

www.FairPoint.com 1 Davis Farm Road Portland ME 04103

February 1, 2018

Morris L. Woodruff, Secretary Missouri Public Service Commission 200 Madison Street, PO Box 360 Jefferson City, MO 65102-0360

RE: Supplemental Filing – Secretary of State Filing and Statement of Contact Update; XN-2018-0196

Dear Mr. Woodruff:

On January 22, 2018, ST Long Distance filed a request to change its fictitious name from FairPoint Communications Long Distance to Consolidated Communications Long Distance. Appropriate tariff revisions and an adoption notice supplement were filed at the same time.

As indicated in the January 22 filings, enclosed please find a copy of the filing with the Secretary of the State of Missouri to affectuate this change in the company DBA. Additionally, ST Long Distance hereby certifies and attests that it has reviewed and updated the Company contact information as relevant in the EFIS database.

Please contact me at the number below or Beth Westman at 207.535.4249 or bwestman@fairpoint.com with any questions or concerns regarding this filing.

Regards,

Kyvin J. Kastor

Kevin Kastor Manger, Regulatory & Legislative Affairs FairPoint Communications P: 936.788.1229 kevin.kastor@consolidated.com

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Business Addre		Box may only be us	sed in addition to a	physical street	address)			
City, State and	Zip Code:	Mattoon, IL 619	38					
Owner Inform	ation:							
of ownership n	eed not be li he percentag ners, Business	rner, indicate busin sted. Please attach e they own are: Charter # Required If Business Entity	-	for more than the second se	three ow	- •	•	lly liable, percentage nterest in the If Listed, Percentage of Ownership Must Equal 100%
INC.		F00711569	199		Dodg	e City, KS	67801	100.00
All owners must affirm by signing below 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 of a false declaration under Section 575.060 RSMo) ST LONG DISTANCE, INC Susan L. Sowell ST LONG DISTANCE, INC SUSAN L. SOWELL Owner's Signature or Authorized Signature of Business Entity Printed Name Date								
ļ	ddress to ret Susan L. Sov	urn filed documer vell	nt:					
Address:	Email: ssowe	ell@fairpoint.com	l					
City, State,	and Zip Cod	e:						Com \$6 (00/2010)
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