

Control Number: 25000



Item Number: 833

Addendum StartPage: 0

1. Name of Registrant (Known to the Public): Legal/Assumed Name of Registrant: Office Address (Street, City, State): 1483 Chain Bridge Rd Ste 301, McLean, V. 2. Mailing Address (Street/P.O. Box, City, State): Registrant Toll-Free Customer Service Number: N/A Registrant Holder Office Number: N/A Registrant Fax Number: N/A Registrant Website Address: N/A Registrant Email Address: N/A Authorized Representative Contact (Name and Title): Authorized Representative Address: Authorized Representative Phone Number: Authorized Representative Fax Number: Authorized Representative Fax Number: Authorized Representative Fax Number: Authorized Representative Email Address: **Looml@earlylennon.com** 5. Form of Business (e.g. corporation, partnership, sole proprietorship): State where Business was Formed: 11/24/97 7. FCC Carrier Identification Code (CIC) (if available): National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): Section Two: Affiliate and Key Personnel Information Legal Name of all Affiliated Telecommunications Public Utilities or Affiliated Telecommunications Companics Providing Regulated Services: N/A If the affiliates are Providing Services: N/A Provide Organizational Chart (if available). List Directors, Officers, or Partners: See attached Provide Dusiness address, phone number, fax number, email/website address for each	Sec	tion One: Basic Information				
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Provide business address, phone number, fax number, email/website address for each). T	ist Directors Officers or Partners: see attached				
		person listed above:				
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		Provide business address, phone number, and email/website address for each shareholder				
O. List the Five Largest Shareholders (if applicable): Provide business address, phone number, and email/website address for each shareholder listed above:		The same and the same state of				

My commission expires: November 30,

Registration No. NONDOMINANT CARRIERS ANNUAL REPORT Page 3 of 3 **AFFIDAVIT** STATE OF VA COUNTY OF Fairfax James D. M. McComas 1. My name am Secretary/Treasurer reporting company Special Accounts Billing Group, Inc. 2. I swear or affirm that I have personal knowledge of the facts stated in this report on Nondominant 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 Nondominant Carriers. James D. M. McComas Typed or Printed Name SWORN TO AND SUBSCRIBED before me on the 27 day of

SPECIAL ACCOUNTS BILLING GROUP, INC.

Office Held	Name		Business Address	
	President/ Chairman, Bd of Directors	Preston W. Riner	1483 Chain Bridge Rd Ste 301 McLean VA 22101	
	Vice President	Stephen P. Housley	1483 Chain Bridge Rd Ste 301 McLean VA	
	Secretary/ Treasurer	James D. M. McComas	1483 Chain Bridge Rd Ste 301 McLean VA 22101	