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FILED WITH
Executive Secretary

JUL - 3 2006

IOWA UTILITIES BOARD

June 30, 2006

Overnight Delivery

Executive Secretary
Iowa Utilities Board
350 Maple Street
Des Moines, Iowa 50319

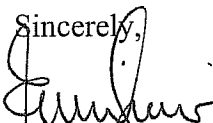
Re: Telecommunications Service Provider Registration for ABA Net, LLC with
Respect to Its Intent to Provide Resale Interexchange Telecommunications
Services within the state of Iowa

Dear Sir/Madam:

Enclosed are an original and one (1) copy of the Telecommunications Service Provider
Registration for ABA Net, LLC with respect to its proposed provision of resale
interexchange telecommunications services within the state of Iowa.

Please acknowledge receipt of this filing by returning a date-stamped copy of this letter in
the return envelope provided for this purpose.

If you or your staff has any questions regarding this Telecommunications Service
Provider Registration for ABA Net, Inc., please contact me at (202) 939-7921 or via e-
mail at esoriano@fw-law.com. Thank you for your assistance in this matter.

Sincerely,

Enrico C. Soriano
Counsel to
ABA Net, LLC

Enclosures

DEPARTMENT OF COMMERCE
UTILITIES BOARD
TELECOMMUNICATIONS SERVICE PROVIDER REGISTRATION

1. FULL NAME OF CARRIER PROVIDING SERVICE IN IOWA:

ABA Net, LLC

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2. CARRIER MAILING ADDRESS (including 9-digit ZIP code):

11510 Georgia Avenue, Suite 101, Silver Spring, MD 20902-1958

3. NAME, TITLE, TELEPHONE NUMBER, E-MAIL ADDRESS, AND FAX NUMBER OF CONTACT PERSON:

Jerry Flavin, Executive Vice President
6754 No. Grape Creek Rd.
Fredericksburg, TX 78624
Tel: (757) 620 6775,
E-mail: flavin7@aol.com
Fax: (301) 603-9017

4. ALL TRADE NAMES OR D/B/A'S USED BY CARRIER IN IOWA OR IN ADVERTISING OR BILLING THAT MAY REACH IOWA CUSTOMERS:

None

5. NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF AGENT IN IOWA AUTHORIZED TO ACCEPT SERVICE OF PROCESS ON BEHALF OF CARRIER:

Corporation Service Company
729 Insurance Exchange Building
Des Moines, Iowa 50309
800-927-9800

6. TYPES OF TELECOMMUNICATIONS SERVICE PROVIDED (CHECK ALL THAT APPLY):

- LOCAL EXCHANGE SERVICE
 INTEREXCHANGE SERVICE
 DATA TRANSMISSION
 ALTERNATIVE OPERATOR SERVICES ONLY
 OTHER—PLEASE SPECIFY: _____

7. ATTESTATION. I, Jerry Flavin, certify that I am the company officer responsible for this registration, that I have examined the foregoing registration, and that to the best of my knowledge, information, and belief the information is accurate and will be updated as required.

Dated 06/27/06

SIGNATURE Jerry Flavin