailing address: 6060 Sepulveda Blvd.  
Van Nuys, California 91411  
Telephone number: (818) 786-8990  
Toll-Free number: (888) 389-2899  
Facsimile number: (818) 786-9225  
E-mail address: info@airespring.com