



**N. Lynn Morley**  
**Board Chair and President**

**P.O. Box 171, Fossil, OR 97830**  
**Phone: 541-763-3460**  
**Email: [lynn@frontier-telenet.org](mailto:lynn@frontier-telenet.org)**

March 5, 2019

**VIA Email-only**

To: [puc.filingcenter@state.or.us](mailto:puc.filingcenter@state.or.us)

**Re: Notification of New Representative/Contact Information for  
Frontier Telenet, ID# 8010 (Competitive Provider Granted a Certificate of  
Authority on 06/17/2005 in docket CP 1034 (Order No. 05-788))**

Dear Madam or Sir:


Please update your records for Frontier Telenet (Frontier), OPUC ID#8010, to reflect the following:

<b>Role</b>	<b><i>Former</i> Contact Information:</b>	<b><i>NEW Contact Information Effective Immediately:</i></b>
Main Company Contact Info:	Frontier Telenet PO BOX 614, CONDON OR 97823 Attn: Rob Meyers ( <a href="mailto:rob@remyers.org">rob@remyers.org</a> )	Frontier Telenet P.O. Box 171, Fossil, OR 97830 Attn: Lynn Morley ( <a href="mailto:compliance@frontier-telenet.org">compliance@frontier-telenet.org</a> )
Legal Counsel:	James Deason 772 EDGEWOOD AVE NE, STE 5 ATLANTA GA 30307 <a href="mailto:jimdeason.or@gmail.com">jimdeason.or@gmail.com</a>	Same (unchanged)
Regulatory Compliance Officer:	Rob Myers PO BOX 17 CONDON OR 97823 <a href="mailto:rmyers@frontiertelenet.net">rmyers@frontiertelenet.net</a>	Lynn Morley Frontier Telenet P.O. Box 171, Fossil, OR 97830 <a href="mailto:compliance@frontier-telenet.org">compliance@frontier-telenet.org</a>

Also attached for your reference is a copy of Frontier's revised OUS1 submitted to the OUS Administrator on February 8, 2019.

Thank you for your time and consideration. If you have any questions or need additional information regarding Frontier, please do not hesitate to contact me.

Sincerely,

  
N. Lynn Morley  
Board Chair and President

## Oregon Universal Service Identification Worksheet

Please read instructions before completing this form. All telecommunications providers operating in Oregon must complete the Oregon Universal Service Identification Worksheet (OUS 1) and the Contribution Worksheet (OUS 2). Eligible telecommunications providers designated by the OPUC must, in addition, complete the Distribution Worksheet (OUS 3). This form must be completed any time there is a change in the information. Submit completed forms to the OUS Administrator via fax to 973-599-6504 or mail to Oregon USF 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054.

### Block 1: Telecommunications Service Provider Information

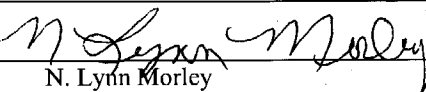
1. Legal Name of Provider: Frontier Telenet	Company ID #: 8010						
2. Name Provider Is Doing Business As: Frontier Telenet							
3. Classification: <input type="checkbox"/> Telecommunications Utility <input checked="" type="checkbox"/> Competitive Provider <input type="checkbox"/> Wireless (Radio) Common Carrier							
4a. Principal Telecommunications Businesses <input type="checkbox"/> Shared Tenant Service (STS) <input type="checkbox"/> Local Exchange Switched Service <input type="checkbox"/> Local Exchange Non-Switched Service <input type="checkbox"/> Toll (Interexchange) Switched Service <input type="checkbox"/> Toll Non-Switched Service <input type="checkbox"/> Operator Service <input checked="" type="checkbox"/> Cellular/PCS/CMR <input type="checkbox"/> Paging/Messaging	4b. How furnished (check one or more) <u>Constructed Facilities</u> <input type="checkbox"/> Network Access (Lines) <input type="checkbox"/> Local Switching <input type="checkbox"/> Interexchange Transport <input type="checkbox"/> Operator Board <input checked="" type="checkbox"/> Wireless Radio <u>Leased UNEs from ILEC</u> <input type="checkbox"/> Network Access (Lines) <input type="checkbox"/> Local Switching <input type="checkbox"/> Interexchange Transport <input type="checkbox"/> Operator Board <u>Service Resale</u> <input type="checkbox"/> Local Service <input type="checkbox"/> Toll Service <input type="checkbox"/> Operator Service <input type="checkbox"/> Wireless						
5. Name of Holding Company: Not applicable							
6. Name of Management Company: Not applicable							
7. Principal Carrier Identification Code Used for Interexchange Service: Not applicable							
8. Mailing Address of Corporate Headquarter's: P.O. Box 171, 401 Fourth St. <div style="text-align: right; font-size: small;">(Street Address)</div> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Fossil</td> <td style="border: none; text-align: center;">OR</td> <td style="border: none; text-align: right;">97830</td> </tr> <tr> <td style="border: none; text-align: center;">(City)</td> <td style="border: none; text-align: center;">(State)</td> <td style="border: none; text-align: center;">(Zip)</td> </tr> </table>		Fossil	OR	97830	(City)	(State)	(Zip)
Fossil	OR	97830					
(City)	(State)	(Zip)					
9. Telephone Number for Customer Inquiries: 541-763-3460							

### Block 2: Contact Information

10. Name of Contact Person: Jim Deason, Attorney at Law							
11a. Telephone Number: 503-893-4564	11b. Fax Number:						
12. Email Address: <a href="mailto:compliance@frontier-telenet.org">compliance@frontier-telenet.org</a>							
13. Mailing Address: P.O. Box 171 <div style="text-align: right; font-size: small;">(Street Address)</div> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Fossil</td> <td style="border: none; text-align: center;">OR</td> <td style="border: none; text-align: right;">97830</td> </tr> <tr> <td style="border: none; text-align: center;">(City)</td> <td style="border: none; text-align: center;">(State)</td> <td style="border: none; text-align: center;">(Zip)</td> </tr> </table>		Fossil	OR	97830	(City)	(State)	(Zip)
Fossil	OR	97830					
(City)	(State)	(Zip)					
14. Billing Address: P.O. Box 171 <div style="text-align: right; font-size: small;">(Street Address)</div> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Fossil</td> <td style="border: none; text-align: center;">OR</td> <td style="border: none; text-align: right;">97830</td> </tr> <tr> <td style="border: none; text-align: center;">(City)</td> <td style="border: none; text-align: center;">(State)</td> <td style="border: none; text-align: center;">(Zip)</td> </tr> </table>		Fossil	OR	97830	(City)	(State)	(Zip)
Fossil	OR	97830					
(City)	(State)	(Zip)					

### Block 3: Certification (To be signed by an officer of the telecommunications provider.)

I certify that: (1) I am an officer of the above-name provider; (2) I have examined this report; (3) to the best of my knowledge, information, and belief all statements contained in this worksheet are true; and (4) said worksheet is an accurate statement of the affairs of the above-named provider.

15. Signature of Officer: 	18. Date of Signature: 2-8-19
16. Printed Name of Officer: N. Lynn Morley	
17. Position Held with Provider: Board of Directors Chair, President & Compliance Officer	