



Control Number: 25000



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### CONTROL No. 25000

## REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICES COMPANIES AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIERS

**Registrant Name** (Name under which services will be provided):

ANPI, LLC

Legal Name of Registrant and all assumed names under which the Registrant conducts business in Texas or any other state, if any:

ANPI, LLC f/k/a Associated Network Partners, Inc. IX090024 (notice sent Oct 2010)

**1. Type of Registration** (mark ALL that apply):

- IXC (Long Distance Carrier)
- Pre Paid Calling Card Provider
- Pre Paid Local Calling Services
- Pre Paid Domestic Long Distance Calling Services
- Pre Paid International Long Distance Calling Services
- Other: Wholesale Toll Reseller

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**2. Company Contact Information**

Contact Name: Joseph O'Hara  
 Contact Title: CFO & Treasurer  
 Contact Phone Number: 217 698-2860  
 Contact Email Address: regulatoryaffairs@anpisolutions.com  
 Contact Fax Number (Optional): \_\_\_\_\_  
 Company/Physical Address (Street Address): 3130 Pleasant Run  
 (Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
 (City, State, Zip Code): Springfield, Illinois 62711  
 Company Toll-free Customer Service Phone Number: 1-877-366-2674  
 Company Contact Website Address (Optional): www.anpisolutions.com

**3. Mailing Address** (If different from the Physical Address):

(Street Address/P.O. Box): \_\_\_\_\_  
 (Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
 (City, State, Zip Code): \_\_\_\_\_

**4. Regulatory Representative:**

Contact Name: Joseph O'Hara  
 Contact Title: CFO & Treasurer

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Contact Address (Street Address): 3130 Pleasant Run  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): Springfield, Illinois 62711  
Contact Phone Number: 217 698-2860  
Contact Fax Number (Optional): \_\_\_\_\_  
Contact Email Address: regulatoryaffairs@anpisolutions.com

**5. Complaint Representative:**

Contact Name: Heidi May Young  
Contact Title: Director of Customer Support  
Contact Address (Street Address): 3130 Pleasant Run  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): Springfield, Illinois 62711  
Complaint Phone Number: 1-877-366-2674  
Contact Phone Number: 217 698-2860  
Contact Fax Number (Optional): \_\_\_\_\_  
Contact Email Address: customerservice@anpisolutions.com

**6. Emergency Contact (List a primary and a secondary contact)**

Contact Name: P: Andrea Hergenrother S: Joseph O'Hara  
Contact Title: P: Controller S: CFO & Treasurer  
Contact Phone Number: P: 217 698-2860 S: 217 698-2860  
Contact Fax Number (Optional): \_\_\_\_\_  
Contact Cell Phone Number (Optional): \_\_\_\_\_  
Contact Home Phone Number (Optional): \_\_\_\_\_  
Contact Email Address: P: regulatoryaffairs@anpisolutions.com S: regulatoryaffairs@anpisolutions.com

**7. Form of Business** (corporation, partnership, sole proprietorship, etc.): Limited Liability Company  
State and Date where registered business was formed: Delaware September 2010  
Texas Secretary of State (or County) File Number: 801321845  
Texas Comptroller's office Tax Id. No.: 1-37-1348433-8

**8. Carrier Identification:**

FCC Carrier Identification Code (CIC) (if available): \_\_\_\_\_  
National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): \_\_\_\_\_

**9. Affiliates:**

Names of all Telecommunications Affiliates: None  
States where Affiliates are Providing Services: \_\_\_\_\_

Affiliates in Texas – Provide Certification/Registration Number and relationship to registrant:

\_\_\_\_\_  
Provide Organizational Chart (if available).

**10. Owners, Directors, Officers, or Partners Information (List the information requested below for each person):**

Name: SEE ATTACHED

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Suite, Floor, Apartment number, etc.): \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**11. Legal Status:**

Are any owners, directors, officers, or partners in the organization convicted felons? If yes, provide a detailed explanation: \_\_\_\_\_

NO

AFFIDAVIT

STATE OF ILLINOIS §
COUNTY OF SANGAMON §

1. My name is Joseph O'Hara CFO & Treasurer of the reporting company ANPI, LLC

2. I swear or affirm that I have personal knowledge of the facts stated in this report on Non-dominant Carriers, that I am competent to testify to them, and that I have the authority to make this report on behalf of the company.

Handwritten signature of Joseph O'Hara over a horizontal line.

Signature

Joseph O'Hara
Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the 13th day of JULY, 2011.

Handwritten signature of Erica A. Liarakis over a horizontal line.
Notary Public In and For the State of Illinois

My commission expires: 6/22/2014



**ATTACHMENT- REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICE COMPANY, OR OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIER**

**Owner**

ANZ Communications  
3130 Pleasant Run  
Springfield, Illinois 62711  
(217) 698-2860

**Officers**

Dave Lewis, President & CEO  
ANPI, LLC  
3130 Pleasant Run  
Springfield, Illinois 62711  
(217) 698-2860  
DLewis@anpisolutions.com

Joseph O'Hara, Treasurer & CFO  
ANPI, LLC  
3130 Pleasant Run  
Springfield, Illinois 62711  
(217) 698-2860  
RegulatoryAffairs@anpisolutions.com

Eamon Egan, Secretary  
ANPI, LLC  
3130 Pleasant Run  
Springfield, Illinois 62711  
(217) 698-2860  
RegulatoryAffairs@anpisolutions.com