Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1
Carrier Identification Information

Parent Company Name
CenturyTel, Inc.

Service Provider Name
CenturyTel of Odon, Inc.

Company Address, City, State, Zip
P.O. Box 4065
Monroe, LA 71211-4065

Service Provider Type Wireless Wireline
Wireline

Name(s) of Wireless License Holder(s)

Contact Name
Deborah Sommers

Contact Tel #
318-340-5757

Fax #
318-388-9602

E-mail Address
Deborah.sommers@centurytel.com

Section 2
Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Martin County, Indiana
Greene County, Indiana

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

No emergency response point has been identified yet.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

The company is coordinating with the proper state officials to ensure a smooth transition once a PSAP is identified.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

The projected date that transition to the 911 abbreviated dialing code will be completed is September 11, 2002.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

__X__ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

_____ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature **Submitted electronically by Deborah Sommers**

Printed name of authorized representative **Deborah Sommers**

Title **Analyst II, Government Relations Department**

Date **March 8, 2002**

This filing is: **X** original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.