

**Central Office Code (NXX) Assignment Request – Part 1**  
**Revised September 24, 2001**

**Type of Application:**    ☒ New    ☐ Change<sup>1</sup>    ☐ Delete

**1.0 GENERAL INFORMATION****Fax Part 3 Response to 301-842-1439****1.1 Contact Information:**Code Applicant:Company/Entity Name: Charter FiberLink, LLC – MOHeadquarters Address: 12405 Powerscourt DriveCity, State, Zip: St Louis, MO 63131Contact Name: Mark KrausContact Address: 12405 Powerscourt Dr.City, State, Zip: St Louis, MO 63131Phone: 314-543-5782FAX: 314-288-3555E-Mail: mkraus@chartercom.comCode Administrator:<sup>2</sup>Name: Mary OgilvieAddress: 1800 Sutter StreetCity, State, Zip: Concord, CA 94520Phone: 925-363-8711FAX: 925-363-8714**1.2 NPA:** 636    **NXX:**<sup>3</sup>    **LATA:** 520    **OCN:**<sup>4</sup> 5607    **Parent Company's OCN(s)** 5606**Switching Identification (Switching Entity/POI):**<sup>5</sup> QVLDMOBKDS0**Locality/City/Wire Center:** Wentzville    **Rate Center:**<sup>6</sup> Wentzville**Homing Tandem Operating Co.:**<sup>7</sup> SBC    **Tandem Homing CLLI™:**<sup>8</sup> WNVLMOXA01T**1.3 Dates:**    **Date of Application:** 12-29-03    **Requested Effective Date:**<sup>9 10</sup> 3-4-04**1.4 Type of company/entity requesting the code:**a). CLEC (LEC, IC, CMRS, Other)b). b) Type of service LOCAL EXCHANGE (e.g., Cellular - Type 2)c). Code Assignment Preference (Optional) Any MCA NXXd). Codes that are undesirable, if any Any non-MCA NXX

e). Type of change: \_\_\_\_\_

**1.5 Type of Request (Initial, growth, etc.):** INITIAL to establish an MCA NXX for Pooling Administrator

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.

Pool Indicator \_\_\_\_\_ (YES)<sup>11</sup>**1.6 NPA Jeopardy Criteria Apply:**    Yes    No    ☒ X**1.7 Code request for new service (Explain):** \_\_\_\_\_**1.8 Part 2 is attached**    **Part 2 is not attached** ☒ X    **for BIRRDs**<sup>12, 13</sup>

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 the 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<sup>14</sup>.

Signature of Code Applicant<sup>15</sup>AOCN/Consultant  
Title12-29-03  
Date