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December 26, 2006

VIA OVERNIGHT DELIVERY

Ms. Betty McCauley  
Public Utilities Commission of Ohio  
180 East Broad Street, 13th Floor  
Columbus, Ohio 43215-3793

PUCO

2006 DEC 26 PM 12:22

RECEIVED-DOCKETING DIV

Re: Affinity Network Incorporated – Revisions to its Long Distance Tariff P.U.C.O. No. 1  
Case No. 06-1502-TP-ZTA

Ms. McCauley:

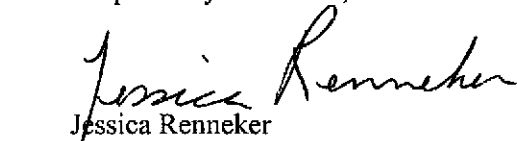
On behalf of Affinity Network Incorporated ("ANI"), we hereby submit an original and ten (10) copies of revisions to ANI's Long Distance Tariff P.U.C.O. No.1. The material consists of tariff pages as indicated on the following check sheets:

- Forty Second Revised Page No. 1

This revision institutes a rate increase for certain select Freedom Plan Plus (FPP) customers who are not subject to an unexpired term plan or usage rate guarantee.

Enclosed are the Telecommunications Application Form, a copy of the Notice sent to customers affected by this revision, and an extra copy of this filing. Please date-stamp the extra copy and return it in the enclosed postage-prepaid envelope. Should you have any questions with respect to this matter, please contact me directly at (702) 547-8486.

Respectfully submitted,

  
Jessica Renneker  
Director of Regulatory Affairs

W/enclosures

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business  
Technician HW Date Processed 12/26/06

**CHECK SHEET**

Pages 1 through 93 inclusive of this tariff are effective as of the date shown at the bottom of the respective page(s). Original and revised pages as named below comprise all changes from the original tariff and are currently in effect as of the date at the bottom of this page.

<u>PAGE</u>	<u>REVISION</u>	<u>PAGE</u>	<u>REVISION</u>	<u>PAGE</u>	<u>REVISION</u>
1	Forty Second Revised*	21	Third Revised	32.12	First Revised
1.1	Fourteenth Revised	22	Third Revised	32.13	First Revised
2	Third Revised	22.1	Second Revised	32.14	First Revised
3	Original	22.2	Second Revised	32.15	Original
4	Original	22.3	Second Revised	32.16	Second Revised
5	Original	22.4	First Revised	32.17	Original
6	Original	23	First Revised	32.18	Original
7	Original	24	Twenty Fifth Revised	33	Tenth Revised*
8	Original	25	Original	34	Fourth Revised
9	Original	26	Original	35	Fourth Revised
10	Original	27	Ninth Revised	36	Fourth Revised
11	First Revised	27.1	First Revised	37	Tenth Revised
12	Original	28	Fifth Revised	38	Third Revised
13	First Revised	29	Fifth Revised	38.1	Third Revised
13.1	Original	30	Fifth Revised	38.2	First Revised
13.2	Original	31	Third Revised	39	Third Revised
14	First Revised	31.1	Fifth Revised	40	First Revised
15	First Revised	31.2	Original	41	First Revised
16	First Revised	31.2.1	Original	42	First Revised
17	First Revised	31.3	Original	42.1	Original
17.1	First Revised	31.4	Original	42.2	First Revised
18	Third Revised	32	Fourth Revised	42.3	Original
18.1	First Revised	32.1	Third Revised	42.4	Original
18.2	First Revised	32.2	Original	42.5	Original
18.3	First Revised	32.3	First Revised	42.6	Original
18.4	First Revised	32.4	Original	43	First Revised
18.5	First Revised	32.5	Original	44	First Revised
18.6	First Revised	32.6	Original	44.1	Twenty Fourth Revised
18.7	First Revised	32.7	First Revised	45	First Revised
18.8	First Revised	32.8	First Revised	45.1	Eighth Revised
18.9	First Revised	32.9	First Revised	45.2	Original
18.10	First Revised	32.9.1	Original	46	Fourth Revised
19	Second Revised	32.9.2	Original	46.1	Second Revised
19.1	Original	32.10	First Revised	46.2	Original
20	Second Revised	32.11	First Revised	46.3	Original

\*Denotes pages included with this filing.

ISSUED: January 1, 2007

EFFECTIVE: January 1, 2007

Case No. \_\_\_\_\_

Tariff Administrator  
3360 Wilshire Blvd., 4th Floor  
Los Angeles, CA 90010

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**SECTION 5 - TELECOMPETITIVE SERVICE OFFERINGS ("TSOs")  
AND RATE DESCRIPTION**

**A. Freedom Plan Plus (FPP)**

Customers who qualify as either a "winback" or "save" under Telecompetitive Service Offerings ("TSO's"), and who Company determines that but for the availability of an alternative rate plan structure, Company would not be able to retain ("save"), or will not be able to winback a prior customer *already having switched its services to another carrier ("winback")*, may be offered Freedom Plan Plus. The Freedom Plan Plus telecompetitive service offering, whenever added to a customers calling plan, is limited in duration to six consecutive invoices once initiated.

Freedom Plan Plus customers' accounts are subject to ninety-six (96) second Minimum Call Units (MCU's) and Incremental Call Units (ICU's), with rounding to the next full ninety-six (96) second increment thereafter, unless subject to other rounding methodology under a telecompetitive service offer. However, Customers under Freedom Plan Plus receive a waiver of Equivalent Call Units (ECU's). That is, Customers under Freedom Plan Plus are charged, on a per-call basis, for the duration of a call only.

All conditions applicable to Freedom Plan customers must be satisfied in order for a customer to qualify for Freedom Plan Plus. A Customer under Freedom Plan Plus shall be billed at Freedom Plan Rates for Freedom Plan Services, as determined by the Customer's applicable Freedom Plan Rate Category. However, Freedom Plan Plus Customers' accounts must have an applicable Freedom Plan Rate Category which corresponds to a call unit rate of \$0.069 or higher. Freedom Plan customers who select Freedom Plan Plus, whose accounts are subject to a Freedom Plan Rate Category which corresponds to a lower call unit rate than \$0.069 will have their Rate Category adjusted upward to a Rate Category corresponding to a call unit rate of \$0.069 or higher. The same promotions and incentives available to other Freedom Plan customers are available to Freedom Plan Plus customers, subject to the same qualifications and other requirements applicable to other Freedom Plan customers for those promotions or incentives.

As of October 1, 2003, any Customer who has had the Freedom Plan Plus service offering active on their account for six or more consecutive invoices shall have this offering removed from their calling plan.

All Freedom Plan Plus customers in service on or before September 30, 2006, whose services are not part of an unexpired term plan or usage rate guarantee, and which have not experienced a rate category change during the previous three consecutive invoices, shall have their rates adjusted upward by two Rate Categories or to the highest available rate category, whichever is lower, effective for all calls on or after January 1, 2007, that are reflected on invoices rendered on or after February 1, 2007.

(I)  
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(I)

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ISSUED: January 1, 2007

EFFECTIVE: January 1, 2007

Case No. \_\_\_\_\_

Tariff Administrator  
3360 Wilshire Blvd., 4th Floor  
Los Angeles, CA 90010

**The Public Utilities Commission of Ohio**  
**TELECOMMUNICATIONS APPLICATION FORM**

(Effective: 10/01/2004)

(Pursuant to Case Nos. 99-998-TP-COI and 99-563-TP-COI)

In the Matter of the Application of \_\_\_\_\_)

Affinity Network, Inc. \_\_\_\_\_)

to institute a rate increase for certain select FPP customers \_\_\_\_\_)

Case No. 06 - 1502 - TP - ZTA

Name of Registrant(s) Affinity Network, Inc.

DBA(s) of Registrant(s) QuantumLink Communications, HorizonOne Communications, VoIP Communications, and

Optic Communications

Address of Registrant(s) 4380 Boulder Highway, Las Vegas, NV 89121

Company Web Address www.affinitynetworkcommunications.com

Regulatory Contact Person(s) Jessica Renneker

Phone 702-547-8486

Fax 702-942-5055

Regulatory Contact Person's Email Address jrenneker@nos.com

Contact Person for Annual Report Rowena Hardin

Phone 702-547-8421

Consumer Contact Information Nazario Juriedini

Phone 702-547-8455

Date: December 26, 2006 TRF Docket No. \_\_\_\_\_ - \_\_\_\_\_ - CT-TRF or 90 - 5852 - TP-TRF

Motion for protective order included with filing? ☐ Yes ☒ No

Motion for waiver(s) filed affecting this case? ☐ Yes ☒ No [Note: waiver(s) tolls any automatic timeframe]

Company Type (check all applicable): ☒ CTS (IXC) ☐ ILEC ☐ CLEC ☐ CMRS ☐ AOS

☐ Other (explain) \_\_\_\_\_

**NOTE:** This form must accompany all applications filed by telecommunication service providers subject to the Commission's rules promulgated in Case No. 99-998-TP-COI, as well as by ILECs filing an ARB or NAG case pursuant to the guidelines established in Case No. 96-463-TP-UNC. **It is preferable NOT to combine different types of filings, but if you do so, you must file under the process with the longest applicable review period.**

**I. Please indicate the reason for submitting this form (check one)**

- ☐ 1 (AAC) Application to Amend Certificate by a CLEC to modify Serving Area (0-day notice, 7 copies)
- ☐ 2 (ABN) Abandonment of all Services
  - ☐ a. CLEC (90-day approval, 10 copies) ☐ b. CTS (14-day approval, 10 copies) ☐ c. ILEC (NOT automatic, 10 copies)
- ☐ 3 (ACE) New Operating Authority for providers other than CMRS (30-day approval, 7 copies); for CMRS, see item No. 15 on this page.
  - ☐ a. Switched Local ☐ b. Non-switched local ☐ c. CTS ☐ d. Local and CTS ☐ e. Other (explain) \_\_\_\_\_
- ☐ 4 (ACO) LEC Application to Change Ownership (30-day approval, 10 copies)
- ☐ 5 (ACN) LEC Application to Change Name (30-day approval, 10 copies)
- ☐ 6 (AEC) Carrier-to-Carrier Contract Amendment to an agreement approved in a NAG or ARB case (30-day approval, 7 copies)  
*NOTE: see item 25 (CTR) on page two of this form for all other contract filings.*
- ☐ 7 (AMT) LEC Merger (30-day approval, 10 copies)
- ☐ 8 (ARB) Application for Arbitration (see 96-463-TP-COI for applicable process, 10 copies)
- ☐ 9 (ATA) Application for Tariff Amendment for Tier 1 Services, Application to Reclassify Service Among Tiers, or Change to Non-Tier Service
  - ☐ a. Tier 1 (and Carrier-to-Carrier tariff filings as set-forth in 95-845-TP-COI)
    - ☐ i. Pre-filing submittal (30-day pre-filing submittal with Staff and OCC; **Do Not Docket**, 4 copies)
    - ☐ ii. New End User Service which has been preceded by a 30-day pre-filing submittal with Staff for all submittals and also with OCC for Tier 1 residential services (0-day filing, 10 copies)
    - ☐ iii. New End User Service (NOT preceded by a 30-day filing submittal, 30-day approval, 10 copies)
    - ☐ iv. New Carrier-to-Carrier Service which has been preceded by a 30-day pre-filing with Staff (0-day filing, 10 copies)
    - ☐ v. Change in Terms and Conditions, textual revision, correction of error, etc. (30-day approval, 10 copies)
    - ☐ vi. Grandfather service (30-day approval, 10 copies)
    - ☐ vii. Initial Carrier-to-Carrier Services Tariff subsequent to ACE approval (60-day approval, 10 copies)
    - ☐ viii. Withdrawal of Tier 1 service must be filed as an "ATW", not an "ATA" - see item 12, below
  - ☐ b. Reclassification of Service Among Tiers (NOT automatic, 10 copies)
  - ☐ c. Textual revision with no effect on rates for non-specific or non-tier service (30-day approval, 10 copies)
- ☐ 10 (ATC) Application to Transfer Certificate (30-day approval, 7 copies)
- ☐ 11 (ATR) LEC Application to Conduct a Transaction Between Utilities (30-day approval, 10 copies)
- ☐ 12 (ATW) Application to Withdraw a Tier 1 Service
  - ☐ a. CLEC (60-day approval, 10 copies) ☐ b. ILEC (NOT automatic, 10 copies)
- ☐ 13 (CIO) Application for Change in Operations by Non-LEC Providers (0-day notice, 7 copies)
- ☐ 14 (NAG) Negotiated Interconnection Agreement Between Carriers (0-day effective, 90-day approval, 8 copies)
- ☐ 15 (RCC) For CMRS providers only to Register or to Notify of a Change in Operations (0-day notice, 7 copies)
- ☐ 16 (SLF) Self-complaint Application
  - ☐ a. CLEC only -Tier 1 (60-day automatic, 10 copies)
  - ☐ b. Introduce or increase maximum price range for Non-Specific Service Charge (60-day approval, 10 copies)

- ☐ 17 (UNC) Unclassified (explain) \_\_\_\_\_ (NOT automatic, 15 copies)
- ☒ 18 (ZTA) Tariff Notification Involving only Tier 2 Services  
 NOTE: Notifications do not require or imply Commission Approval.  
☐ a. New End User Service (0-day notice, 10 copies)  
☒ b. Change in Terms and Conditions, textual revision, correction of error, etc. (0-day notice, 10 copies)  
☐ c. Withdrawal of service (0-day notice, 10 copies)
- ☐ 19 Other (explain) \_\_\_\_\_ (NOT automatic, 15 copies)

**THE FOLLOWING ARE TRF FILINGS ONLY, NOT NEW CASES (0-day notice, 3 copies)**

- ☐ 20 Introduction or Extension of Promotional Offering
- ☐ 21 New Price List Rate for Existing Service  
☐ a. Tier 1 ☐ b. Tier 2
- ☐ 22 Designation of Registrant's Process Agent(s)
- ☐ 23 Update to Registrant's Maps
- ☐ 24 Annual Tariff Option For Tier 2 Services - indicate which option you intend to adopt to maintain the tariff. NOTE, changing options is only permitted once per calendar year.  
☐ Paper Tariff ☐ Electronic Tariff. If electronic, provide the tariff's web address: \_\_\_\_\_

**THE FOLLOWING ARE CTR FILINGS ONLY, NOT NEW CASES (0-day notice, 7 copies)**

- ☐ 25 Application to establish, revise, or cancel an end-user contract. (NOTE: see Item 6 on page 1 of this form for carrier-to-carrier contract amendments)  
 CTR Docket No. \_\_\_\_\_ - \_\_\_\_\_ - TP - CTR (Use same CTR number throughout calendar year)

**II. Please indicate which of the following exhibits have been filed. The numbers (corresponding to the list on page (1) and above) indicate, at a minimum, the types of cases in which the exhibit is required:**

<input type="checkbox"/>	[all]	A copy of any motion for waiver of O.A.C. rule(s) associated with this filing. NOTE: the filing of a motion for waiver tolls any automatic timeframe associated with this filing.
<input type="checkbox"/>	[3]	Completed Service Requirements Form.
<input type="checkbox"/>	[3, 9(vii)]	A copy of registrant's proposed tariffs. (Carrier-to-Carrier resale tariff also required if facilities-based)
<input type="checkbox"/>	[3]	Evidence that the registrant has notified the Ohio Department of Taxation of its intent to conduct operations as a telephone utility in the State of Ohio.
<input type="checkbox"/>	[3]	Brief description of service(s) proposed.
<input type="checkbox"/>	[3a-b,3d]	Explanation of whether applicant intends to provide <input type="checkbox"/> resold services, <input type="checkbox"/> facilities-based services, or <input type="checkbox"/> both resold and facilities-based services.
<input type="checkbox"/>	[3a-b,3d]	Explanation as to whether CLEC currently offers CTS services under separate CTS authority, and whether it will be including those services within its CLEC filing, or maintaining such CTS services under a separate affiliate.
<input type="checkbox"/>	[3a-b,3d]	Explanation of how the proposed services in the proposed market area are in the public interest.
<input type="checkbox"/>	[3a-b,3d]	Description of the proposed market area.
<input type="checkbox"/>	[3a-b,3d]	Description of the class of customers (e.g., residence, business) that the applicant intends to serve.
<input type="checkbox"/>	[3a-b,3d]	Documentation attesting to the applicant's financial viability, including the following: 1) An executive Summary describing the applicant's current financial condition, liquidity, and capital resources. Describe internally generated sources of cash and external funds available to support the applicant's operations that are the subject of this certification application. 2) Copy of financial statements (actual and pro forma income statement and a balance sheet). Indicate if financial statements are based on a certain geographical area(s) or information in other jurisdictions 3) Documentation to support the applicant's cash and funding sources.
<input type="checkbox"/>	[3a-d]	Documentation attesting to the applicant's technical and managerial expertise relative to the proposed service offering(s) and proposed service area.
<input type="checkbox"/>	[3a-d]	Documentation indicating the applicant's corporate structure and ownership.
<input type="checkbox"/>	[3a-b,3d]	Information regarding any similar operations in other states. Also, if this company has been previously certified in the State of Ohio, include that certification number.
<input type="checkbox"/>	[3a-b,3d]	Verification that the applicant will maintain local telephony records separate and apart from any other accounting records in accordance with the GAAP.
<input type="checkbox"/>	[3a-b,3d]	Verification of compliance with any affiliate transaction requirements.
<input type="checkbox"/>	[3a-b,3d]	Explanation as to whether rates are derived through (check all applicable): <input type="checkbox"/> interconnection agreement, <input type="checkbox"/> retail tariffs, or <input type="checkbox"/> resale tariffs.
<input type="checkbox"/>	[1,3a-b,3d]	Explanation as to which service areas company currently has an approved interconnection or resale agreement.
<input type="checkbox"/>	[3a-b,3d, 9a(i-iii)]	Explanation of whether applicant intends to provide Local Services which require payment in advance of Customer receiving dial tone.
<input type="checkbox"/>	[3a,3b,3d, 9a,(i-iii)]	Tariff sheet(s) listing the services and associated charges that must be paid prior to customer receiving dial tone (if applicable).
<input type="checkbox"/>	[3a-b,3d,8]	Letters requesting negotiation pursuant to Sections 251 and 252 of the Telecommunications Act of 1996 and a proposed timeline for construction, interconnection, and offering of services to end users.
<input type="checkbox"/>	[3-5,7,10-11,13]	Certification from Ohio Secretary of State as to party's proper standing (domestic or foreign corporation, authorized use of fictitious name, etc.). In transfer of certificate cases, the transferee's good standing must be established.
<input type="checkbox"/>	[3-4,7,10-11,13]	List of names, addresses, and phone numbers of officers and directors, or partners.
<input type="checkbox"/>	[3]	A sample copy of the customer bill and disconnection notice the applicant plans to utilize.
<input checked="" type="checkbox"/>	[1,4,9,10-13,16-21]	Copy of superseded tariff sheet(s) & price list(s), if applicable, marked as Exhibit A.
<input checked="" type="checkbox"/>	[1,4,9,10-13,16-21]	Copy of revised tariff sheets & price lists, marked as Exhibit B.

<input type="checkbox"/>	[3]	Provide a copy of any customer application form required in order to establish residential service, if applicable.
x	[1-2,4-7,9,12-13,16,18-23,25]	Description of and rationale for proposed tariff changes, including a complete description of the service(s) proposed or affected. Specify for each service affected whether it is x business; <input type="checkbox"/> residence; or <input type="checkbox"/> both. Also indicate whether it is a x switched or <input type="checkbox"/> dedicated service. Include this information in either the cover letter or Exhibit C.
x	[1,2,4,9a(v-vi), 5,10,16,18(b-c), 21]	Specify which notice procedure has been/will be utilized: <input type="checkbox"/> direct mail; x bill insert; <input type="checkbox"/> bill notation or <input type="checkbox"/> electronic mail. NOTE: <input type="checkbox"/> Tier 1 price list increases <b>must</b> be within an approved range of rates. <input type="checkbox"/> SLF Filings – Do NOT send customer notice until it has been reviewed and approved by Commission Staff
x	[2,4-5,9a(v), 9b, 10,12-13,16, 18(b-c),20-21]	Copy of real time notice which has been/will be provided to customers. NOTE: SLF Filings – Do NOT send customer notice until it has been reviewed and approved by Commission Staff
x	[1,2,5,9a(v),11-13, 18, 21(increase only)]	Affidavit attesting that customer notice has been provided.
<input type="checkbox"/>	[2,12]	Copy of Notice which has been provided to ILEC(s).
<input type="checkbox"/>	[2,12]	Listing of Assigned (NPA) NXX's where in the LECs (NPA) NXX's would be reassigned.
<input type="checkbox"/>	[2,4,10,12-13,]	List of Ohio exchanges specifically involved or affected.
<input type="checkbox"/>	[14]	The interconnection agreement adopted by negotiation or mediation.
<input type="checkbox"/>	[15]	For commercial mobile radio service providers, a statement affirming that registrant has obtained all necessary federal authority to conduct operations being proposed, and that copies have been furnished by cellular, paging, and mobile companies to this Commission of any Form 401, 463, and / or 489 which the applicant has filed with the Federal Communications Commission.
<input type="checkbox"/>	[15]	Exhibits must include company name, address, contact person, service description, and evidence of registration with the Ohio Secretary of State.
<input type="checkbox"/>	[24]	Affidavit that total price of contract exceeds total cost of all regulated services.
<input type="checkbox"/>	[5,13]	New title sheet with proposed new company name.
<input type="checkbox"/>	[1,3,13]	For CLECs, List of Ohio Exchanges the applicant intends to serve (Use spreadsheet from: <a href="http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357">http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357</a> ).
<input type="checkbox"/>	[1,3a-b,3d,7, 10,13, 23]	Maps depicting the proposed serving and calling areas of the applicant.  <b>If Mirroring Large ILEC</b> exchanges for both serving area and local calling areas: • <b>Serving area</b> must be clearly reflected on an Ohio map attached to tariffs and textually described in tariffs by noting that it is reflecting a particular large ILEC/CLEC territory, and listing the involved exchanges. • <b>Local calling areas</b> must be clearly reflected on an Ohio map attached to the tariffs, and/or clearly delineated in tariffs, including a complete listing of each exchange being served and all exchanges to which local calls can be made from each of those exchanges.  <b>If Self-defining</b> serving area and/or local calling area as an area other than that of the established ILEC exchange(s): • <b>Serving Area</b> must be clearly reflected on an Ohio map attached to the tariffs, and textually described in tariffs by listing the involved exchanges. • <b>Local Calling Areas</b> must be described in the tariff through textual delineation and clear maps. Maps for self-defined <b>serving and local calling areas</b> are required to be traced on United States Geological Survey topography maps. These maps are the Standard Topographic Quadrangle maps, 7.5 minute 1:24,000.
<input type="checkbox"/>		Other information requested by the Commission staff.
<input type="checkbox"/>	[3]	Initial certification that includes Tier 2 Services, indicate which option you intend to adopt to maintain the tariff: <input type="checkbox"/> Paper Tariff <input type="checkbox"/> Electronic Tariff - If electronic, provide the web address for the tariff:

III. Registrant hereby attests to its compliance with the following requirements in the Service Requirements Form, as well as all pertinent entries and orders issued by the Commission with respect to these issues. Further, registrant hereby affirms that it will maintain with its TRF docket an up-to-date, properly marked, copy of the Service Requirements Form available for public inspection.

**MANDATORY REQUIREMENTS FOR ALL BASIC LOCAL EXCHANGE AND CTS PROVIDERS:**

- ☒ Sales tax
- ☒ Minimum Telephone Service Standards (MTSS)
- ☒ Surcharges

**MANDATORY REQUIREMENTS FOR ALL BASIC LOCAL EXCHANGE PROVIDERS:**

- ☒ 1+ IntraLATA Presubscription

**SERVICE REQUIREMENTS FOR PROVISION OF CERTAIN SERVICES (CHECK ALL APPLICABLE):**

- ☐ Discounts for Persons with Communication Disabilities and the Telecommunication Relay Service [Required if toll service provided]
- ☐ Emergency Services Calling Plan [Required if toll service provided]
- ☐ Alternative Operator Service (AOS) requirements [Required for all providing AOS (including inmate services) service]
- ☐ Limitation of Liability Language [Required for all who have tariff language that may limit their liability]
- ☐ Termination Liability Language [Required for all who have early termination liability language in their tariffs]
- ☐ Service Connection Assistance (SCA) [Required for all LECs]
- ☐ Local Number Portability and Number Pooling [Required for facilities-based LECs]
- ☐ Package Language [Required for tariffs containing packages or service bundles containing both local and toll and/or non-regulated services]

IV. List names, titles, phone numbers, and addresses of those persons authorized to respond to inquiries from the Consumer Services Department on behalf of the applicant regarding end-user complaints:

Nazario Juriedini, Executive Director, Legal Resolutions

V. List names, titles, phone numbers, and addresses of those persons authorized to make and/or affirm or verify filings at the Commission on behalf of the applicant:

Jessica Renneker, Director, Regulatory Affairs

702-547-8486, 4380 Boulder Highway, Las Vegas, NV 89121

*NOTE: An annual report is required to be filed with the Commission by each company on an annual basis. The annual report form will be sent for completion to the address and individual(s) identified in this Section unless another address or individual is so indicated.*

VI. List Name(s), DBA(s) and PUCO Certification Number(s) of any affiliates you have operating in Ohio under PUCO authority, whether Telecommunication or other. (If needed, use a separate sheet and check here: ☐)

Affinity Network Incorporated, dba QuantumLink Communications, dba HorizonOne Communications, dba

VoIP Communications, and d/b/a Optic Communications Certificate Number: 90-5852

**AFFIDAVIT**

***Compliance with Commission Rules and Service Standards***

I am an officer of the applicant corporation, Affinity Network, Inc., and am authorized to make this statement

(Name of Company)

on its behalf. I attest that these tariffs comply with all applicable rules, including the Minimum Telephone Service Standards (MTSS) for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules, including the Minimum Telephone Service Standards, as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 26, 2006 at 4380 Boulder Highway, Las Vegas, NV 89121

(Date)

(Location)

Jessica Renneker  
Director of Regulatory Affairs

\*(Signature and Title)

12-26-06

(Date)

***\* This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.***

**VERIFICATION**

I, Jessica Renneker verify that I have utilized, verbatim, the Commission's Telecommunications Application Form and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

Jessica Renneker  
Director of Regulatory Affairs

\*(Signature and Title)

12-26-06

(Date)

***\*Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.***

***Send your completed Application Form, including all required attachments as well as the required number of copies, to:***

**Public Utilities Commission of Ohio**  
**Attention: Docketing Division** (or to the Telecommunications Division Chief if a prefilling submittal)  
**180 East Broad Street, Columbus, OH 43215-3793**

## **Exhibit A**

- Superseded tariff pages



## **Exhibit B**

- Revised tariff pages

## **Exhibit C**

- Description and Rational for tariff change
- Affidavit of Notice
- Copy of Customer Notification

**Revisions to Affinity Network, Inc.  
Long Distance Tariff P.U.C.O No. 1  
Issue and Effective Date January 1, 2007**

**Overview of tariff revision:**

This revision affects switched access Intrastate Long Distance business customers. This revision institutes a rate increase for certain select Freedom Plan Plus (FPP) customers who are not subject to an unexpired term plan or usage rate guarantee.

Customer's rates will increase based upon their rate category adjustment within the Freedom Plan, according to the rate increase paragraph language within the specific page revisions, as follows:

<u>Current Category</u>		<u>Adjusted Category</u>	
FPP	\$.069 per minute	Prime 1	\$.089 per minute
Prime 1	\$.089 per minute	Universal	\$.109 per minute
Universal	\$.109 per minute	Classic 2	\$.129 per minute
Classic 2	\$.129 per minute	Basic Q	\$.153 per minute

**Details of tariff revision by page(s):**

**Check Sheet Pages 1** – Reflect revised pages.

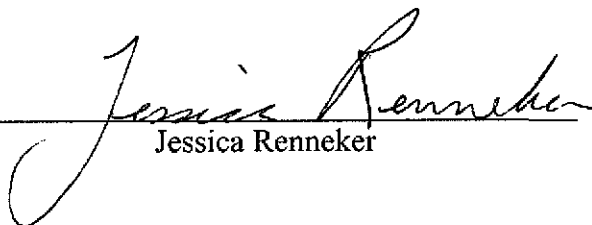
**Page 33** – Institutes rate increase for FPP customers effective January 1, 2007.

**AFFIDAVIT OF JESSICA RENNEKER**

I, Jessica Renneker, Director of Regulatory Affairs for Affinity Network Inc., do hereby declare that in the application to be effective January 1, 2007, prior actual customer notice was given to the affected end user by bill insert and notice was sent at least 15 days prior to filing this application with the Commission.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 12-26-06

  
\_\_\_\_\_  
Jessica Renneker

### **NOTIFICATION OF RATE INCREASE – OHIO CUSTOMERS ONLY**

Our company is making changes to its long distance calling rates that will become effective January 1, 2007. Customers who began service on or before September 30, 2006, and who have not had a rate increase in the last three invoices, will have their rates increased unless service is part of an unexpired term plan or usage rate guarantee. Intrastate rates will increase two rate categories as described below.

For Intrastate Rate Categories the adjustments are as follows:

<u>Current Category</u>		<u>Adjusted Category</u>	
FPP	\$.069 per minute	Prime 1	\$.089 per minute
Prime 1	\$.089 per minute	Universal	\$.109 per minute
Universal	\$.109 per minute	Classic 2	\$.129 per minute
Classic 2	\$.129 per minute	Basic Q	\$.153 per minute

If you have any questions concerning any of these charges, please contact our Customer Care Department at the toll-free number shown on the first page of your invoice. You may also contact the Company at the toll-free number shown on the first page of your invoice if you wish to cancel service that has been changed or where there has been a rate increase.