



**FILED**

**JAN 23 2007**

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

January 22, 2007  
**Via Overnight Mail**

**Missouri Public  
Service Commission**

Ms. Colleen M. Dale, Chief Regulatory Law Judge  
Office of the Public Counsel  
Missouri Public Service Commission  
200 Madison St., Suite 100  
Jefferson City, MO 65101

**Re: LDMI Telecommunications, Inc. Name Change to LDMI Telecommunications,  
Inc. d/b/a Cavalier Telephone and d/b/a Cavalier Business Communications**

Dear Ms. Dale:

The original and two (2) copies of this letter is filed as official notification that LDMI Telecommunications, Inc. is changing the name under which it provides telecommunications services in Missouri to LDMI Telecommunications, Inc. d/b/a Cavalier Telephone and d/b/a Cavalier Business Communications. The Company will provide traditional residential telecommunications services under the Cavalier Telephone name and traditional business telecommunications services under the Cavalier Business Communications name. Included with this filing are the Registrations of Fictitious Name filed with the Office of the Secretary of State of Missouri. Customers have been notified of the name change.

The following replacement tariffs are being filed to reflect the name change:

LDMI Telecommunications, Inc. d/b/a Cavalier Telephone P.S.C. MO. Tariff No. 1 cancels and replaces LDMI Telecommunications, Inc. P.S.C. MO. Tariff No. 4 for Competitive Telecommunications Service (IXC).

LDMI Telecommunications, Inc. d/b/a Cavalier Business Communications P.S.C. MO. Tariff No. 1 cancels and replaces LDMI Telecommunications, Inc. P.S.C. MO. Tariff No. 4 for Competitive Telecommunications Service (IXC).

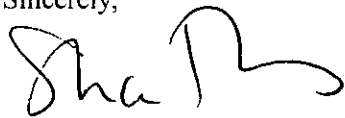
This name change does not affect the rates, terms or conditions of services currently provided to the Company's Missouri customers; accordingly no changes have been made to the tariffs, except to reflect the Company's new name and to sequentially number the pages. Additionally, the "Issued By" name in the tariff footer has been updated, as the person currently listed is no longer with the Company.

Ms. Colleen M. Dale, Chief Regulatory Law Judge  
Office of the Public Counsel  
Missouri Public Service Commission  
January 22, 2007

Page 2 of 2

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. Any questions you may have pertaining to this filing may be directed to me at (407) 740-3031 or via email at [sthomas@tminc.com](mailto:sthomas@tminc.com). Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon Thomas". The signature is fluid and cursive, with a large, stylized initial "S" and "T".

Sharon Thomas  
Consultant to LDMI Telecommunications, Inc.

cc: M. Ring - Talk - Transmittal Letter Only  
file: LDMI - MO IXC  
tms: MOx0701



**State of Missouri**  
Robin Carnahan, Secretary of State

Corporations Division  
P.O. Box 778 / 600 W. Main Street, Rm 312  
Jefferson City, MO 65102

File Number: 200636319007  
X00785850  
Date Filed: 12/29/2006  
Expiration Date: 12/29/2011  
Robin Carnahan  
Secretary of State

**Registration of Fictitious Name**

(Submit with filing fee of \$7)  
(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

The undersigned is doing business under the following name, and at the following address:

Business name to be registered: Cavalier Business Communications  
Business Address: 6805 Route 202  
*(P.O. Box may only be used in addition to a physical street address)*  
City, State and Zip Code: New Hope, PA 18938

The parties having an interest in the business, and the percentage they own are (If a business entity is owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed.):

Name of Owners, Individual or Business Entity	Street and Number	City and State	Zip Code	If listed, Percentage of ownership must equal 100%
<u>LDMI Telecommunications Inc</u>	<u>6805 Route 202</u>	<u>New Hope PA</u>	<u>18938</u>	<u>100%</u>

In Affirmation thereof, the facts stated above are true and correct :  
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.060 RSMo)


Karen Moran Karen Moran 12-29-06  
Authorized Signature Printed Name Date

\_\_\_\_\_  
Authorized Signature Printed Name Date

\_\_\_\_\_  
Authorized Signature Printed Name Date

Name and address to return filed document:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_

State of Missouri  
Fictitious Creation 1 Page(s)



T0636362059



**State of Missouri**  
Robin Carnahan, Secretary of State

Corporations Division  
P.O. Box 778 / 600 W. Main Street, Rm 322  
Jefferson City, MO 65102

File Number: 200636319008

X00785857

Date Filed: 12/29/2006

Expiration Date: 12/29/2011

Robin Carnahan  
Secretary of State

**Registration of Fictitious Name**

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Business name to be registered: Cavalier Telephone  
Business Address: 6805 Rte 202  
*(P.O. Box may only be used in addition to a physical street address)*  
City, State and Zip Code: New Hope, PA 18938

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Name of Owners, Individual or Business Entity	Street and Number	City and State	Zip Code	If listed, Percentage of ownership must equal 100%
LDMI Telecommunications Inc	6805 Rte 202	New Hope PA	18938	100%

In Affirmation thereof, the facts stated above are true and correct:  
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.060 RSMo)

[Signature] Karen Moran 12-19-06  
*Authorized Signature Printed Name Date*

\_\_\_\_\_  
*Authorized Signature Printed Name Date*

\_\_\_\_\_  
*Authorized Signature Printed Name Date*

Name and address to return filed document:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_

