



Control Number: 25000



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**MILLER  
ISAR** INC.  
TRUSTED ADVISORS

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May 25, 2017

Ms. Lisa Clark  
Central Records  
Public Utility Commission of Texas  
1701 North Congress Avenue  
Austin, Texas 78701

Re: Network Billing Systems, LLC dba Fusion, Project No. 25000

Dear Ms. Clark:

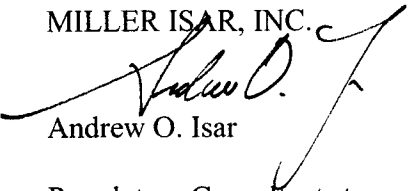
Network Billing Systems, LLC dba Fusion ("NBS") submits to the Public Utility Commission of Texas ("Commission") an original and three (3) copies of NBS' *Registration for an Interexchange Carrier, Prepaid Calling Card Service Company or Other Uncertificated Nondominant Telecommunications Carrier* ("Registration"). With this Registration, NBS reregisters as a provider of interexchange telecommunications services in Texas. The Company currently maintains a Service Provider Certificate of Operating Authority, Certificate No. 60557, and corresponding tariff.

This Registration has not been submitted electronically via the Commission's PUC Filer as the document is less than ten pages in length.

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

Sincerely,

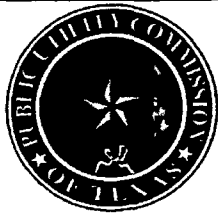
MILLER ISAR, INC.

  
Andrew O. Isar

Regulatory Consultants to  
Network Billing Systems, LLC dba Fusion

Enclosures

4068



**Public Utility Commission of Texas**

1701 N. Congress Avenue or P.O. Box 13326

Austin, Texas 78711-3326

512-936-7180

Web Site: [www.puc.texas.gov](http://www.puc.texas.gov)

**Project No. 25000, Item No. \_\_\_\_\_**

**REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICES COMPANY AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIER**

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

Network Billing Systems LLC dba Fusion

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

**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:** \_\_\_\_\_

**2. Company Contact Information**

Company Contact Name: Jonathan Kaufman

Company Title: Chief Strategy Officer

Company/Physical Address (Street Address): 155 Willowbrook Boulevard

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

(City, State, Zip Code): Wayne, NJ 07470

Phone Number: 973.638.2100

Email Address: JKaufman@fusionconnect.com

Fax Number (Optional): \_\_\_\_\_

Toll-free Customer Service Phone Number: 888.301.1721

Company Website Address (Optional): <http://www.fusionconnect.com/>

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

(Street Address/P.O. Box): Same as physical address

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

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

Effective Date 6/1/2013

**4. Authorized Representative:**

Name: Jonathan Kaufman  
Company Title: Chief Strategy Officer  
Address (Street Address): 155 Willowbrook Boulevard  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): Wayne, NJ 07470  
Phone Number: 973.638.2100  
Fax Number (Optional): \_\_\_\_\_  
Email Address: JKaufman@fusionconnect.com

**5. Regulatory Representative:**

Name: Regulatory Manager  
Company Title: Regulatory Manager  
Address (Street Address): 155 Willowbrook Boulevard  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): Wayne, NJ 07470  
Phone Number: 973.638.2100  
Fax Number (Optional): \_\_\_\_\_  
Email Address: legal\_notices@fusionconnect.com

**6. Complaint Representative:**

Name: Customer Service Manager  
Company Title: Customer Service Manager  
Address (Street Address): 155 Willowbrook Boulevard  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): Wayne, NJ 07470  
Complaint Phone Number: 888.301.1721  
Phone Number: 888.301.1721  
Fax Number (Optional): \_\_\_\_\_  
Email Address: customersupport@fusionconnect.com

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

Name: Russel Markman  
Company Title: \_\_\_\_\_  
Phone Number: 973.638.2100  
Fax Number (Optional): \_\_\_\_\_  
Cell Phone Number (Optional): \_\_\_\_\_  
Home Phone Number (Optional): \_\_\_\_\_  
Email Address: rmarkman@fusionconnect.com

- 8. Form of Business** (corporation, partnership, sole proprietorship, etc.): Corporation (LLC)  
State and Date where registered business was formed: New Jersey, 1998  
Texas Secretary of State (or County) File Number: 703869623  
Texas Comptroller's office Tax Id. No.: 12235909947

**9. Carrier Identification:**

FCC Carrier Identification Code (CIC) (if available): Registrant does not have a CIC.  
National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): Registrant does not have an OCN.

**10. Affiliates:**

Names of all Telecommunications Affiliates: Applicant is an affiliate of Fusion Telecom International Inc.  
States where Affiliates are Providing Services: \_\_\_\_\_  
Affiliates in Texas – Provide Certification/Registration Number and relationship to registrant:  
None  
Provide Organizational Chart (if available). \_\_\_\_\_

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

Name: Please refer to Exhibit 1  
Company Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**12. Legal Status:**

Are any owners, directors, officers, or partners in the organization convicted felons? If yes, provide a detailed explanation:  
No owners, directors, or officers of registrant are convicted felons.

**AFFIDAVIT**STATE OF New Jersey §COUNTY OF Morris §


1. My name is Jonathan Kaufman. I am the  
Chief Strategy Officer of the reporting company  
Network Billing Systems LLC dba Fusion.

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. I further swear or affirm that all of the statements and representations made in this report are true and correct. I swear or affirm that the company understands and will continue to comply with all requirements of law applicable to Non-dominant Carriers.

  
SignatureJonathan Kaufman

Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the 25<sup>th</sup> day of May, 2017.

  
Notary Public In and For the  
State of New Jersey

My commission expires: 3/26/2019