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Case No. 07-66-TP-ACN

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January 23, 2007

Via Overnight Delivery

PUCO

210 N. Park Ave.
Winter Park, FL
32789

Renée Jenkins, Secretary of Commission
Public Utilities Commission of Ohio
180 East Broad Street
Columbus, Ohio 43266-0573

P.O. Drawer 200
Winter Park, FL
32790-0200

**RE: Application for Name Change of Talk America Inc.
PUCO Tariff No. 5 – Local Services to Talk America Inc. d/b/a Cavalier Telephone
also d/b/a Cavalier Business Communications also d/b/a Cavalier Telephone and
TV**

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

Dear Ms. Jenkins:

Enclosed for filing please find one original and ten (10) copies of the Application for Name Change and Title Page of the local tariff submitted on behalf of Talk America Inc. Talk America Inc. is changing the name under which it provides telecommunications services in Ohio to Talk America Inc. d/b/a Cavalier Telephone also d/b/a Cavalier Business Communications also d/b/a Cavalier Telephone and TV. The Company will provide traditional residential telecommunications services under the Cavalier Telephone name and traditional business telecommunications services under the Cavalier Business Communications name. It may also provide service bundles that include telecommunications and video services under the Cavalier Telephone and TV name. Included with this filing are the Certificate of Assumed Name registrations filed with the Secretary of State of Ohio. Customers have been notified of the name change. An affidavit of Notice is attached as Exhibit E of the Application.

This name change does not affect the rates, terms or conditions of services currently provided to the Company's Ohio customers; accordingly no changes have been made to the tariff, except to reflect the Company's new name. Additionally, the "Issued By" name in the tariff footer has been updated, as the person currently listed is no longer with the Company. The Company respectfully requests the enclosed filing to become effective on February 24, 2007.

The following documents are included with this filing

Telecommunications Application Form

Exhibit A – Tariff Title Page with Proposed Name

Exhibit B – Secretary of State Certificates

Exhibit C – Description of Change

Exhibit D – Customer Notice

Exhibit E – Affidavit of Customer Notice

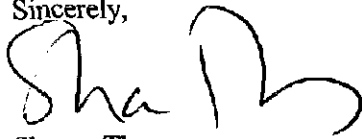
This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician AB Date Processed 1-24-07

January 23, 2007
Renée Jenkins, Secretary of Commission
Public Utilities Commission of Ohio
Page 2

Questions regarding this filing may be directed to my attention at (407) 740-3031 or via e-mail at sthomas@tminc.com. Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for this purpose.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon Thomas", with a stylized flourish at the end.

Sharon Thomas
Consultant to Talk America Inc.

ST/im.

Enclosures

cc: Office of Ohio Utilities Consumer Counsel
M. Ring, Talk America, Inc.
File: Talk America – OH Local
TMS: OHL0701

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
TALK AMERICA INC.
for Authority to Resell Telecommunications Services

)
) Case No. 07 666 - TP - ACN
)
)

Name of Registrant(s)	TALK AMERICA INC.			
Address of Registrant(s)	6805 Route 202, New Hope, Pennsylvania, 18938			
Company Web Address	<u>www.talk.com</u>			
Regulatory Contact Person(s)	Sharon Thomas, Technologies Management, Inc.	Phone	407-740-8575	Fax 407-740-0613
Regulatory Contact Person's Email Address	stthomas@tminc.com			
Contact Person for Annual Report	Marty Clift, Vice President Regulatory	Phone	802-422-4515	
Consumer Contact Information	Marty Clift, Vice President Regulatory	Phone	802-422-4515	

Date January 23, 2007 TRF Docket No. 90-9030-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 (I) 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 checked="" 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 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 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.
<input checked="" type="checkbox"/>	[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 <input type="checkbox"/> business; <input type="checkbox"/> residence; or <input checked="" type="checkbox"/> both. Also indicate whether it is a <input type="checkbox"/> switched or <input type="checkbox"/> dedicated service. Include this information in either the cover letter or Exhibit C.
<input checked="" type="checkbox"/>	[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; <input checked="" type="checkbox"/> bill insert; <input type="checkbox"/> bill notation or <input type="checkbox"/> electronic mail. NOTE: <input type="checkbox"/> Tier 1 price list increases must 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
<input checked="" type="checkbox"/>	[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
<input checked="" type="checkbox"/>	[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 checked="" 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: http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357).
<input type="checkbox"/>	[1,3a-b,3d,7, 10,13, 23]	Maps depicting the proposed serving and calling areas of the applicant.
<input type="checkbox"/>		If Mirroring Large ILEC exchanges for both serving area and local calling areas: • Serving area 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. • Local calling areas 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.
<input type="checkbox"/>		If Self-defining serving area and/or local calling area as an area other than that of the established ILEC exchange(s): • Serving Area must be clearly reflected on an Ohio map attached to the tariffs, and textually described in tariffs by listing the involved exchanges. • Local Calling Areas must be described in the tariff through textual delineation and clear maps. Maps for self-defined <u>serving and local calling areas</u> 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 checked="" 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:

Marty Clift, Talk America d/b/a Cavalier Telephone also d/b/a Cavalier Business Communications and also d/b/a Cavalier Telephone and TV.

2134 W. Laburnum, Richmond, VA 23227

- 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:

Sharon Thomas, Consultant to Talk America d/b/a Cavalier Telephone also d/b/a Cavalier Business Communications and also d/b/a Cavalier Telephone and TV

Technologies Management, Inc. 210 Park Avenue North, Winter Park, Florida 32789

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: ☐)

LDMI Telecommunications, Inc. d/b/a LDMI Telecommunications also d/b/a Fonetel – Certificate No. 90-9106

AFFIDAVIT

Compliance with Commission Rules and Service Standards

I am an authorized representative of the applicant corporation, TALK AMERICA INC D/B/A CAVALIER TELEPHONE ALSO D/B/A CAVALIER BUSINESS COMMUNICATIONS AND ALSO D/B/A CAVALIER TELEPHONE, and am authorized to make this statement 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 1/23/07 at Winter Park, Florida
(Date) (Location)

Sharon Thomas, Consultant

1/23/07

(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, Sharon Thomas, 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.

Sharon Thomas, Consultant

1/23/07

(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 prefiling submittal)
180 East Broad Street, Columbus, OH 43215-3793

Exhibit A

Tariff Title Page with Proposed Name

TALK AMERICA INC.
d/b/a Cavalier Telephone
d/b/a Cavalier Business Communications
d/b/a Cavalier Telephone and TV

PUCO Tariff No. 2
First Revised Title Page
Cancels Original Title Page

(N)
|
(N)

RATES, TERMS AND CONDITIONS
RELATING TO THE PROVISION OF
LOCAL EXCHANGE SERVICES
IN THE STATE OF OHIO

BY

TALK AMERICA INC.

d/b/a Cavalier Telephone
d/b/a Cavalier Business Communications
d/b/a Cavalier Telephone and TV

(N)
|
(N)

90-5752-TP-TRF

Issued: January 24, 2007
By:

Marty Clift, Vice President Regulatory Affairs (T)
2134 W. Laburnum (T)
Richmond, Virginia 23227 (T)

Effective: February 24, 2007
Case No. 07-____-TP-ACN
OHL0701

CHECK SHEET

The Page and pages listed below are inclusive and effective as of the date shown. Original and revised pages as named below contain all changes from the original tariff that are in effect on the date shown on each page.

Revision Sheet No.	Level		Revision Sheet No.	Level		Revision Sheet No.	Level
Title	1 st	*	27	Second		61	Original
<i>Preface</i>			28	Original		62	Original
1	63 rd	*	29	First		63	Original
2	Fifty-Fourth		30	Original		64	Original
2.1	Eleventh		31	Original		65	Original
3	Original		32	Original		66	Original
4	First		33	Original		67	Original
5	Second		34	First		68	Original
6	Original		35	First		69	Original
7	Original		36	Original		70	Original
<i>Section 1</i>			37	Original		71	Original
1	Original		38	Original		72	Original
2	Original		39	Original		73	Original
3	Original		40	Original		74	Original
4	Original		41	Original		75	Original
5	First		42	Original		76	Original
6	Original		43	Original		77	Original
7	Original		44	Original		78	Original
8	Original		45	Original		79	Original
<i>Section 2</i>			46	First		80	Original
9	Original		46.1	Original		81	Original
10	Original		46.2	Original		82	Original
11	Original		<i>Section 3</i>			83	Original
12	First		47	Original		84	Original
13	Original		48	Original		85	Original
14	First		49	Original		86	Original
15	Original		<i>Section 4</i>			87	Original
16	Original		50	Original		88	Original
17	Original		51	Original		89	Original
18	Original		52	Original		90	Original
19	Original		53	Original		91	Original
20	Original		54	Original		92	Original
21	Original		57	Original		93	Original
22	Original		55	Original		94	Original
23	Original		56	Original		95	Original
24	Original		58	Original		96	Original
25	Original		59	Original		97	Original
26	Second		60	Original		98	Original

Issued: January 24, 2007

By:

Marty Clift, Vice President Regulatory Affairs (T)
2134 W. Laburnum (T)
Richmond, Virginia 23227 (T)

Effective:

February 24, 2007

Case No. 07-____-TP-ACN
OHL0701

Exhibit B

Secretary of State Certificates

200700900324

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/09/2007	200700900324	TRADE NAME/ORIGINAL FILING (RNO)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1670654

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAVALIER TELEPHONE

and, that said business records show the filing and recording of:

Document(s):

TRADE NAME/ORIGINAL FILING

Date of First Use: 12/15/2006
Expiration Date: 01/08/2012

Document No(s):

200700900324

TALK AMERICA INC.
6805 ROUTE 202
NEW HOPE, PA 18938



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of January, A.D. 2007.

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Optional One)

Mail Remittance of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

☐ No PO Box 870
Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Non-Profit)

Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<p>(1) <input checked="" type="checkbox"/> Trade Name (157-RNO) Date of first use <u>12-15-06</u> MM/DD/YYYY</p>	<p>(2) <input type="checkbox"/> Fictitious Name (159-MFC)</p>	<p>(3) Name Reservation (160-NRO) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No. _____</p>
--	---	---

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Cavalier Telephone

The Registrant is (Check Appropriate Box)

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Foreign Corporation incorporated in the state of <u>PA</u> holding Ohio license no. _____ |
| <input type="checkbox"/> Limited Partnership: Reg. No. _____ | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Ohio Limited Liability Co., Reg. No. _____ | <input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____ |
| <input type="checkbox"/> Ohio Corporation, Charter No. _____ | |
| <input type="checkbox"/> General Partnership | |
| <input type="checkbox"/> Other _____ | |

The name of the registrant designated above is

Talk America Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

6805 Route 202

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

New Hope
(City)

Bucks
(County)

PA
(State)

18938
(Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont.

Complete only if registrant is a general partnership
NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Communications/Services

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

Authorized Representative

Authorized Representative

12/22/06
Date

Date

200700900326

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/09/2007	200700900326	TRADE NAME/ORIGINAL FILING (RNO)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1670655

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAVALIER BUSINESS COMMUNICATIONS

and, that said business records show the filing and recording of:

Document(s):

TRADE NAME/ORIGINAL FILING

Date of First Use: 12/15/2006
Expiration Date: 01/08/2012

Document No(s):

200700900326

TALK AMERICA INC.
6805 ROUTE 202
NEW HOPE, PA 18938



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of January, A.D. 2007.

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Office: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Subject Date)

Mail to: Ohio Secretary of State

☐ Yes PO Box 1390
Columbus, OH 43216

** Requires an additional fee of \$100 **

☐ No PO Box 670
Columbus, OH 43216

NAME REGISTRATION
(For Domestic/Foreign Profit or Non-Profit)
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Trade Name (167-RNC) Date of first use <u>12-15-06</u> MM/DD/YYYY	(2) <input type="checkbox"/> Fictitious Name (189-NFO)	(3) Name Reservation (160-NRQ) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No.
--	---	---

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Cavalier Business Communications

The Registrant is (Check Appropriate Box)

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Foreign Corporation incorporated in the state of <u>PA</u>
holding Ohio license no. _____ |
| <input type="checkbox"/> Limited Partnership: Reg. No. _____ | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Ohio Limited Liability Co., Reg. No. _____ | <input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____
organized in the state of _____ |
| <input type="checkbox"/> Ohio Corporation, Charter No. _____ | |
| <input type="checkbox"/> General Partnership | |
| <input type="checkbox"/> Other _____ | |

The name of the registrant designated above is

Talk America Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

6805 Route 202

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

New Hope

(City)

Bucks

(County)

PA

(State)

18938

(Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont.

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (Including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

communications/services

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

[Signature]
Authorized Representative

12/22/04
Date

Authorized Representative

Date

200700500206

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/05/2007	200700500206	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1669967

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAVALIER TELEPHONE AND TV

and, that said business records show the filing and recording of:

Document(s):

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: **01/04/2012**

Document No(s):

200700500206

**TALK AMERICA INC.
6805 ROUTE 202
NEW HOPE, PA 18938**



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 4th day of January, A.D. 2007.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

NAME REGISTRATION
(For Domestic/Foreign Profit or Non-Profit)
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) Trade Name (167-RNO) Date of first use _____ MM/DD/YYYY	(2) <input checked="" type="checkbox"/> Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No. _____
--	--	---

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Cavalier Telephone and TV

The Registrant is (Check Appropriate Box)

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Foreign Corporation incorporated in the state of <u>PA</u> holding Ohio license no. _____ |
| <input type="checkbox"/> Limited Partnership; Reg. No. _____ | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Ohio Limited Liability Co., Reg. No. _____ | <input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____ |
| <input type="checkbox"/> Ohio Corporation, Charter No. _____ | |
| <input type="checkbox"/> General Partnership | |
| <input type="checkbox"/> Other _____ | |

The name of the registrant designated above is

Talk America Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

6805 Route 202
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
New Hope Bucks PA 18938
(City) (County) (State) (Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont.

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Communications / services

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

[Signature]
Authorized Representative

Authorized Representative

12/24/06
Date

Date

Exhibit C

Description of Change

Talk America Inc.'s parent corporation was recently purchased by Cavalier Telephone Corporation. Cavalier wishes to establish a national brand identity under the Cavalier name. Accordingly, Talk America Inc. proposes to change the name under which it provides telecommunications services in Ohio to Talk America Inc. d/b/a Cavalier Telephone also d/b/a Cavalier Business Communications also d/b/a Cavalier Telephone and TV. The Company will provide traditional residential telecommunications services under the Cavalier Telephone name and traditional business telecommunications services under the Cavalier Business Communications name. It may also provide service bundles that include telecommunications and video services under the Cavalier Telephone and TV name.

This name change does not affect the rates, terms or conditions of services currently provided to the Company's Ohio customer.

Exhibit D

Customer Notice

Talk America is Evolving!

Same Great Service with a New Name

Beginning this month, Talk America will begin merging with Cavalier Telephone. The two companies together will provide the nation's strongest competitive alternative to the giant monopolies of Bell and Cable.

Changes you will notice are primarily the name of the company and the look of your future monthly bills. The new bill format will provide greater detail about your account activity and call details. This is a positive change that many customers have asked for.



Watch for a New Look of Your Bill in the Coming Months



XXXXX

Exhibit E

Affidavit of Notice

**BEFORE THE
PUBLIC UTILITIES COMMISSION OF OHIO**

Talk America Inc.)
d/b/a Cavalier Telephone)
d/b/a Cavalier Business Communications) Case No. 07-____-TP-ACN
d/b/a Cavalier Telephone and TV)
RE: Affidavit)

AFFIDAVIT

I, Marty Clift, being first duly sworn on oath, deposes and states as follows:

I am the Vice President of Regulatory Affairs for Talk America Inc. d/b/a Cavalier Telephone, also d/b/a Cavalier Business Communications and also d/b/a Cavalier Telephone and TV ("the Company"), and in this capacity I have personal knowledge of all matters set forth below and am authorized to make this affidavit on behalf of the Company.

Talk America Inc. d/b/a Cavalier Telephone, also d/b/a Cavalier Business Communications and also d/b/a Cavalier Telephone and TV does hereby attest that the Company has mailed the Customer Notification attached hereto in its January 2007 bill cycles.


Marty Clift
Vice President of Regulatory Affairs

COMMONWEALTH OF VIRGINIA)

City
COUNTY OF Richmond)

Sworn and subscribe before me this 19 day of January, 2007.


Signature of official administering oath

My Commission expires 2-29-08.

