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07-636-TP-ZTA

210 N. Park Ave.
Winter Park, FL
32789

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

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

Ms. Renee Jenkins
Commission Secretary
Docketing Division
Public Utilities Commission of Ohio
180 East Broad Street, 13th Floor
Columbus, Ohio 43215-3793

Re: Tariff Revision Filing - Legacy Long Distance International, Inc.

Dear Ms. Jenkins:

Enclosed for filing please find the original and ten (10) copies of a tariff revision for Legacy Long Distance International, Inc. ("Legacy"), including the Telecommunications Application Form. The proposed revision increases the per minute operator service rate and the operator station rates; it decreases the Pay Telephone Surcharge. The Company requests an effective date of May 26, 2007 for the tariff revision.

The filing consists of the following:

Telecommunications Application Form
Affidavit/Verification
Exhibit A - Superseded Tariff Pages
10th Revised Sheet 1
Original Sheet 28
2nd Revised Sheet 29

Exhibit B - Proposed Revised Tariff Pages
11th Revised Sheet 1
1st Revised Sheet 28
3rd Revised Sheet 29

Exhibit C - Description of Tariff Change

Exhibit D - Customer Notice

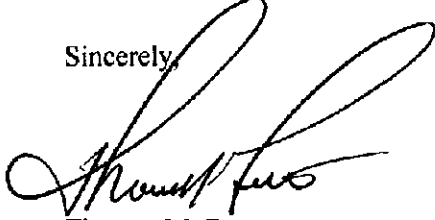
Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed stamped envelope.

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 [Signature] Date Processed 5-25-07

Ms. Renee Jenkins
Commission Secretary
Docketing Division
Public Utilities Commission of Ohio
May 24, 2007
Page 2 of 2

If you have any questions regarding this filing please contact me at (407) 740-3001. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas M. Forte', with a large, stylized loop at the end.

Thomas M. Forte
Consultant to Legacy Long Distance International, Inc.

Enclosures

TMF/kl

cc: C. Brown - Legacy
file: Legacy - OH
TMS: OHo0701

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
Legacy Long Distance International, Inc.
for tariff revision

Case No. 07 - 636 - TP - ZTA

Name of Registrant(s)	Legacy Long Distance International, Inc.		
DBA(s) of Registrant(s)			
Address of Registrant(s)	10833 Valley View Street, Suite 150, Cypress, CA 90630		
Company Web Address	www.golegacy.com		
Regulatory Contact Person(s)	Thomas M. Forte	Phone	407-740-8575 Fax 407-740-0613
Regulatory Contact Person's Email Address	tforte@tminc.com		
Contact Person for Annual Report	Curtis A. Brown	Phone	714-826-0547
Consumer Contact Information	Customer Service Department	Phone	714-826-0547

Date 05/24/07 TRF Docket No. 90 5894 -CT-TRF or -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 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 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. 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. 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:

Mr. Curtis A. Brown
President
Legacy Long Distance International, Inc.
10833 Valley View Street, Suite 150
Cypress, CA 90630
Telephone: 714-826-0547
Facsimile: 800-700-1116

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:

Thomas M. Forte
Consultant to Legacy Long Distance International, Inc.
Technologies Management, Inc.
P. O. Drawer 200
Winter Park, Florida 32790-0200
Phone: 407-740-8575

Or
President
Legacy Long Distance International, Inc.
10833 Valley View Street, Suite 150
Cypress, CA 90630
Telephone: 714-826-0547
Facsimile: 800-700-1116

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: ☐)

None.

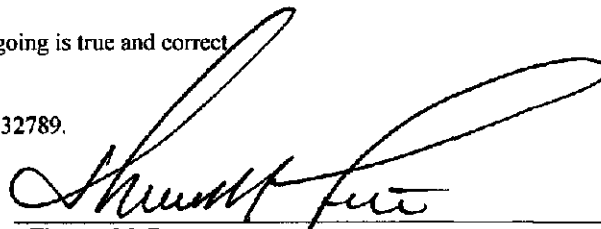
AFFIDAVIT

Compliance with Commission Rules and Service Standards

I am an authorized representative of the applicant corporation, **Legacy Long Distance International, Inc.**, and am authorized to make this statement on its behalf. I attest that these tariffs comply with the Minimum Telephone Service Standards (MTSS) for the State of Ohio. I understand that the Minimum Telephone Service Standards, as modified and clarified from time to time, supercede 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 May 24, 2007 at Winter Park, FL 32789.



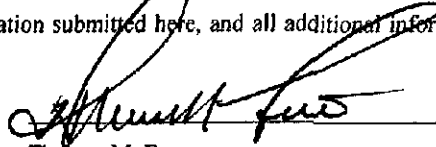
Thomas M. Forte
Legacy Long Distance International, Inc.

May 24, 2007

**** 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, Thomas M. Forte, Consultant to **Legacy Long Distance International, Inc.**, 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.



Thomas M. Forte

(Date) May 24, 2007

Consultant to Legacy Long Distance International, Inc.

**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

LEGACY LONG DISTANCE INTERNATIONAL, INC.

EXHIBIT A

Superseded Tariff Sheets

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	5 th Rev.(T)	*	20.2	1 st Rev.		39	Original
1	10 th Rev.(T)	*	21	Original		40	Original
2	1 st Rev.		22	Original		Appendix A	
3	Original		23	Original		1	Original
4	Original		24	Original		2	Original
5	Original		25	Original		3	Original
6	Original		26	Original		4	Original
7	Original		27	Original		5	Original
8	1 st Rev.		28	Original		6	Original
9	Original		29	2 nd Rev.	*	7	Original
10	Original		30	Original		8	Original
11	Original		31	Original		9	Original
12	Original		32	Original		10	Original
13	Original		33	Original		11	Original
14	Original		34	Original		12	Original
15	Original		35	Original		13	Original
16	Original		36	Original		14	Original
17	Original		37	Original		15	Original
18	Original		37.1	Original		16	Original
19	Original		37.2	2 nd Rev.(T)	*	17	Original
20	1 st Rev.		37.3	Original		18	Original
20.1	Original		38	Original			

* - indicates those pages includes with this filing

Issued: July 6, 2005

Effective: July 7, 2005

Issued by:

Mr. Curtis Brown, President
 10833 Valley View Street, Suite 150
 Cypress, California 90630

OHo0502

CASE NO.: 05 -184-TP-ZTA

SECTION 3 - DESCRIPTION OF SERVICE AND RATES, (CONT'D.)**3.7 Operator Services, (Cont'd.)****3.7.4 Rate Schedules - Per Minute Charges****INTRASTATE****(A) All Operator Service Calls**

All calls are billed in one (1) minute increments after an initial period, for billing purposes, of one (1) minute.

Mileage Band	Day		Evening		Night/Weekend	
	1st Minute	Each Add'l. Minute	1st Minute	Each Add'l. Minute	1st Minute	Each Add'l. Minute
All	\$0.3600	\$0.3600	\$0.3600	\$0.3600	\$0.3600	\$0.3600

Issued: October 22, 1999

Effective: November 21, 1999

Issued by:

Mr. Curtis Brown, President
One World Trade Center, Suite 1460
Long Beach, California 90831-1000

OH9901

CASE NO.: 99 -1368-CT-ACE

SECTION 3 - DESCRIPTION OF SERVICE AND RATES, (CONT'D.)**3.7 Operator Services, (Cont'd.)****3.7.5 Per Call Service Charges**INTRASTATE

Per Call Service Charges:

	<u>Customer Dialed</u>	<u>Operator Assisted</u>
Calling / Credit Card		
Customer Dialed	\$1.70	N/A
Customer Dialed / Operator Assisted	N/A	\$2.50
Operator Dialed	N/A	\$2.50
Operator Station		
Collect	\$2.50	\$2.50
Billed to Third Party	\$2.50	\$2.50
Person to Person	\$4.80	\$4.80

3.7.6 Pay Telephone Surcharge

Operator Assisted calls originating from a public payphone will be charged the Pay Telephone Surcharge listed below.

Rate per call	\$0.60	(I)
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Issued: July 6, 2005

Effective: July 7, 2005

Issued by:

Mr. Curtis Brown, President
10833 Valley View Street, Suite 150
Cypress, California 90630

OH0502

CASE NO.: 05- -TP-ZTA

LEGACY LONG DISTANCE INTERNATIONAL, INC.

EXHIBIT B

Proposed Tariff Sheets

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	5 th Rev.(T)		20.2	1 st Rev.		39	Original
1	11 th Rev.	*	21	Original		40	Original
2	1 st Rev.		22	Original			Appendix A
3	Original		23	Original		1	Original
4	Original		24	Original		2	Original
5	Original		25	Original		3	Original
6	Original		26	Original		4	Original
7	Original		27	Original		5	Original
8	1 st Rev.		28	1 st Rev	*	6	Original
9	Original		29	3 rd Rev.	*	7	Original
10	Original		30	Original		8	Original
11	Original		31	Original		9	Original
12	Original		32	Original		10	Original
13	Original		33	Original		11	Original
14	Original		34	Original		12	Original
15	Original		35	Original		13	Original
16	Original		36	Original		14	Original
17	Original		37	Original		15	Original
18	Original		37.1	Original		16	Original
19	Original		37.2	2 nd Rev.(T)		17	Original
20	1 st Rev.		37.3	Original		18	Original
20.1	Original		38	Original			

* - indicates those pages includes with this filing

Issued: May 25, 2007

Effective: May 26, 2007

Issued by:

Mr. Curtis Brown, President
10833 Valley View Street, Suite 150
Cypress, California 90630

OHo0701

CASE NO.: 07 - ____ -TP-ZTA

SECTION 3 - DESCRIPTION OF SERVICE AND RATES, (CONT'D.)**3.7 Operator Services, (Cont'd.)****3.7.4 Rate Schedules - Per Minute Charges****INTRASTATE****(A) All Operator Service Calls**

All calls are billed in one (1) minute increments after an initial period, for billing purposes, of one (1) minute.

Mileage Band	Day		Evening		Night/Weekend	
	1st Minute	Each Add'l. Minute	1st Minute	Each Add'l. Minute	1st Minute	Each Add'l. Minute
All	\$0.4500 (I)	\$0.4500 (I)	\$0.4500 (I)	\$0.4500 (I)	\$0.4500 (I)	\$0.4500 (I)

Issued: May 25, 2007

Effective: May 26, 2007

Issued by:

Mr. Curtis Brown, President
10833 Valley View Street, Suite 150
Cypress, California 90630

CASE NO.: 07 - ____ -TP-ZTA

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SECTION 3 - DESCRIPTION OF SERVICE AND RATES, (CONT'D.)**3.7 Operator Services, (Cont'd.)****3.7.5 Per Call Service Charges**INTRASTATE

Per Call Service Charges:

	<u>Customer Dialed</u>	<u>Operator Assisted</u>
Calling / Credit Card		
Customer Dialed	\$1.70	N/A
Customer Dialed / Operator Assisted	N/A	\$2.50
Operator Dialed	N/A	\$2.50
Operator Station		
Collect	\$2.75 (I)	\$2.75 (I)
Billed to Third Party	\$2.50	\$2.50
Person to Person	\$4.80	\$4.80

3.7.6 Pay Telephone Surcharge

Operator Assisted calls originating from a public payphone will be charged the Pay Telephone Surcharge listed below.

Rate per call	\$0.56	(R)
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LEGACY LONG DISTANCE INTERNATIONAL, INC.

EXHIBIT C

Description of Tariff Change

DESCRIPTION OF CHANGE

Legacy intends to bring its operator service rates in line with the state Commission issued rate caps. The revision contains the following changes:

Updating of Check Sheet

The Check Sheet has been updated to reflect the level change to pages 28 and 29.

Operator Services – Rate Schedule Per Minute Charges

The revision increases the Per Minute Charges for Operator Services to \$0.4500 per minute.

Pay Telephone Surcharge – Sheet 29

The revision reduces the Pay Telephone Surcharge to \$0.56.

Operator Station Charge Sheet 29

The revision increases the operator station charge to \$2.75.

LEGACY LONG DISTANCE INTERNATIONAL, INC.

EXHIBIT D

Customer Notice

The Pay Telephone Surcharge and Operator Service Rates apply only to non-presubscribed and transient customers. They are notified of the rate with call branding at the time of the call.