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June 18, 2009

## VIA OVERNIGHT DELIVERY

Mr. Jeff R. Derouen Executive Director Kentucky Public Service Commission 211 Sower Blvd. Frankfort, KY 40602 502-564-3940

PECEIVED

JUN 19 2009

FUBLIC SERVICE

Re:

Lifeconnex Telecom, LLC f/k/a

Swiftel, LLC

Dear Mr. Derouen:

This letter is to notify the Commission that Swiftel, LLC has changed its name to Lifeconnex Telecom, LLC. The name change was a business decision for marketing purposes. No change of control or structural changes have occurred.

I have enclosed herewith three (3) copies of a revised tariff reflecting the company's new name, Lifeconnex Telecom, LLC, along with a copy of the company's Amended Certificate of Authority.

I have also enclosed an extra copy of this letter to be date-stamped and returned to me in the enclosed preaddressed, postage-prepaid envelope.

If you have any questions or require additional information, please do not hesitate to contact me.

Respectfully submitted,

Lanee J.M. Steinhart

Attorney for Lifeconnex Telecom, LLC

f/k/a Swiftel, LLC

**Enclosures** 

cc: Angie M. Watson

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Trey Grayson Secretary of State Received and Filed 06/03/2009 1:06:35 PM Fee Receipt: \$40.00

## Kentucky Secretary of Sta

Division of Corporations

Application for Amended

BUSINESS FILINGS	Certificate of Authority	rlA
P.O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov/	Ochthodic of Additionty	
of authority to transact business that purpose submits the following Swiftel, LLC	•	s for an amended certificate pany named below and for
(Na	me of limited liability company or fictitious name adopted for use in Kentucky)	
is a limited liability company orga Florida 6/2/08	anized and existing under the laws of the state o	r country of usiness in Kentucky on
The limited liability company's Lifeconnex Telecom, LLC	s name in its state or country of organization has	been changed to
The name of the limited liability	company to be used in Kentucky is	
	(if "real name" is unavallable for use)	The Mark of the State of the St
3. The latest date on which the I	imited liability company is to dissolve has been o	changed to
4. The limited liability company's	s state or country of organization has been chan	ged to
5. This application will be effective specified:  (Delayed effective date	ve upon filing, unless a delayed effective date an	nd/or time is
I certify that, as of the date of fili	ng this amended certificate of authority, the abouted liability company under the laws of the jurisdi	
	and m Was	£
	Signature	tut
	Angie M. Watson Pres	
	Type or Print Name & T	itle

SLL-903 (06/07)

(See attached sheet for instructions)