

ANDREW O. ISAR



4304 92<sup>ND</sup> AVENUE NW  
GIG HARBOR, WA 98335  
253.851.6700  
WWW.MILLERISAR.COM

Via Efile

February 28, 2019

Ms. Barcy F. MacNeal  
Commission Secretary  
Public Utilities Commission of Ohio  
180 East Broad Street  
Columbus, OH 43215-3793

Re: Network Billing Systems, L.L.C. Name and Contact Change Notification, Case  
No. 19-0512-TP-ACN

Dear Secretary MacNeal:

Network Billing Systems, L.L.C. ("Company"). submits to the Public Utilities Commission of Ohio ("Commission") a *Telecommunications Filing Form* and this Notice in the above-referenced matter to notify the Commission that effective April 1, 2019,<sup>1</sup> the Company is changing its name to **Fusion Connect LLC**. A copy of Fusion's Secretary of State amended name registration is attached.

The Company maintains Certificates of Public Convenience and Necessity to provide competitive interexchange and local exchange telecommunications services in the State of Ohio.<sup>2</sup> The Company provides service exclusively to commercial subscribers. Subscribers are being notified of the name change via bill message, the text of which is attached.<sup>3</sup> This change in corporate name will have no effect on the services offered to Ohio customers.

On October 4, 2018, the Commission granted Network Billing Systems, L.L.C. authority to detariff its regulated retail services.<sup>4</sup> The Company has amended its service guide to reflect the Company's new name and posted same on its web site at <http://www.fusionconnect.com/tariffs>. No other amendments have been made.

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<sup>1</sup> Unless otherwise directed by the Commission.

<sup>2</sup> See, *Certificate of Public Convenience and Necessity*, Certificate No. 90-6129 (Interexchange)(July 1, 2003), and Certificate No. 90-9386-TP-TRF (Local Exchange Service)(April 25, 2011).

<sup>3</sup> A signed customer notice affidavit is included in the *Telecommunications Filing Form*.

<sup>4</sup> See, Case No. 09-177-TP-ATA (2009).

Ms. Barcy F. MacNeal  
February 28, 2019  
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The Company also advises the Commission of a change in Company regulatory contact. Effective immediately, all Commission communications regarding the Company should be directed to:

Mr. Ronald A. Sheehan  
Director of Regulatory Compliance  
Fusion Connect LLC  
695 Route 46 West, Suite 200  
Fairfield, NJ, 07004  
Telephone: 781-519-7424  
Email: Ronald.Sheehan@fusionconnect.com

Thank you for your attention to this matter. Questions may be directed to the undersigned.

Sincerely,

MILLER ISAR, INC.

/s/ Andrew O. Isar

Andrew O. Isar

Consultants to  
Network Billing Systems, L.L.C. (nka Fusion Connect LLC)

Attachment

**\*201817801032\***

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/27/2018	201817801032	CORRECT REG /FOREIGN LLC (LFC)	50 00	00	00	00	00

**Receipt**

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

NSI  
145 BAKER ST.  
ATTN: MARINA REEL  
MARION, OH 43302

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**1028507**

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

**FUSION CONNECT LLC**

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

Document(s)

**CORRECT REG./FOREIGN LLC**

Document No(s):

**201817801032**

Effective Date: **06/26/2018**



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 27th day of June, A.D. 2018.

*Jon Husted*

Ohio Secretary of State

Form 543B Prescribed by

**JON HUSTED**  
Ohio Secretary of State



Toll Free (877) 505-FR.E. (877-587-3453)  
Central Ohio (614) 465-3910  
www.OhioSecrystates.gov  
johansen@OhioSecrystates.gov  
File online or for more information: www.OhioSecrystates.gov

Mail this form to one of the following

Regular Filing (non-expedited)  
P.O. Box 157  
Columbus, OH 43261

Expedited Filing (file business day processing time)  
Requires an additional \$100 fee

P.O. Box 158  
Columbus, OH 43261

For advice readers, follow instructions located at this path.

**Foreign Limited Liability Company  
Certificate of Correction**

**Filing Fee: \$50  
(135-LFC)**

**Form Must Be Typed**

COPY

The undersigned authorized representative of

Network Billing Systems, L.L.C.

Name of limited liability company in jurisdiction of formation

Network Billing Systems, L.L.C.

Name of limited liability company in Ohio, if different than above

1028507

Ohio Registration Number

New Jersey

Jurisdiction of Formation

Only complete sections that apply. (sections to be corrected)

Fusion LLC

Name of limited liability company in jurisdiction of formation

Name of limited liability company in Ohio

Fusion Connect LLC

Name of limited liability company in Ohio must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Inc."

The address to which interested persons may direct requests for copies of any operating agreement or any bylaws, or other charter documents of the company is

420 Lexington Avenue, Suite 1718

Mailing Address

New York

City

New York

State

10170

ZIP Code

Complete the information in this section if the limited liability company wants to correct the statutory agent information.

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Name of Statutory Agent

Mailing Address

City  OH State  ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

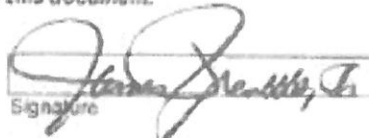
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**


Must be signed by an authorized representative

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box

  
Signature

By (if applicable)

  
Print Name

Signature

By (if applicable)

Print Name

**Network Billing Systems, L.L.C. is Changing its Name to Fusion**

Please be advised that Network Billing Systems, L.L.C. will soon be changing its name to Fusion. This change will be reflected on an upcoming invoice. At that time, we'll provide an updated W-9 and account name for payment remittance. No action is required at this time.

In the coming days and weeks, you'll notice our phone greetings, portals, and other tools transition to the Fusion brand. Please rest assured, these are only branding changes, and will not impact the functionality of your products and services.

We look forward to serving you as Fusion.

The Fusion Team

*The Public Utilities Commission of Ohio*  
**TELECOMMUNICATIONS FILING FORM**

(Effective: 10-11-2017)

This form is intended to be used with most types of required filings. It provides check boxes with rule references for the most common types of filings. It does not replace or supersede Commission rules in any way.

In the Matter of the Application of Network Billing Systems, L.L.C.

) TRF Docket No. 90 -

) Case No. 19 - 0512 - **TP - ACN**

to Change its Official Name to Fusion Connect LLC

) **NOTE: Unless you have reserved a Case #, leave the**  
) **"Case No" fields BLANK.**

Name of Registrant(s) Network Billing Systems, L.L.C.

DBA(s) of Registrant(s) Inapplicable

Address of Registrant(s) 695 Route 46 West, Suite 200, Fairfield, NJ, 07004

Company Web Address http://www.fusionconnect.com/

Regulatory Contact Person(s) Ronald A. Sheehan

Phone 781-519-7424

Fax NA

Regulatory Contact Person's Email Address Ronald.Sheehan@fusionconnect.com

Contact Person for Annual Report Ronald A. Sheehan

Phone 781-519-7424

Address (if different from above) same

Consumer Contact Information Ronald A. Sheehan

Phone 781-519-7424

Address (if different from above) same

Motion for protective order included with filing? ☐ Yes ☒ No

Motion for waiver(s) filed affecting this case? ☐ Yes ☒ No [Note: Waivers may toll any automatic timeframe.]

**Notes:**

Section I and II are Pursuant to Ohio Administrative Code 4901:1-6.

Section III – Carrier to Carrier is Pursuant to Ohio Adm.Code 4901:1-7, and Wireless is Pursuant to Ohio Adm.Code 4901:1-6-24.

Section IV – Attestation.

(1) Indicate the Carrier Type and the reason for submitting this form by checking the boxes below.

(2) For requirements for various applications, see the identified section of Ohio Adm.Code Chapter 4901 and/or the supplemental application form noted.

(3) Information regarding the number of copies required by the PUCO may be obtained from the PUCO's website at [www.PUCO.ohio.gov](http://www.PUCO.ohio.gov) under the docketing information system section, by calling the docketing division at 614-466-4095, or by visiting the docketing division at the offices of the PUCO.

(4) An Incumbent Local Exchange Carrier (ILEC) offering basic local exchange service (BLES) outside its traditional service area should choose CLEC designation when proposing to offer BLES outside its traditional service area or when proposing to make changes to that service.

**All filings that result in a change to one or more tariff pages require, at a minimum, the following exhibits:**

Exhibit	Description:
A	The tariff pages subject to the proposed change(s) as they exist before the change(s).
B	The tariff pages subject to the proposed change(s), reflecting the change, with the change(s) marked in the right margin.
C	A short description of the nature of the change(s), the intent of the change(s), and the customers affected.
D	A copy of the notice provided to customers, along with an affidavit that the notice was provided according to the applicable rule(s).

## Section I – Part I - Common Filings

<b>Carrier Type</b> <input type="checkbox"/> Other (explain below)	<b>For Profit ILEC</b>	<b>Not For Profit ILEC</b>	<b>CLEC</b>
Change terms & conditions of existing BLES	<input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days)
Introduce non-recurring charge, surcharge, or fee to BLES			<input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days)
Introduce or Increase Late Payment	<input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days)
Revisions to BLES Cap	<input type="checkbox"/> ZTA <u>1-6-14(F)</u> (0 day Notice)		
Introduce BLES or expand local service area (calling area)	<input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice)	<input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice)	<input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice)
Notice of no obligation to construct facilities and provide BLES	<input type="checkbox"/> ZTA <u>1-6-27(C)</u> (0 day Notice)	<input type="checkbox"/> ZTA <u>1-6-27(C)</u> (0 day Notice)	
Change BLES Rates	<input type="checkbox"/> TRF <u>1-6-14(F)</u> (0 day Notice)	<input type="checkbox"/> TRF <u>1-6-14(F)(4)</u> (0 day Notice)	<input type="checkbox"/> TRF <u>1-6-14(G)</u> (0 day Notice)
To obtain BLES pricing flexibility	<input type="checkbox"/> BLS <u>1-6-14(C)(1)(c)</u> (Auto 30 days)		
Change in boundary	<input type="checkbox"/> ACB <u>1-6-32</u> (Auto 14 days)	<input type="checkbox"/> ACB <u>1-6-32</u> (Auto 14 days)	
Expand service operation area			<input type="checkbox"/> TRF <u>1-6-08(G)(0 day)</u>
BLES withdrawal			<input type="checkbox"/> ZTA <u>1-6-25(B)</u> (0 day Notice)
<b>Other*</b> (explain)			

## Section I – Part II – Customer Notification Offerings Pursuant to Chapter 4901:1-6-7 OAC

<b>Type of Notice</b>	<b>Direct Mail</b>	<b>Bill Insert</b>	<b>Bill Notation</b>	<b>Electronic Mail</b>
<input type="checkbox"/> 15-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date Notice Sent:</b>				

## Section I – Part III –IOS Offerings Pursuant to Chapter 4901:1-6-22 OAC

<b>IOS</b>	<b>Introduce New</b>	<b>Tariff Change</b>	<b>Price Change</b>	<b>Withdraw</b>
<input type="checkbox"/> IOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section II – Part I – Carrier Certification - Pursuant to Chapter 4901:1-6-08, 09 & 10 OAC

Certification	ILEC (Out of territory)	CLEC	Telecommunications Service Provider Not Offering Local	CESTC	CETC
* See Supplemental form	<input type="checkbox"/> ACE <u>1-6-08</u> * (Auto 30- day)	<input type="checkbox"/> ACE <u>1-6-08</u> * (Auto 30 day)	<input type="checkbox"/> ACE <u>1-6-08</u> * (Auto 30 day)	<input type="checkbox"/> ACE <u>1-6-10</u> (Auto 30 day)	<input type="checkbox"/> UNC <u>1-6-09</u> * (Non-Auto)

\*Supplemental Certification forms can be found on the PUCO webpage.

## Section II – Part II – Certificate Status & Procedural

Certificate Status	ILEC	CLEC	Telecommunications Service Provider Not Offering Local
Abandon all Services		<input type="checkbox"/> ABN <u>1-6-26</u> (Auto 30 days)	<input type="checkbox"/> ABN <u>1-6-26</u> (Auto 30 days)
Change of Official Name *	<input type="checkbox"/> ACN <u>1-6-29(B)</u> (Auto 30 days)	<input checked="" type="checkbox"/> ACN <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Change in Ownership *	<input type="checkbox"/> ACO <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> ACO <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Merger *	<input type="checkbox"/> AMT <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> AMT <u>1-6-29(E)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Transfer a Certificate *	<input type="checkbox"/> ATC <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> ATC <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)
Transaction for transfer or lease of property, plant or business *	<input type="checkbox"/> ATR <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> ATR <u>1-6-29(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice)

\* Other exhibits may be required under the applicable rule(s). ACN, ACO, AMT, ATC, ATR and CIO applications see the 4901:1-6-29 Filing Requirements on the PUCO's webpage for a complete list of exhibits.

## Section III – Carrier to Carrier (Pursuant to 4901:1-7), and Wireless (Pursuant to 4901:1-6-24)

Carrier to Carrier	ILEC	CLEC
Interconnection agreement, or amendment to an approved agreement	<input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day)	<input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day)
Request for Arbitration	<input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto)	<input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto)
Introduce or change c-t-c service tariffs	<input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 days)	<input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 days)
Request rural carrier exemption, rural carrier suspension or modification	<input type="checkbox"/> UNC <u>1-7-04 or 05</u> (Non-Auto)	
Changes in rates, terms & conditions to Pole Attachment, Conduit Occupancy and Rights- of-Way. (13-579-AU-ORD 11/30/16 Entry)	<input type="checkbox"/> ATA <u>1-3-04</u> (Auto 60 days)	
<b>Wireless Providers</b> See <u>4901:1-6-24</u>	<input type="checkbox"/> RCC [Registration & Change in Operations] (0 day)	<input type="checkbox"/> NAG [Interconnection Agreement or Amendment] (Auto 90 days)

#### Section IV. – Attestation

Registrant hereby attests to its compliance with pertinent entries and orders issued by the Commission.

#### AFFIDAVIT *Compliance with Commission Rules*

I am an officer/agent of the applicant corporation, Network Billing Systems, , and am authorized to make this statement on its behalf.  
Pamela L. Hintz

(Name)

Please check ALL that apply:

☐ I attest that these tariffs comply with all applicable rules for the State of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules, 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 attest that customer notices accompanying this filing form were sent to affected customers, as specified in Section II, in accordance with Ohio Adm.Code 4901:1-6-7.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on  
(Date)

February 28 2019

at (Location) New York, New York

\*Signature and  
Title



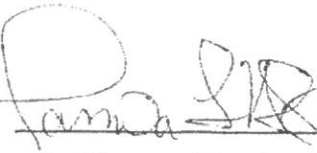
VP Reg Compliance Date February 28 2019

*\*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, , verify that I have utilized the Telecommunications Filing Form for most proceedings provided by the Commission 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



VP Reg Compliance Date February 28 2019

*\*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.*

File document electronically as directed in case number 06-900-AU-WVR  
or

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  
180 East Broad Street, Columbus, OH 43215-3793

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**2/28/2019 5:56:16 PM**

**in**

**Case No(s). 19-0512-TP-ACN**

Summary: Notification Network Billing Systems, L.L.C. Name and Contact Change Notification electronically filed by Mr. Andrew O. Isar on behalf of Network Billing Systems, LLC