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Tel: 407-740-8575
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Ms. Renee Jenkins, Commission Secretary
Docketing Division
Public Utilities Commission of Ohio
180 East Broad Street, 13th Floor
Columbus, Ohio 43215

07-323-TP-LTA

**RE: Local Tariff Revision for Lightyear Network Solutions LLC
P.U.C.O. Tariff No. 2**

Dear Ms. Jenkins:

Enclosed for filing is the original and ten (10) copies of revised local exchange tariff pages along with the current Ohio Telecommunications Application Form submitted on behalf of Lightyear Network Solutions, LLC. The purpose of this revision is to revise the Company's Lightyear Opportunity, Lightyear Starter, and BizValue service plan rates. The Company requests that these revisions be allowed to go into effect on March 27, 2007. The following revised tariff pages are included with this filing:

Sixth Revised Page 1
Second Revised Pages 69-70
Fourth Revised Page 71

Updates Check Sheet;
Revises rates;
Revises rates.

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 that purpose. Any questions regarding this filing may be directed to my attention at (407) 740-3004 or via email at rnorton@tminc.com. Thank you for your assistance.

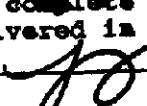
Sincerely,

Robin Norton, Consultant to
Lightyear Network Solutions LLC

RN/bc

Enclosures

cc: Linda Hunt, Lightyear (cover letter only)
file: Lightyear - OH - Local
tns: OHL0701

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
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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
Lightyear Network Solutions, LLC
for Authority to Resell Telecommunications Services

)
) Case No. 07 - 323 - TP - ZTA
)
)

Name of Registrant(s) Lightyear Network Solutions, LLC
DBA(s) of Registrant(s) _____
Address of Registrant(s) 1901 Eastpoint Parkway, Louisville, KY 40223
Company Web Address www.lightyearcom.com
Regulatory Contact Person(s) Robin Norton, Technologies Management, Inc. Phone (407) 740-8575 Fax (407) 740-0613
Regulatory Contact Person's Email Address rnorton@tminc.com
Contact Person for Annual Report Robin Norton, Technologies Management, Inc. Phone (407) 740-3004
Consumer Contact Information Linda Hunt, Lightyear Network Solutions, LLC Phone (502) 244-6666 x. 1019

Date March 26, 2007 TRF Docket No. - -CT-TRF or 90 - 9040 -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.
<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 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 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 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 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 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 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 serving and local calling areas 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:

- ☒ I + 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:

Linda Hunt, Director of Legal and Regulatory Affairs, Lightyear Network Solutions, LLC, 1901 Eastpoint Parkway, Louisville, KY 40223

- 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:

Robin Norton, Consultant to Lightyear Network Solutions, LLC, c/o Technologies Management, Inc, P.O. Drawer 200, Winter Park, FL 32790 (407) 740-3004

or Linda Hunt, Lightyear Network Solutions, LLC, Director of Legal and Regulatory Affairs 1901 Eastpoint Parkway, Louisville, KY 40223

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: ☐)

Not applicable

AFFIDAVIT

Compliance with Commission Rules and Service Standards

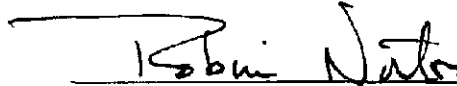
I am an officer of the applicant corporation, **Lightyear Network Solutions, LLC**, and am authorized to make this statement on its behalf. I attest that these tariffs comply with all applicable rules, including the Minimum Telephone Service Standards (MTSS) for the state of Ohio. I understand that tariff 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 March 26, 2007 at Winter Park, Florida

(Date)

(Location)



Robin Norton, Consultant to Lightyear Network Solutions, LLC

**** 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, **Robin Norton**, 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.

*(Signature and Title)

March 26, 2007

****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

Lightyear Network Solutions, LLC

Current Local Tariff Pages

CHECK SHEET

Pages of this tariff, as indicated below, are effective as of the date shown at the bottom of the respective pages. Original and revised pages, as named below, comprise all changes from the original tariff and are currently in effect as of the date on the bottom of this page.

PAGE	REVISION	PAGE	REVISION	PAGE	REVISION
Title	Original	32	Original	65	First Revised
1	Fifth Revised*	33	Second Revised	66	Original
2	Original	34	Original	67	First Revised
3	Original	35	First Revised	68	First Revised
4	Second Revised	36	Original	69	First Revised
5	Second Revised	37	Original	70	First Revised
6	Original	38	Original	71	Third Revised
7	Original	39	First Revised	72	First Revised
8	First Revised	40	Original	73	First Revised
9	First Revised	41	Original	74	Second Revised
9.1	Original	42	Original	75	Second Revised
10	Original	43	Original	75.1	Original
11	Original	44	Original	75.2	Original
12	Original	45	Original	76	Original
13	Original	46	Original	77	Original
14	Original	47	Original	78	First Revised
15	Original	48	Original	79	First Revised
16	Original	49	Original	80	First Revised
17	Original	50	Original	81	First Revised
18	Original	51	Original	82	Original
19	Original	52	First Revised	83	First Revised
20	Original	53	First Revised	84	Second Revised
21	Original	54	First Revised	85	Original
22	Original	55	First Revised	86	Original
23	Original	56	Original	87	Second Revised
24	Original	57	Original	88	Second Revised*
25	Original	58	Second Revised	88.1	First Revised
26	Original	59	First Revised	88.2	Second Revised
27	Original	60	First Revised	89	Original
28	Original	61	Original	90	Original
29	Original	62	Original	90.1	Original
30	First Revised	63	Second Revised	91	Original
31	Second Revised	64	Original		

* - indicates those pages includes with this filing

ISSUED: January 20, 2006

EFFECTIVE: January 20, 2006

ISSUED BY: Linda Hunt, Director of Legal and Regulatory Affairs
1901 Eastpoint Parkway
Louisville, Kentucky 40223

Issued under authority of the Public Utilities Commission of Ohio in Case No. 06-____-TP-ZTA

OHL0601

SECTION 6 - LOCAL SERVICES PRICE LIST, (CONT'D.)**6.2 LightyearHOMESM Service****6.2.1. Lightyear Opportunity Plan**

With the Opportunity Plan, the residential Customer receives unlimited local calling, long distance calling, and certain monthly recurring features on the first line ordered. Features are not included with the rate for each additional line, but may be ordered separately. IntraLATA and InterLATA presubscription to Lightyear's long distance is required. The Company reserves the right to cancel or suspend service, or to move the customer to another eligible rate plan if toll usage exceeds 3000 minutes in a single billing period, or if other criteria are not met for the plan to which the Customer has subscribed or is presently enrolled.

(T)

(T)

(T)

The following features are included in the rate for the first line: Call Forwarding Variable, Call Return, Call Waiting Deluxe, Deluxe Caller ID, Repeat Dial, and Three Way Calling. Additional features may be ordered separately at the Customer's option.

A. Lightyear Opportunity Plan Rates and Charges

	<u>Zones 1</u>	<u>Zone 2</u>	<u>Zone 3</u>
Monthly Rate, First Line	\$51.99	\$51.99	\$51.99
Each Additional Line:	\$29.99	\$29.99	\$29.99

(I)

(I)

ISSUED: April 29, 2005

EFFECTIVE: April 29, 2005

ISSUED BY: Linda Hunt, Director of Legal and Regulatory Affairs (T)
1901 Eastpoint Parkway
Louisville, Kentucky 40223

Issued under authority of the Public Utilities Commission of Ohio in Case No. 05-____ TP-ZTA

OHL0501

SECTION 6 - LOCAL SERVICES PRICE LIST, (CONT'D.)**6.2 LightyearHOMESM Service, (Cont'd.)****6.2.2 Lightyear Starter Plan**

With the Starter Plan, the Customer receives unlimited local calling and certain monthly recurring features for a single monthly charge. Starter Plan local customers receive Starter Long Distance Service at special rates as set forth in the Company's long distance tariff on file with the Commission. IntraLATA and InterLATA presubscription to Lightyear's long distance service is required. Features are not included in the rate for each additional line, but may be ordered separately. The Company reserves the right to cancel or suspend service, or to move the customer to another eligible rate plan in accordance with the terms and conditions of this tariff and the Customer's contract for service. If it is determined that usage is not consistent with typical voice applications, the Company may suspend, restrict or cancel service in accordance with the terms and conditions of this tariff and the Customer's contract for service.

(T)

(T)

The following features are included in the rate for the first line: Call Forwarding Variable, Call Return, Call Waiting Deluxe, Deluxe Caller ID, Repeat Dial, and Three Way Calling. Additional features may be ordered separately at the Customer's option.

A. Starter Plan Rates and Charges

	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>
Monthly Rate, First Line	\$34.99	\$34.99	\$34.99
Each Additional Line:	\$29.99	\$29.99	\$29.99

(I)

(I)

ISSUED: April 29, 2005

EFFECTIVE: April 29, 2005

ISSUED BY: Linda Hunt, Director of Legal and Regulatory Affairs (T)
1901 Eastpoint Parkway
Louisville, Kentucky 40223

Issued under authority of the Public Utilities Commission of Ohio in Case No. 05-____TP-ZTA

OHL0501

SECTION 6 - LOCAL SERVICES PRICE LIST, (CONT'D.)**6.3 Lightyear BizValueSM**

With BizValueSM, the business Customer receives unlimited local calling and certain monthly recurring features as specified below for a single monthly charge. Additional features may be ordered separately.

The following features are included in the package rate for each line: Hunting, Caller ID Deluxe, Call Waiting Deluxe, Call Forwarding Variable, and Speed Dial 8. Additional features may be ordered separately at the Customer's option.

BizValue is not available on Digital Subscriber Lines (DSLs).

(D)

(D)

6.3.1 BizValueSM Rates and Charges

The following monthly charges apply to BizValue lines. Rates and charges include Touchtone Service for each line.

Monthly Rate - One Year Term - *These rates are no longer available to new customers. See Section 13.1 of this tariff.*

(M)

(M)

Monthly Rate - One Year Term - *The following rates are available to new customers only.*

(T)

Monthly Rate - One Year Term

	<u>Zones 1, 2, 3</u>
Per Line	\$31.99

(N)

ISSUED: October 11, 2005

EFFECTIVE: October 11, 2005

ISSUED BY: Linda Hunt, Director of Legal and Regulatory Affairs
1901 Eastpoint Parkway
Louisville, Kentucky 40223

Issued under authority of the Public Utilities Commission of Ohio in Case No. 05-1261-TP-ZTA

OHL0505a

Lightyear Network Solutions, LLC

Proposed Local Tariff Pages

CHECK SHEET

Pages of this tariff, as indicated below, are effective as of the date shown at the bottom of the respective pages. Original and revised pages, as named below, comprise all changes from the original tariff and are currently in effect as of the date on the bottom of this page.

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1	Sixth Revised*	33	Second Revised	66	Original
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12	Original	45	Original	76	Original
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15	Original	48	Original	79	First Revised
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25	Original	58	Second Revised	88.1	First Revised
26	Original	59	First Revised	88.2	Second Revised
27	Original	60	First Revised	89	Original
28	Original	61	Original	90	Original
29	Original	62	Original	90.1	Original
30	First Revised	63	Second Revised	91	Original
31	Second Revised	64	Original		

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ISSUED BY: Linda Hunt, Director of Legal and Regulatory Affairs
1901 Eastpoint Parkway
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SECTION 6 - LOCAL SERVICES PRICE LIST, (CONT'D.)**6.2 LightyearHOMESM Service****6.2.1. Lightyear Opportunity Plan**

With the Opportunity Plan, the residential Customer receives unlimited local calling, long distance calling, and certain monthly recurring features on the first line ordered. Features are not included with the rate for each additional line, but may be ordered separately. IntraLATA and InterLATA presubscription to Lightyear's long distance is required. The Company reserves the right to cancel or suspend service, or to move the customer to another eligible rate plan if toll usage exceeds 3000 minutes in a single billing period, or if other criteria are not met for the plan to which the Customer has subscribed or is presently enrolled.

The following features are included in the rate for the first line: Call Forwarding Variable, Call Return, Call Waiting Deluxe, Deluxe Caller ID, Repeat Dial, and Three Way Calling. Additional features may be ordered separately at the Customer's option.

A. Lightyear Opportunity Plan Rates and Charges

	<u>Zones 1</u>	<u>Zone 2</u>	<u>Zone 3</u>
Monthly Rate, First Line	\$51.99	\$51.99	\$51.99
Each Additional Line:	\$32.99(I)	\$32.99(I)	\$32.99(I)

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SECTION 6 - LOCAL SERVICES PRICE LIST, (CONT'D.)**6.2 LightyearHOMESM Service, (Cont'd.)****6.2.2 Lightyear Starter Plan**

With the Starter Plan, the Customer receives unlimited local calling and certain monthly recurring features for a single monthly charge. Starter Plan local customers receive Starter Long Distance Service at special rates as set forth in the Company's long distance tariff on file with the Commission. IntraLATA and InterLATA presubscription to Lightyear's long distance service is required. Features are not included in the rate for each additional line, but may be ordered separately. The Company reserves the right to cancel or suspend service, or to move the customer to another eligible rate plan in accordance with the terms and conditions of this tariff and the Customer's contract for service. If it is determined that usage is not consistent with typical voice applications, the Company may suspend, restrict or cancel service in accordance with the terms and conditions of this tariff and the Customer's contract for service.

The following features are included in the rate for the first line: Call Forwarding Variable, Call Return, Call Waiting Deluxe, Deluxe Caller ID, Repeat Dial, and Three Way Calling. Additional features may be ordered separately at the Customer's option.

A. Starter Plan Rates and Charges

	<u>Zones 1</u>	<u>Zone 2</u>	<u>Zone 3</u>
Monthly Rate, First Line	\$37.99(I)	\$34.99	\$37.99(I)
ach Additional Line:	\$32.99(I)	\$32.99(I)	\$32.99(I)

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SECTION 6 - LOCAL SERVICES PRICE LIST, (CONT'D.)**6.3 Lightyear BizValueSM**

With BizValueSM, the business Customer receives unlimited local calling and certain monthly recurring features as specified below for a single monthly charge. Additional features may be ordered separately.

The following features are included in the package rate for each line: Hunting, Caller ID Deluxe, Call Waiting Deluxe, Call Forwarding Variable, and Speed Dial 8. Additional features may be ordered separately at the Customer's option.

BizValue is not available on Digital Subscriber Lines (DSLs).

6.3.1 BizValueSM Rates and Charges

The following monthly charges apply to BizValue lines. Rates and charges include Touchtone Service for each line.

Monthly Rate - One Year Term - *These rates are no longer available to new customers. See Section 13.1 of this tariff.*

Monthly Rate - One Year Term - *The following rates are available to new customers only.*

Monthly Rate - One Year Term

	<u>Zones 1, 2, 3</u>
Per Line	\$34.99(I)

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