

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-C-0690Your Name: Frances Marshall

Name of Lead Attorney (if any): _____

Your Firm Name (if any): U.S. Department of JusticeYour Business Address: 1401 H Street N.W.Washington, DC. 20530Telephone Number: (202) 307-2130 Fax Number: (202) 514-6381Your Title: Attorney E-Mail Address: frances_marshall4@usdoj.govClient You Represent: U.S. Department of JusticeClient's Address: same as aboveYour 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

Frances Marshall

Date

6/29/98

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-C-0690

Your Name: PATRICK COADY

Name of Lead Attorney (if any): _____

Your Firm Name (if any): APPLIED COMPUTER TECHNOLOGY

Your Business Address: 30 D'HAIRE RD
MIDDLETOWN NY 10941-3923

Telephone Number: 914 692 3500 Fax Number: 914 692 3503

Your Title: PRES. E-Mail Address: PCOADY@ACT-EDUC.ED

Client You Represent: PRO SE .COM

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 [Handwritten Signature] Date 29 June 98

STATE OF NEW YORK
PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to enter 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: 48-C-0690

Your Name: DAVID ARNOW ANDRUS ECONOMOU

Name of Lead Attorney (if any): CO-COUNSEL ANDRUS ECONOMOU

Your Firm Name (if any): metropolitan TELECOMMUNICATIONS

Your Business Address: 301 PARK AVE

NY, NY, 10022

Telephone Number: 212 759-0577 Fax Number: _____

Your Title: President - counsel E-Mail Address: _____

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 

Date _____

STATE OF NEW YORK
PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to enter 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-C-0690

Your Name: Theresa Atkins

Name of Lead Attorney (if any): "

Your Firm Name (if any): Telegy Central LLC

Your Business Address: 20 Corporate Woods

Albany

Telephone Number: (518) 462-1882 Fax Number: (518) 463-9937

Your Title: VP of Law E-Mail Address: ATkinst@Telegy.net

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 Theresa Atkins Date 6/24/98

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-C-0690 (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 11797-2013

Telephone Number: (516) 393-4123 Fax Number: (516) ³⁶⁴ ~~393~~ -5314

Your Title: Senior Counsel E-Mail Address: dellen@cablevision.

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

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: 98C 0690Your Name: PAUL D. REED

Name of Lead Attorney (if any): _____

Your Firm Name (if any): SprintYour Business Address: 7301 COLLEGE BLVD.OVERLAND PARK KS. 66210Telephone Number: 913-534-6109 Fax Number: 913-534-6817Your Title: Group Mgr E-Mail Address: PAUL.D.REED@MAIL.SPRINT.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

Paul D Reed

Date

6/28/98

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-C-0690

Your Name:

ROBERT A. GANTON

Name of Lead Attorney (if any):

" "

Your Firm Name (if any):

U.S. ARMY LEGAL SERVICES AGENCY

Your Business Address:

901 N. STUART ST, SUITE 700
ARLINGTON, VA 22203

Telephone Number:

703-696-1645

Fax Number:

703-696-2960

Your Title:

ATTORNEY

E-Mail Address:

GANTORA@HQDA.

Client You Represent:

U.S. DO OF FEDERAL AFFAIRS ARMY. MIL

Client's Address:

WASHINGTON, D.C.

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

Robert A. Ganton

Date

6/29/98

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-C-0690

Your Name: KIMBERLY A. WILD

Name of Lead Attorney (if any): _____

Your Firm Name (if any): MCI

Your Business Address: 5 INTERNATIONAL DRIVE
RYE BROOK, NY 10573

Telephone Number: (914) 312-6127 Fax Number: (914) 312-2287

Your Title: SR. ATTNY E-Mail Address: KIMBERLY.WILD@

Client You Represent: MCI 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.

Signature 

Date 4/29/98

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-C-0690Your Name: Rochelle Jones

Name of Lead Attorney (if any): _____

Your Firm Name (if any): Time WarnerYour Business Address: 290 Harbor Dr
Stamford CT 06450Telephone Number: 203-328-4002Fax Number: 203-328-4008Your Title: Vice Pres RegulatoryE-Mail Address: rochellejb@aol.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 Rochelle JonesDate 10-29-98

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-C-0690Your Name: Jonathan Canis, Ross BuntrockName of Lead Attorney (if any): Jonathan CanisYour Firm Name (if any): Kelley Drye & Warren LLPYour Business Address: 1200 19th St. NW Fifth FloorWashington DC 20036Telephone Number: (202)955-9600 Fax Number: (202)955-9792Your Title: _____ E-Mail Address: rbuntrock@kelleydrye.comClient You Represent: Intermedia Communications, e. spireClient's Address: Communications, Inc.rbuntrock@kelleydrye.comYour 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

Ross Buntrock

Date

6/29/98

STATE OF NEW YORK
PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to enter 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-C-0690Your Name: Karen R. Sistrunk

Name of Lead Attorney (if any): _____

Your Firm Name (if any): ~~Sprint Communications Co. L.P.~~Your Business Address: ~~1850 M Street N.W. Suite 1101~~Telephone Number: 202-828-7429 Fax Number: 202-828-7403Your Title: Attorney E-Mail Address: Karen.r.sistrunk@Client You Represent: Sprint Communications Co. L.P. mail.sprint.comClient's Address: 1850 M Street NW, Ste. 1101
Washington DC 20036Your 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 Karen R. Sistrunk Date 6/29/98

STATE OF NEW YORK
PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to enter an appearance in this proceeding as an attorney, a 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: RITA WARNOCK

Name of Lead Attorney (if any): RICHARD RUBIN

Your Firm Name (if any): ATT

Your Business Address: 32 AVE OF AMERICAS RM 2040

NEW YORK NY 10013

Telephone Number: 212-387-6317 Fax Number: 212-387-4770

Your Title: ASST MGR E-Mail Address: rwarnock@lga.att.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 Rita Warnock

Date 6/29/98

STATE OF NEW YORK
PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to enter an 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: Rebuilding 98-C-0690

Your Name: Brian Fitzgerald / Noelle Kirsch

Name of Lead Attorney (if any): Brian Fitzgerald

Your Firm Name (if any): LeBoeuf, Lamb Greene & MacKe

Your Business Address: 99 Washington Ave

Suite 2020 Albany NY 12210

Telephone Number: 518 465-1500 Fax Number: 518 465-1585

Your Title: Counsel E-Mail Address: Bfitzger@llgm.com

Client You Represent: Time Warner

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 Brian Fitzgerald Date _____

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-C-0690
 Your Name: Antony Richard Petrilla
 Name of Lead Attorney (if any): same
 Your Firm Name (if any): Swidler + Berlin
 Your Business Address: 3000 K Street, N.W., Suite 302
Washington, D.C. 20007
 Telephone Number: 202-424-7845 Fax Number: 202-424-7645
 Your Title: attorney E-Mail Address: ARPetrilla@swidlaw.com
 Client You Represent: RCN Telecom Services, Inc. Swidlaw
 Client's Address: USN Communications, Inc. 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

Date

Antony R. Petrilla 6/29/98

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 COUNSEL
 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 200
MCLEAN, VA 22101
 Telephone Number: (703)734-9095 Fax Number: _____
 Your Title: ASSISTANT GENERAL COUNSEL E-Mail Address: sjdavis@covad.com
 Client You Represent: COVAD
 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

6/29/98

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-C-0690

Your Name: Keith J Roland

Name of Lead Attorney (if any): _____

Your Firm Name (if any): Roland & Fogel

Your Business Address: 1 Columbia Place
Albany NY 12207

Telephone Number: 518 434-8112 Fax Number: 518 434-3232

Your Title: _____ E-Mail Address: _____

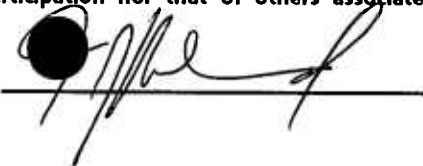
Client You Represent: World Com, Inc

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

29 June 98

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-C-0690

Your Name: Kimberly Scardino

Name of Lead Attorney (if any): Kimberly Scardino

Your Firm Name (if any): MCI

Your Business Address: 5 International Drive
Rye Brook, NY 10573

Telephone Number: 914 312 6124 Fax Number: 914 312 2207

Your Title: Attorney E-Mail Address: Kimberly.Scardino
@mci.com

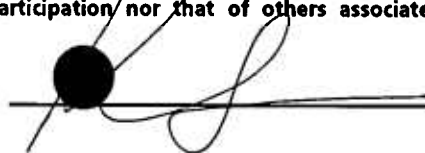
Client You Represent: MCI

Client's Address: same

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

6/9/98

STATE OF NEW YORK
PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to enter 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-C-0690

Your Name:

Keith J Roland

Name of Lead Attorney (if any):

Your Firm Name (if any):

Roland & Fegol

Your Business Address:

Columbia Place
Albany NY 12207

Telephone Number:

518 434-8112

Fax Number:

434-3232

Your Title:

Attorney

E-Mail Address:

Client You Represent:

World Com, Inc

Client's Address:

Jackson, Miss

Your Capacity in this Proceeding:



Attorney



Agent



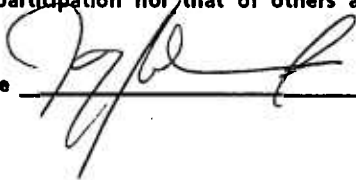
Representative



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

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-C-0690

Your Name: 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: 212-395-6515 Fax Number: 212-768-7568

Your Title: _____ E-Mail Address: _____

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 _____ Date _____

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-C-0690

Your Name: Kimberly Scardino

Name of Lead Attorney (if any): Kimberly Scardino

Your Firm Name (if any): MCI Telecommunications Corporation

Your Business Address: 5 International Drive
Rye Brook, New York 10573

Telephone Number: 914 312 6124 Fax Number: 914 312 2287

Your Title: Attorney E-Mail Address: Kimberly.Scardino@
mci.com

Client You Represent: MCI

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

Kimberly Scardino

Date

June 19, 1998

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-C-0690

Your Name: Brian FitzGerald ; Noelle Kinosh

Name of Lead Attorney (if any): Brian FitzGerald

Your Firm Name (if any): LeBoeuf Lamb Green ; Macabe

Your Business Address: 99 Washington Ave

Suite 2020 Albany, NY 12210

Telephone Number: (518) 465-1500 Fax Number: 518 465-1585

Your Title: Attmy E-Mail Address: Bfitzger@lbgm.com

Client You Represent: Time War Community Holdings Inc.

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 Brian FitzGerald

Date 6/19/98

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-C-0690

Your Name: ROBERT PUCKETT

Name of Lead Attorney (if any): _____

Your Firm Name (if any): NEW YORK STATE TELECOMMUNICATIONS ASSOC.

Your Business Address: 100 STATE STREET, SUITE 650
ALBANY, NY 12207

Telephone Number: 518-443-2700 Fax Number: 518-443-2810

Your Title: _____ E-Mail Address: rpuckett@nysta.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 Robert R. Puckett Date 6/19/98

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-C-0690

Your Name:

ROBERT A. GANTON

Name of Lead Attorney (if any):

-11

Your Firm Name (if any):

U.S. DEPT OF ARMY

Your Business Address:

901 N. STUART ST., SUITE 700
ARLINGTON, VA 22203

Telephone Number:

703-696-1645

Fax Number:

703-696-2960

Your Title:

TRIAL ATTORNEY

E-Mail Address:

GANTORA@HQA.A

Client You Represent:

U.S. DOD DEF AGENCIES ARMY.MIL

Client's Address:

WASHINGTON, D.C.

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

Robert A. Ganton

Date

19 JUNE 98

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-C-0690Your Name: KIMBERLY A. WILDName of Lead Attorney (if any): ~~KIMBERLY A. WILD~~Your Firm Name (if any): MCIYour Business Address: 5 INTERNATIONAL DRIVE
RYE BROOK, NYTelephone Number: 914-312-6127 Fax Number: 914-312-2287Your Title: SR. ATTORNEY E-Mail Address: KIMBERLY.WILDClient You Represent: MCI @ MCI.COMClient's 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  Date 6/19/98

STATE OF NEW YORK
PUBLIC SERVICE COMMISSION

Record of Appearance

If you intend to enter an appearance in this proceeding as an attorney, a 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: DAVID E. ARONOW, ESQ

Name of Lead Attorney (if any): DAVID E. ARONOW, ESQ

Your Firm Name (if any): METROPOLITAN TELECOMMUNICATIONS

Your Business Address: 301 PARK AVE
N.Y. N.Y. 10022

Telephone Number: (212) 759-0577 Fax Number: (212) 759-0706

Your Title: PRESIDENT E-Mail Address: _____

Client You Represent: ↓

Client's Address: Same

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 [Signature] Date 6-19-96