

Reporting Year: _____

**LOCAL INTERCONNECTION TERMINATING TRAFFIC REPORT
For the Louisiana Public Service Commission**

Company Name: _____

Contact Person: _____ Phone: _____

	<i>Minutes of traffic terminating to other ILECs or CLECs</i>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total	