Record of Appearance

, 4

If you intend to enterest appearance in this proceeding as an attorney, age representative
of a party, or on behavior yourself (pro se) you should complete sign and somethis card to the
official reporter (court stenographer).
Please Print:
Case: 98-04-0690 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Your Name: Frances Marshall
Name of Lead Attorney (if any):
Your Firm Name (if any): U.S. Department of Justice
Your Business Address: 1401 H Street N.W.
Washington, DC. 20530
Telephone Number: (202) 307 - 2130 Fax Number: (202) 514 - 6381
Your Title: After new E-Mail Address: frances, marsha 4@ US
Client You Represent: U.S. Department of Justice 90
Client's Address: Same as above
Your Capacity in this Proceeding: 🗖 Attorney 🗆 Agent 🗀 Representative 🗀 Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others /associated with them is contrary to those
restrictions.
Signature Soun Marshall Date 6/29/98
(2)

Record of Appearance

If you intend to enterpresentative of a party, or on behavior services, you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:	_
Case: 98-C-	0690
Your Name: PATRICK C	CADY
Name of Lead Attorney (if any):	
Your Firm Name (if any): $APFLIED$	COMPUTER TECHNOCOGI
Your Business Address: 30 0'	HAIRE RD
MIDDLE	Toan NY 10941-3923
Telephone Number: <u>9/9</u> 692 350	20 Fax Number: 7/4 592 3503
	E-Mail Address: MOADY CACT-EDA
Client You Represent: PR□ S∈	. Cox
Client's Address:	
<u></u>	
Your Capacity in this Proceeding: Attor	ney Agent Representative Pro Se
Persons participating in this proceeding acki familiar with the restrictions set forth in Sect	nowledge by their signature below that they are ion 73 of the Public Officers' Law and certify that ers associated with them is contrary to those
1-737	296 298

Record of Appearance

If you intend to enterpresentative of a party, or on behan of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

•	• •		
Please Print:	C C - C C -		
Case:	1-1-0000		
Your Name:	DAVID ARONOW	AN DAN I	ECONOMOU
Name of Lead-Attor	rney (if any): <u>(0 - (00 P</u>	se Andors	- (Conomot)
Your Firm Name (if	any): <u>methopoli</u>		unu wollastons
Your Business Addi	ress: 301 DACK	NC	
	NY . NY .	10022	
Telephone Number	1: 212 759-057	$rac{\mathcal{N}}{}$ Fax Number:	
Your Title:	endent - coussel		
Client You Represe	nt:		
Client's Address:			
Your Capacity in thi	is Proceeding: Attorne	ev 🗆 Agent 🗆 Rep	resentative Pro Se
Persons participation	ing in this proceeding acknowledge of the section o	owledge by their signat on 73 of the Public Offic	ure below that they are ers' Law and certify that
Signature	IVVV IM	Date	
/	AVI		

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a proper representative of a party, or on behan of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
Case: 98-1-0690
Case: 98-C-9698 Your Name: Theresa Atkins
Name of Lead Attorney (if any):
Your Firm Name (if any): Tokegy Central LLC
Your Business Address: 20 Corp rate Woods
Albung
Telephone Number: (5/8) 462-1882 Fax Number: (5/8) 463-4937
Your Title: IP of Law E-Mail Address: Atknown & Telegy. ne
Client You Represent:
Client's Address:
Your Capacity in this Proceeding: 🙀 Attorney 🗆 Agent 🗗 Representative 🗆 Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.
A AP
Signature Date Date

Record of Appearance

If you intend to enterpresentative of a party, or on behan of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
case: <u>98-C-0690</u> (unbundled element combinations)
Your Name: David Ellen
Name of Lead Attorney (if any): (Same)
Your Firm Name (if any): Cablevision Lightpath
Your Business Address: 1 Media Crossways
Woodbury, NY 1/797-2013
Woodbury, NY 1/797-2013 Telephone Number: (516) 393-4123 Fax Number: (516) 393-5314 Your Title: Senjor Counsel E-Mail Address: deller & cablevision
Your Title: Senjor Counsel E-Mail Address: dellen & cablevisto
Client You Represent: (see firm name above)
Client's Address: (See business address above)
Your Capacity in this Proceeding: 📈 Attorney 🗆 Agent 🗆 Representative 🗆 Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.
Signature David Ellen Date 6/29/98

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a proper representative of a party, or on behan of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
Case: 48C 0690
Case: <u>48C 0690</u> Your Name: <u>PAUL D. REED</u>
Name of Lead Attorney (if any):
Your Firm Name (if any): Spriat
Your Business Address: 1301 Collage BLVD.
OVERMAND PARK KS. 66210
Telephone Number: 913-534-6109 Fax Number: 913-534-6817
Your Title: CASU MOR E-Mail Address: paus prepulming
Client You Represent:
Client's Address:
Your Capacity in this Proceeding: Attorney Agent Representative Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.
Signature Dan Date 6/28/98

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, agree or representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print: O S	1 P. DO	2 9 D		•	
Case:()	1-000				
Your Name:	ROB	ERT	<u>A.</u>	GAN	TON
Name of Lead Attorne		i V	200	()	<u> </u>
Your Firm Name (if any					AGENLY
Your Business Address	: 901 N	ALTZ .	RT S	t, Svit	- E 700
	ARLING	CTON		A 22	203
Telephone Number:	703-696-	1645 Fax	Number:	703-696	-2560
Your Title: ATT					
Client You Represent					7.MIC
Client's Address:	VASHING	MN,	<u> D.</u>	<i>C</i> .	
<u> </u>					
Your Capacity in this P	roceeding: Atto	orney 🗆 Ag	gent 🗆	Representative	□ Pro Se
Persons participating familiar with the restr	ictions set forth in Se	ction 73 of t	he Public C	Officers' Law and	certify that
restrictions. Signature	Menta "	XX)	6/29	198

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, again representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
Case: 98-C-069D
Your Name: KIMBERLY A. WILD
Name of Lead Attorney (if any):
Your Firm Name (if any): MCI
Your Business Address: 5 INTERNATIONAL DRIVE
EYE BROOK, NY 10573
Telephone Number(914)312-6127 Fax Number:(914)312-228 F
Your Title: SR. ATTNY E-Mail Address: KIMBERDY. WILD
Client You Represent: MCI. COM
Client's Address: (SAME AS ABOVE)
Your Capacity in this Proceeding: Attorney 🗆 Agent 🗀 Representative 🗆 Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.

Record of Appearance

If you intend to enterpolar appearance in this proceeding as an attorney, a control or representative of a party, or on behan of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
Case: 96-C-069D
Your Name: Rochelle Jones
Name of Lead Attorney (if any):
Your Firm Name (if any):
Your Business Address: 290 Har logy IV
Stantorcl CT 01450
Telephone Number: 203 328-4002 Fax Number: 203 328-4008
Telephone Number: 203 328-4002 Fax Number: 203 328-4008 Your Title: VIEPRES REQUIDIONY E-Mail Address: 10000103800 add.com
Client You Represent:
Client's Address:
Your Capacity in this Proceeding: Attorney Agent Representative Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.
Signature Roy Welles Well - Date 1 29-98

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a preparative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:	
Case:	8-6-0690
Your Name:	nathon Canis, Ross Buntrack
	ey (ifany): Jonathon Can's
Your Firm Name (if an	y): Kelley Drye & Warren LLP
Your Business Addres	
	Washington Dc 20036
Telephone Number:	(202)955-9600 Fax Number: (202)955-9792
Your Title:	E-Mail Address: <u>burrocke kell</u>
Client You Represent	: Intermedia Communications, e. spire orga
	Communications, Inc.
Your Capacity in this	Proceeding: Attorney - Agent - Representative - Pro Se
familiar with the rest	in this proceeding acknowledge by their signature below that they are trictions set forth in Section 73 of the Public Officers' Law and certify that pation nor that of others associated with them is contrary to those Manual Bullow Date

Record of Appearance

If you intend to entire pappearance in this proceeding as an attorney, again representative of a party, or on behan of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
Case: <u>98-C-0690</u>
Your Name: Karen R. Sistrunk
Name of Lead Attorney (if any):
Your Firm Name (if any): Sprint Covermine a files Co. L.P.
Your Business Address: 2 1850 M Street N.W. Sinte 1104
Telephone Number: 202-828-7429 Fax Number: 202-828-7404
Your Title: Horrer E-Mail Address: Karen. r. Sistruk @
Client You Represent: Sprint Communication Co. L.P. mail Sprint
Client's Address: 1880 m street NW, Ste 1101
Washinton DC 20036
Your Capacity in this Proceeding: Attorney - Agent - Representative - Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.
Signature When I Statute Date 10/29/98

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a proper representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:	0-	•	
Case:	98-C-0690		
Your Name: R	ITA WARNOCK		
Name of Lead Attorney (i	fany): RICHARD	RUBIN	
Your Firm Name (if any):	AT+T		
Your Business Address:	32 AVE OF	AMERICAS	RM 2040
	NEWYORK	NY 10013	
Telephone Number: <u>2</u>	2-387-6317	Fax Number: 213	1-387-4770
Your Title: ASST	MGR	E-Mail Address: 🗥	arnock@lga.att.
Client You Represent:			COM
Client's Address:			
************	· · · · · · · · · · · · · · · · · · ·		
Your Capacity in this Proc	eeding: 🛮 Attorney	□ Agent □ Repre	sentative 🗆 <i>Pro Se</i>
Persons participating in t familiar with the restricti neither their participations. restrictions.	ons set forth in Section 7.	3 of the Public Officer	s' Law and certify that
Λ	te Warrock	Date	129/98

~~11-0 (10,30)

STATE OF NEW YORK PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to entermy appearance in this proceeding as an attorney, or representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:	
case: Rebuniling 98-C	.0690
Your Name: Bonn Fi	20690 Locald \ Noelle Kinsch
Name of Lead Attorney (if any):	an FitzGentle
Your Firm Name (if any):Le Boul, L	amb Greene; Mache
Your Business Address: 99 Wish	ing Im Aun
Srite 2020	Alby M 12210
Telephone Number: SI8 465- 1500	Fax Number: 518 465-(585
Your Title: Cantel	E-Mail Address: Britzger@ 119 M. Com
Client You Represent: Time Warmer	<i>y</i> 3
Client's Address:	
Your Capacity in this Proceeding:	torney
familiar with the restrictions set forth in S	cknowledge by their signature below that they are section 73 of the Public Officers' Law and certify that others associated with them is contrary to those
Signature Bury	

Record of Appearance

If you intend to enterpresentative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print: QQ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Case:
Your Name: Antony Richard Petrilla
Name of Lead Attorney (if any): Saw
Your Firm Name (if any): Swidler + Berlin
Your Business Address: 3000 K Street, N. W., Suite 30
Washington, D. C. 20007
Telephone Number: 202-424-7845 Fax Number: 202-424-7645
Your Title: <u>attorney</u> E-Mail Address: <u>ARPENTUA @ 300000</u>
Client You Represent: RCN TOIR COM SENTES, Z. C. Swidla
Client's Address: USW (OMMM) COHOMS, INCO COM
Your Capacity in this Proceeding: Attorney 🗆 Agent 🗀 Representative 🗀 Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.
Signature 0/29/98
- 1

UAH-6 (10/96)

STATE OF NEW YORK PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to enter an appearance in this proceeding as an attorney, agent or representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
Case: 98-0690
Your Name: SUSAN JIN DAVIS, ASSISTANT GENERAL COUNSE
Name of Lead Attorney (if any): THOMAS KOUTSKY, ASST G.C.
Your Firm Name (if any):COVAD COMMUNICATIONS COMPANY
Your Business Address: 6849 OLD DOMINION DR. SUITE 20
McLEAN, VA 22/01
Telephone Number: 1703) 734-9095 Fax Number:
Your Title: ASSISTANT GENERAL COUNSEL E-Mail Address: SidaVISQCOVAd. con
Client You Represent:COVA
Client's Address: See above
Your Capacity in this Proceeding: Attorney Agent Representative Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.
Signature Date 29/98

Record of Appearance

If you intend to enter an appearance in this proceeding as an attorney, agent or representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
Please Print: 98-C-06 90 Case: 98-C-06 90
Your Name: Keith J Roland
Name of Lead Attorney (if any):
Your Firm Name (if any): Koland L. Fogel
Your Business Address: Columbia Place
Albany NY 12207
Telephone Number: 5/8 434 81/2 Fax Number: 5/8 434 3232
Your Title: E-Mail Address:
Client You Represent: World Com, Duc
Client You Represent: World Com, Fuc Client's Address: Jackson, Muss
Your Capacity in this Proceeding: Attorney Agent Representative Pro Se Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions. Signature Date

Record of Appearance

If you intend to enter an appearance in this proceeding as an attorney, agent or representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:	0 -	• -	
Case:	48-C-06	90	
Your Name:	Emberry	Scardino	
Name of Lead Att	omey (if any):	imberly 5	icardino
Your Firm Name (i	ifany):		FAM B
Your Business Add	dress: 5 1n	ternativa	e Dule
	Rue	Brook, NI	1 10573
Telephone Number	er:9143126	124 Fax Number	: 914312220
Your Title:A	Honey	E-Mail Addr	ess: Kimberly. Scan
Client You Repres	ent:OI		GmcD. Com
Client's Address:	sare		
	this Proceeding:	Attorney 🗆 Agent (□ Representative □ Pro Se
Your Capacity in t			signature below that they are

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a proper representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print: 98- C- 0690 Case: Key Ha T Rolland
Case:
Your Name: Keith J Roland
Name of Lead Attorney (if any): //
Your Firm Name (if any): Roland + Fage
Your Business Address: 1, Columbia Place
Albany NY 12207
Telephone Number: 5/8 434~ 8/1/2 Fax Number: 434-3232
Your Title: Htcruey E-Mail Address:
Client You Represent: World Com Lyc Client's Address: Jackson Miss
Client's Address: Jackson Miss
Your Capacity in this Proceeding: Attorney - Agent - Representative - Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are
familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that
neither their participation nor that of others associated with them is contrary to those
restrictions.
Signature Date 19 June 98
1//

Record of Appearance

If you intend to enterpolar appearance in this proceeding as an attorney, a confidence of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:	
Case: 98-C-	- 0690
	SANDRA THORN
Name of Lead Attorney (if any):	RANDAL MILCH
Your Firm Name (if any):	BELL ATLANTIC - NY
Your Business Address:	1095 AVE OF THE AMERICAS
	NEW YORK, NY 10036
Telephone Number: <u>212-39</u>	5-65/5 Fax Number: 2/2-768-7568
Your Title:	E-Mail Address;
Client You Represent:	
Client's Address:	
Your Capacity in this Proceeding	: 🖸 Attorney 🗆 Agent 🗆 Representative 🗆 <i>Pro Se</i>
familiar with the restrictions set	oceeding acknowledge by their signature below that they are t forth in Section 73 of the Public Officers' Law and certify that that of others associated with them is contrary to those
Signature	Date

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a conformal representative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:
Case: 98-C-0690
Your Name: Kimberly Scardino
Name of Lead Attorney (if any): Kilon bevery Scarding
Your Firm Name (if any): MCI TClecommunicalus Corpord
Your Business Address: 5 Internatinal Time
Rue Brook, New York 10573
Telephone Number: 914 312 6124 Fax Number: 914 312 2287
Your Title: Attorney E-Mail Address: Kimberly Scandinger
Client You Represent: MCTO mail com
Client's Address: Suc as above
our Capacity in this Proceeding:
Persons participating in this proceeding acknowledge by their signature below that they are amiliar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that seither their participation nor that of others associated with them is contrary to those estrictions.
Signature Lack Date June 19, 1998

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a confirmative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:	
Case: <u> </u>	
Your Name: Brin Fithenld ! Noelle Kinsh	
Name of Lead Attorney (if any):	
Your Firm Name (if any): Lefaer Lomb (nen - Moure	
Your Business Address: 99 Wylving Ave	
2020 Album, M 17210	
Telephone Number: (518) 465-1500 Fax Number: 578 465-1585	
Your Title: Attny E-Mail Address: Bfitzger (A) Ugm Client You Represent: Time why Common why Arly Inc.	.com
Client You Represent: Time why Community Holly Inc.	
Client's Address:	
Your Capacity in this Proceeding: \ \ \Attorney \ \ \ Agent \ \ \ \ Representative \ \ \ Pro S	ie
Persons participating in this proceeding acknowledge by their signature below that they familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify the neither their participation nor that of others associated with them is contrary to the restrictions.	hat
Signature Date CISS	_

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a corresponding of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

Please Print:	A
case: 98-C-069	O
Your Name: ROBERT A	DUCKETT
Name of Lead Attorney (if any):	
Your Firm Name (if any): $\frac{N \in W}{N}$	IRK STATE TELECOMMUNICATIONS ASSOC
	STATE STREET, SUITE 650
	NY, NY 12207
Telephone Number: 518-443	2700 Fax Number: 518 -443-2810
Your Title:	E-Mail Address: [puckett@nysta.cov
Client You Represent:	
Client's Address:	
Your Capacity in this Proceeding:	□ Attorney □ Agent □ Representative □ Pro Se
Persons participating in this proceed familiar with the restrictions set fort	ling acknowledge by their signature below that they are h in Section 73 of the Public Officers' Law and certify that t of others, associated, with them is contrary, to those
Signature ////////////////////////////////////	Date 6/19/38

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a correpresentative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

The state of the s
Please Print: 0 C C C C C C C C C C C C C C C C C C
Case:
Your Name: KORERT A. GANTON
Name of Lead Attorney (if any):
Your Firm Name (if any): U. S. DEPT OF ARMY
Your Business Address: GOI N. STUART CT., SUITE 700
ARLINGTON, VA 22203
Telephone Number: 703 - 696 - 1645 Fax Number: 703 - 696 - 2960
Your Title: TRIAL ATTONNEY E-Mail Address: GANTORA @HODA
Client You Represent: 4.5. DO DIFED AGENCIES ARMY. MIL
Client's Address: WASHINGTIN, D.C.
Your Capacity in this Proceeding: Attorney
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.

Record of Appearance

If you intend to enter appearance in this proceeding as an attorney, a correpresentative of a party, or on behalf of yourself (pro se), you should complete, sign and return this card to the official reporter (court stenographer).

rlease Print: case: 98-C-0690
Your Name: KIMBERLY A. WILD
lame of Lead Attorney (if any):
Your Firm Name (if any): MCI
our Business Address: 5 INTERNATIONAL DRIVE
RYE BROOK, NY
elephone Number: 914 312 6127 Fax Number: 914 - 312 - 2287
Your Title: SR. ATTORNEY E-Mail Address: KIMBERLY, WILL
lient You Represent: MCI @ MCi. COM
lient's Address: (ABDVE)
our Capacity in this Proceeding: Attorney
Persons participating in this proceeding acknowledge by their signature below that they are amiliar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that seither their participation nor that of others associated with them is contrary to those estrictions.
Signature Date 6/19/98

Record of Appearance

If you intend to enter a ppearance in this proceeding as an attorney, a presentative of a party, or on behalf of yourself (pro se), you should complete, sign and recorn this card to the official reporter (court stenographer).

Please Print:
Case: 98-C-0690
Your Name: DAVID E. ARONOW, 450
Name of Lead Attorney (if any): David E. MONDW S. W. Your Firm Name (if any): Me TRUPULITAN Telecome Varions
Your Firm Name (if any): 1 Me TRUPULITAN TELECOMMUNICATIONS
Your Business Address: 301 DARK NE
NY NY 10011
Telephone Number: (212) 759-0577 Fax Number: (212) 759-0706
Your Title: President E-Mail Address:
Client You Represent:
Client's Address: Some
Your Capacity in this Proceeding: Attorney - Agent Representative - Pro Se
Persons participating in this proceeding acknowledge by their signature below that they are familiar with the restrictions set forth in Section 73 of the Public Officers' Law and certify that neither their participation nor that of others associated with them is contrary to those restrictions.
Signature Date 6-19-96