

NEW YORK STATE PUBLIC SERVICE COMMISSION
PARTY REPRESENTATIVE FORM

If you represent a party that has already submitted and served a "Party Status Request Form," you *may* use this form to indicate an additional representative of the party you wish to place on the Parties List. (Alternatively, you may send an e-mail to the ALJ, if one is assigned, or to the Secretary.) You *must* use this form to request removal or substitution of representatives of the party.

| | |
|-------------------------------|---|
| Case No.: | <u>18-C-0125</u> |
| Case Title (short reference): | <u>Petition of TracFone Wireless, Inc. for Approval to Participate in State Lifeline Program and Receive Distributions from Targeted Accessibility Fund</u> |
| Name of Party: | <u>TracFone Wireless, Inc.</u> |
| Date of Request: | <u>9/20/18</u> |

The above-named Party requests that the following individual be added to the Parties List to receive documents in this case:

| | |
|---|---|
| Name: | <u>Nora Healy</u> |
| Title: | <u>Partner</u> |
| Firm/Company/Organization, if applicable: | <u>Verrill Dana LLP</u> |
| Mailing Address: | <u>PO Box 586</u> <u>Portland, ME 04101-4054</u> |
| Telephone Number: | <u>207-253-4720</u> |
| E-mail Address: | <u>nhealy@verrilldana.com</u> |

The person named below should be removed from the Parties List; another representative, either the person named above or others already listed on the Parties List, will continue to represent the party: (DPS Staff or the Presiding Officer may seek proof of authority to remove or make substitution of representatives.)

| | |
|---|--|
| Name: | <u>Katie Gray</u> |
| Title: | <u>Partner</u> |
| Firm/Company/Organization, if applicable: | <u>Verrill Dana LLP</u> |
| Mailing Address: | <u>PO Box 586</u> <u>Portland ME 04101-4054</u> |
| Telephone Number: | <u>207-774-4000</u> |
| E-mail Address: | <u>kgray@verrilldana.com</u> |