ME

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

X INTEREXCHANGE CARRIED ALTERNATIVE OPERATOR		COMPET EXCHAN	TITIVE ACCESS TITIVE LOCAL NGE CARRIERS (Describe):
Al	NNUAL REPO	RT	70
	OF		7
C	ause Based Commerce, l	(nc. (90-6353)	Change Change
	(Exact legal name of responde		
If name was changed during	Website UFL:		
0111 01 1 1 7 1 0 1 001		O.V.	450.45
8111 Cheviot Road, Suite 201 Address	City C	OH ounty State	45247 Zip Code
	513-923-9003 Phone: (Area Code) Numbe	- 2 ≥ 5 1	
8111 Cheviot Road, Suite 201	Cincinnati	ОН	45247
	of principal business office at		704-11 703
	то тне		
PUBLIC U	TILITIES COMMISSI	ON OF OHIO	
FOR THE Y	EAR ENDED DECEM	IBER 31, 2011,	
Name, title, address, e-mail address and telephone num	·		his report.
Name: Mark Lammert, CPA c/o Com	pliance Solutions, Inc.	Telephone #:	407-260-1011
Title: Tax Preparer for Company		Fax #:	407-260-1033
Address: 740 Florida Central Parkway,	Suite 2028 Langwood F	FL 32750	

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Annual	Report of:	Cause	Based	Commerce,	Inc.

Year Ended December 31, 2011

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

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

- 1. 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.
- 9. "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.

IDENTITY OF RESPONDENT

2. If a consolidated, merged, or reorganized company, briefly provide particulars of such transactions, the date of transactions, and PUCO authority. If a reorganized company, give name of original company. The Company is not a consolidated, merged or reorganized company. 3. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year. The Sienna Group 4. If incorporated specify: a. Date of filing of articles of incorporation. b. State in which incorporated. June 13, 1996 Case #: Date Issued: Date Issued: State whether respondent is operational in Ohio (actually providing service and the date operations began), or (but not currently providing service). The Company was operational in Ohio throughout 2011. 7. If operational, identify Ohio counties where respondent is providing service. B. Identify separately the number of residential and business customers served by respondent. Identify voice, day or other type services provided. Voice Data Other
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Identify separately the number of residential and business customers served by respondent. Identify voice, da
or other type services provided. Voice Data Other
Abrasia Abrasia
Residential 0 0 0
Business 0 0 0
Identify if services are provided by resale (total service resale of local exchange company service) or facilities
(through respondent's own switch or via UNE platform), and names of Ohio counties where each type of serv

Annual	Report of	Cause	Reced	Commerce.	Inc
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Year Ended December 31, 2011

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

DIRECTORS, PROPRIETORS, PARTNERS

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

Term Expired or Current Term Will Expire (c)	Perpetual Perpetual	ividuals holding comparable positions.)	David Condit					
Served Continuously From (b)	Inception	ations, show names of ind	21. Treasurer: David Condit	22. Controller:				
Name and Address (City and State) (a)	David Condit 8111 Cheviot Road, Suite 201, Cincinnati, OH 45247 Tim Bischel 8111 Cheviot Road, Suite 201, Cincinnati, OH 45247	(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.)	nairman of the Board: David Condit	of Secretary of Board: David Condit	President: David Condit	Vice-President: Tim Bischel	Secretary: Tim Bischel	4
Line No.	12 12 13 13		16 n	17 of	18	19	18	

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

Line#	Item	Amou Ohio Intr			
1	Common Carrier, Directory F work performed for others, re	Revenue - Wholesale Cellular Communications, Radio Revenue, Rent Revenue, Special Billings (revenue from ent revenue-nonoperating, return on regulated conregulated products and services, etc.)	\$_	214,977	
2	Other Revenue, Dividend and Operating and Nonoperating, currency exchange or transfer of affiliated company account other funds, etc.)	s _	0		
3	SUBTOTAL	(1) + (2)	\$_	214,977	
4	Earnings or receipts from sale	es to other public utilities for resale	\$_	0	
5	TOTAL	(3) + (4)	\$_	214,977	

SCHEDULE: 3

* * *

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE

Name, Title, Address, and Phone Num	
to Receive Entries and Orders	from the Docketing Division
David Condit	President
Name	Title
8111 Cheviot Road, Suite 201, Cincinnati, OH 45247	
Address	
513-923-9003	
Phone Number (Including Area Code)	
Name, Title, Address, and Phone Number of	Person to whom Invoice should be Directed
	
Mark Lammert CPA c/o Compliance Solutions, Inc.	Tax Preparer for the Company
Name	Title
740 Florido Control Brokerro Coito 2020 de control Et 2027	
740 Florida Central Parkway, Suite 2028, Longwood, FL 327 Address	30
407-260-1011 Phone Number (Including Area Code)	
444444	
Name and Addres	s of the President
David Care dia	Duoridant
David Condit Name	President
8111 Cheviot Road, Suite 201, Cincinnati, OH 45247	

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.

		ОАТН	
State of:	Ohio)	
County of:	Hamilton)	
	1 Condit name of the affiant.)	makes oa	th and says that he is
Pre	sident	of	Cause Based Commerce, Inc.
(Insert here the off	icial title of deponent)		(Insert here the exact legal title or name of the respondent.)
fact contained in the said re	port are true and the said re respect to each and every	eport is a correct matter set forth t	edge, information, and belief, all statements of statement of the business and affairs of the herein during the period from and including (Signature of affant.)