

Date

Executive Director
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, KS 66604-4027

RE: Application for a Certificate of Convenience and Authority to (*Provide Switched or Resell*) (*identify the specific telecommunications service for which authority is sought in this application: i.e. local exchange and exchange access service, interexchange service, operator service, or interexchange and operator services*) within the State of Kansas.

Dear Executive Director:

Company Name (including d/b/a, if applicable) hereby submits the enclosed Application, seeking authority to operate as a (*provider or reseller*) of (*local exchange and exchange access service, interexchange service, operator service, or interexchange and operator services*) within the State of Kansas. An original and eight (8) copies are provided. Please date stamp one copy and return it to the undersigned in the postage-paid envelope provided.

Should there be any questions or additional information required, please do not hesitate to contact me at (XXX) XXX-XXXX (*extension XXXX*). Thank you!

Sincerely,

Name
Title

Enclosures