COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

			- 	(
			*	No.
			All M.	West .
	10-05-TP-1	PPT	·44	3, CINA
			A	ANIO.
COMPET	ITIVE TELECOMMU		S G	31 AM IO:
	SERVICE PROVIDER	Ø		
For the provis	ion of (check all that apply):			
				¥
X INTEREXCHANGE C			TITIVE ACCESS	
ALTERNATIVE OPE	RATOR SERVICE PROVIDER		TTIVE LOCAL IGE CARRIERS	
			Describe):	
		·		
	ANNUAL REPOR	Γ		
		•		
	OF			
	OF Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou		change.	-
	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou		change.	
	Enhanced Communications Group, (Exact legal name of respondent)		change.	
If name was changed O. Box 936	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou Website UFL: Bartlesville	s name and date of OK	7400:	
If name was changed	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou Website UFL:	s name and date of OK	ndangan di Malakan menggan dan dan dan dan dan dan dan dan dan d	
If name was changed O. Box 936	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou Website UFL: Bartlesville City County	s name and date of OK	7400:	
If name was changed O. Box 936	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou Website UFL: Bartlesville	s name and date of OK	7400:	
If name was changed	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou Website UFL: Bartlesville City County	s name and date of OK	7400:	
If name was changed O. Box 936 Address	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou Website UFL: Bartlesville City County 888-869-1141 Phone: (Area Code) Number	s name and date of OK State	7400:	e
If name was changed O. Box 936 Address	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou Website UFL: Bartlesville City County 888-869-1141 Phone: (Area Code) Number	s name and date of OK State	7400: Zip Cod	e
If name was changed O. Box 936 Address	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previou Website UFL: Bartlesville City County 888-869-1141 Phone: (Area Code) Number	s name and date of OK State	7400: Zip Cod	e
If name was changed O. Box 936 Address	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previous Website UFL: Bartlesville City County 888-869-1141 Phone: (Area Code) Number Bartlesville Address of principal business office at end of	OK State OK	7400: Zip Cod	e
O. Box 936 Address O. Box 936	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previous Website UFL: Bartlesville City County 888-869-1141 Phone: (Area Code) Number Bartlesville Address of principal business office at end of	OK State OK of year)	7400: Zip Cod	e
O. Box 936 Address O. Box 936 PUBL	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previous Website UFL: Bartlesville City County 888-869-1141 Phone: (Area Code) Number Bartlesville Address of principal business office at end of the previous of the previous office at end of the previous office at end of the previous office at end of the principal business office at end of the principal business office at end of the principal business office at end of the previous of the previous office at end of t	OK State OK OK OK OHIO R 31, 2010	7400: Zip Cod 7400:	e
If name was changed O. Box 936 Address PUBL FOR	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previous Website UFL: Bartlesville City County 888-869-1141 Phone: (Area Code) Number Bartlesville Address of principal business office at end of the principal during area code) of the person whose number (including area code) of the person	OK OK State OK OK OK OK OK OK OF OHIO R 31, 2010	7400: Zip Cod 7400:	e
O. Box 936 Address PUBL	Enhanced Communications Group, (Exact legal name of respondent) during year, show also the previous Website UFL: Bartlesville City County 888-869-1141 Phone: (Area Code) Number Bartlesville Address of principal business office at end of the person TO THE LIC UTILITIES COMMISSION THE YEAR ENDED DECEMBE shome number (including area code) of the person o Compliance Solutions, Inc.	OK State OK OK OK OHIO R 31, 2010	7400: Zip Cod 7400:	e

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 businessed in the regular course of businessed in S

TABLE OF CONTENTS

Title	Page
General Instructions	ı
Identity of Respondent	2
Important Changes During The Year	3
Directors, Proprietors, Partners (Schedule 1)	4
Statement of Intrastate Gross Earnings (Revenue) For The Year (Schedule 2)	5
Name, Address and Phone Number of the Company's Contact Persons and Whom Invoice Should be Directed	6
Verification	7

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

Please read the general instructions carefully before filling out this form:

- The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
- The schedules and questions contained in this report were developed to be generally applicable to all competitive
 telecommunication service providers. All instructions shall be followed and each question answered as fully and
 accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item
 has been overlooked.
- 3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
- 4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
- 5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
- 6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
- 7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
- 8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.
- "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.

IDENTITY OF RESPONDENT

. Ide	entify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).
	Limited Liability Company
l. If	a consolidated, merged, or reorganized company, briefly provide particulars of such transactions, the date of the insactions, and PUCO authority. If a reorganized company, give name of original company.
	The Company is not a consolidated, merged or reorganized company.
	entify any other names (other than shown on title page) under which respondent conducted any part of its is iness during the year.
l. lf a.	incorporated specify: Date of filing of articles of incorporation. February 1998
b.	
5. Ide	entify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. Case #: 90-5936 Date Issued: April 18, 2001
(b	ate whether respondent is operational in Ohio (actually providing service and the date operations began), or available at not currently providing service). The Company was operational in Ohio throughout 2010. operational, identify Ohio counties where respondent is providing service.
	entify separately the number of residential and business customers served by respondent. Identify voice, data,
or	other type services provided. <u>Voice</u> <u>Data</u> <u>Other</u>
	Residential 0 0 0
	Business 0 0 0
	entify if services are provided by resale (total service resale of local exchange company service) or facilities based brough respondent's own switch or via UNE platform), and names of Ohio counties where each type of service is provided
	All services are provided via resale in the counties noted in the response to question #7.
10. Id	dentify local exchange companies that respondent has interconnection agreements with to provide service in Ohio.
	Not applicable

IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information which answers an inquiry is given elsewhere in the report, identification of the other answer will be sufficient.

1.	Changes in ownership or o	control (shareholders holding 5% or more of outstanding stock).
2.	Other important changes: in this report.	Give brief particulars of each other important change which is not disclosed elsewhere
	None	

DIRECTORS, PROPRIETORS, PARTNERS

1. Give the name of each director or proprietor. (For parmerships identify each partner, identify which are general or limited partner and show each partners percent of interest.)

Term Expired or Current Term Will Expire (c)	Perpetual Perpetual		riduals notding comparable postuons.) Jeff Holley	22. Controller: Bruce Summers				
Served Continuously From (b)	Inception of Company Inception of Company	3	outs, snow names or individuals noted 21. Treasurer: Jeff Holley	22. Controller:				
Name and Address (City and State) (a)	Bruce Summers See * Bruce Summers See * * P.O. Box 936, Bartlesville, OK 74005	(Example of the date of the date of the date of the office of the other othe	Very conjourness, such the card requested, for outer forms of our meast organizations, snow names of individuals nothing comparable positions.) Name of Chairman of the Board: Bruce Summers	Name of Secretary of Board: Jeff Holley	President: Jeff Holley	Vice-President: Jeff Holley	Secretary: Jeff Holley	*
Line No.	- 2 5 4 5 5 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7		91	17	38	19	8	

Instructions:

Schedule 2 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

The jurisdictional separation of revenues reported in this schedule should conform, to the extent applicable, to the procedures and instructions of CFR 47 Parts 32 and 36.

For interexchange carriers, intrastate refers to messages originating and terminating in Ohio.

For cellular, competitive access, and paging providers, intrastate refers to amounts billed to an Ohio account.

SCHEDULE: 2

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)				
Line#	Item	Amoun Ohio Intras		
1	Operating and Miscellaneous Revenue - Wholesale Cellular Communicat Common Carrier, Directory Revenue, Rent Revenue, Special Billings (re work performed for others, rent revenue-nonoperating, return on regulate investment used to provide nonregulated products and services, etc.)	venue from		
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Operating and Nonoperating, Other Operating or Nonoperating Gains (for currency exchange or transfer, extinguishment of debt, company's share of affiliated company accounted for on equity method, income from sink other funds, etc.)	reign of earnings		
3	SUBTOTAL (1) + (2)	\$53,871		
4	Earnings or receipts from sales to other public utilities for resale	<u>so</u>		
5	TOTAL (3) + (4)	\$\$		

SCHEDULE: 3

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Name, Title, Address, and Phone Number of to Receive Entries and Orders from t	
Carla Dimond	Accounting Supervisor
Caria Dimond Name	Accounting Supervisor Title
	1 1114
P.O. Box 936, Bartlesville, OK 74005	
Address	
918-333-8833 ext. 3303	
Phone Number (Including Area Code)	
Name, Title, Address, and Phone Number of Person	n to whom Invoice should be Directed
Mark Lammert CPA c/o Compliance Solutions, Inc.	Tax Preparer for the Company
Name	Title
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750	
Address	
407.266.1012	
407-260-1011 Phone Number (Including Area Code)	
Phone Number (Including Area Code)	
Name and Address of the	ne President
Jeff Holley	President/Managing Member
Name	<u> </u>
P.O. Box 936, Bartiesville, OK 74005	
Address	

Annual Report of:	Enhanced	Communications G	roup, LLC

Year Ended December 31, 2010

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

		OATH	
State of:	Oklahoma	}	
County of:	Washington		
	So Summers the name of the affant.)	makes o	ath and says that he is
CEO		of	Enhanced Communications Group, LLC
(Insert here the official title of deponent) (Insert here the exact legal title or name of the respondent.) that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2010 to and including December 31, 2010. (Signature of affant.)			