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December 13, 2006

Ms. Blanca S. Bayo, Director
Commission Clerk and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Betty Easley Conference Center, Room 110
Tallahassee, Florida 32399-0850

RECEIVED FPSC
06 DEC 13 PM 3:29
COMMISSION
CLERK
HAND DELIVERY

060796-TP

Re: Application of GTC, Inc. d/b/a GT Com and St. Joe Communications, Inc. d/b/a GT Com Long Distance for Approval of Change of Fictitious Name

Dear Ms. Bayo:

Enclosed for filing is an original and fifteen copies of this letter which sets forth the request of GTC, Inc. for approval by the Florida Public Service Commission of the change of its fictitious name from GT Com to FairPoint Communications and the request of St. Joe Communications, Inc. for approval of the change of its fictitious name from GT Com Long Distance to FairPoint Long Distance. Enclosed also in support of this Application and request are an original and fifteen copies of the letters issued by the Florida Department of State, Division of Corporations dated October 11, 2006, acknowledging the change in the fictitious names of the two entities as previously described.

CMP _____
COM _____
CTR _____
ECR _____
GCL 1 _____
OPC _____
RCA _____
SCR _____
SGA _____
SEC 1 _____
OTH _____

Accordingly, GTC, Inc. and St. Joe Communications, Inc. respectfully request that the Commission administratively approve the changes in fictitious names for the two entities as follows:

- (1) GTC, Inc. d/b/a GT Com, Certificate No. 29, to GTC, Inc. d/b/a FairPoint Communications.
- (2) St. Joe Communications, Inc. d/b/a GT Com Long Distance to St. Joe Communications, Inc. d/b/a FairPoint Long Distance.

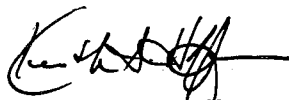
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FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE
11406 DEC 13 06
FPSC-COMMISSION CLERK

Page 2
December 13, 2006

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the copy to me. Thank you for your assistance with this filing.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth A. Hoffman", with a long horizontal stroke extending to the right.

Kenneth A. Hoffman

KAH/rl

Enclosures

cc: Ms. Toni McCoy
Mr. Mark Ellmer
Susan Sowell, Esq.

Gtcom\bayo dec 13 06tr



ORIGINAL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2006

FAIRPOINT LONG DISTANCE
521 E. MOREHEAD STREET
SUITE 250
CHARLOTTE, NC 28202

Subject: **FAIRPOINT LONG DISTANCE**

REGISTRATION NUMBER: **G06284900015**

This will acknowledge the filing of the above fictitious name registration which was registered on October 11, 2006. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations

Letter No. 806A00060517

P.O. BOX 6327 -Tallahassee, Florida 32314

DOCUMENT NUMBER-DATE

11406 DEC 13 06

FPSC-COMMISSION CLERK

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED

06 OCT 11 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1

- 1. FairPoint Long Distance
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
 521 East Morehead Street
 Suite 250
 Mailing Address of Business
 Charlotte, NC 28202
 City State Zip Code
- 3. Florida County of principal place of business: Gulf

(see instructions if more than one county)

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

- 1. Last First M.I.
Address
City State Zip Code
- 2. Last First M.I.
Address
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

- 1. St. Joe Communications, Inc.
 Entity Name
 P.O. Box 220, 502 Cecil G. Costin Sr. Blvd.
 Address
 Port St. Joe, FL 32457
 City State Zip Code
 Florida Registration Number H68022
 FEI Number: 592571958
 Applied for Not Applicable
- 2. Entity Name
 Address
 City State Zip Code
 Florida Registration Number
 FEI Number:
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Susan J. Swell 10/6/06
 Signature of Owner Vice President Date
 Phone Number: 704-227-3647

Signature of Owner _____ Date _____
 Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner _____ Date _____ Signature of Owner _____ Date _____

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2006

FAIRPOINT COMMUNICATIONS
521 E. MOREHEAD STREET
SUITE 250
CHARLOTTE, NC 28202

Subject: **FAIRPOINT COMMUNICATIONS**

REGISTRATION NUMBER: **G06284900016**

This will acknowledge the filing of the above fictitious name registration which was registered on October 11, 2006. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations

Letter No. 306A00060517

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. FairPoint Communications
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
 521 East Morehead Street
 Suite 250
 Mailing Address of Business
 Charlotte, NC 28202
 City State Zip Code

3. Florida County of principal place of business: Gulf
 (see instructions if more than one county)

FILED

06 OCT 11 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. GTC, Inc.
 Entity Name
 P.O. Box 220, 502 Cecil G. Costin Sr. Blvd.
 Address
 Port St. Joe, FL 32457
 City State Zip Code
 Florida Registration Number 013878
 FEI Number: 590432770
 Applied for Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Susan J. Dowell
 Signature of Owner Vice President Date
 Phone Number: 704-227-3647

Signature of Owner Date
 Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50