

**WOMBLE
CARLYLE
SANDRIDGE
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A PROFESSIONAL LIMITED
LIABILITY COMPANY

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DOCKET FILE COPY ORIGINAL

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December 22, 2008

FILED/ACCEPTED

DEC 22 2008

Federal Communications Commission
Office of the Secretary

Via Hand Delivery

Office of the Secretary
Attn: Chief, Market Disputes Resolution Division
Room 5-A865
445 12th Street S.W.
Washington, DC 20554

Universal Service Administrative Company
Attn: Billing, Collections & Disbursement
2000 L Street, N.W., Suite 200
Washington, D.C. 20036

WCS Docket No. 06-122

Re: Name Change of KMC Data LLC to Hypercube Telecom, LLC, FRN: 0014485163

Dear Sir or Madam:

KMC Data, LLC ("Company"), a competitive telecommunications provider hereby notifies the Federal Communications Commission ("Commission") and the Universal Service Administrative Company ("USAC") that its name has changed from "KMC Data, LLC" to "Hypercube Telecom, LLC". It is the Company's understanding that no Commission approval is required to effectuate this name change. Company is submitting this letter, along with an amended 499A pages 1, 2, 3 and 7 for the Commission's information only and requests that it be retained in the appropriate file so that the Commission's records remain up to date and accurate. The Company's Agent for Service of Process in the District of Columbia and all of its other contact information remains the same.

Enclosed please find one original and two (2) copies of this filing. In addition, please date stamp the duplicate of this filing included and return it the self-addressed, postage prepaid envelope enclosed. Thank you for your attention in this matter and please do not hesitate to contact Katherine Barker Marshall at (202) 857-4493 if you have any questions or concerns.

Respectfully submitted,

WOMBLE CARLYLE SANDRIDGE & RICE
A Professional Limited Liability Company

Katherine Barker Marshall

Katherine B. Marshall

cc: James Mertz, Hypercube Telecom, LLC

No. of Copies rec'd 041
List ABCDE

2008 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2007 Revenues)

Approval by OMB
3060-0855

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1, 2008

Block 12 Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722 If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]	824874
102 Legal name of reporting entity	Hypercube Telecom, LLC
103 IRS employer identification number	[Enter 9 digit number] 22-3777361
104 Name telecommunications provider is doing business as	
105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]	
<input checked="" type="checkbox"/> CAP/CLEC <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) <input type="checkbox"/> Coaxial Cable <input type="checkbox"/> Incumbent LEC <input type="checkbox"/> Interconnected VoIP <input type="checkbox"/> Interexchange Carrier (IXC) <input type="checkbox"/> Local Reseller <input type="checkbox"/> Operator Service Provider (OSP) <input type="checkbox"/> paging & Messaging <input type="checkbox"/> Payphone Service Provider <input type="checkbox"/> Prepaid Card <input type="checkbox"/> Private Service Provider <input type="checkbox"/> Satellite Service Provider <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC <input type="checkbox"/> SMR (dispatch) <input type="checkbox"/> Toll Reseller <input type="checkbox"/> Wireless Data If Other Local, Other Mobile or Other Toll is checked, <input type="checkbox"/> Other Local <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other Toll describe carrier type / services provided: →	
106.1 Holding company name (All affiliated companies must show the same name on this line.)	Hypercube, LLC
106.2 Holding company IRS employer identification number	[Enter 9 digit number] 20-3665578
107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/Coreshome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]	[Enter 10 digit number] 0014485163
108 Management company [if filer is managed by another entity]	
109 Complete mailing address of reporting entity corporate headquarters Note: this address will be used for the ITSP FCC regulatory fee billings unless the appropriate box is checked on Line 208.	Street1 3200 W. Pleasant Run Road, Suite 260 Street2 Street3 City Lancaster State TX Zip (postal code) 75146 Country if not USA
110 Complete business address for customer inquiries and Complaints check if same address as Line 109 <input checked="" type="checkbox"/>	Street 1 Street 2 Street 3 City State Zip (postal code) Country if not USA
111 Telephone number for customer complaints and inquiries [Toll-free number if available]	(469) - 727-1510 ext -
112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers	
a	KMC Data, LLC G
b	h
c	i
d	j
e	k
f	l

Use an additional sheet if necessary. Each reporting entity must provide all names used for telecommunications activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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<http://forms.universalservice.org>

FCC Form 499-A
February 2008

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	824874
202 Legal name of reporting entity [from Line 102]	Hypercube Telecom, LLC
203 Person who completed this Worksheet	First Scotty MI R. Last Amos
204 Telephone number of this person	(318) 429-7552 ext -
205 Fax number of this person	(318)-425-2904
206 Email of this person Required if available - not for public release	
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent check if same name as Line 203 <input checked="" type="checkbox"/> check if same address as Line 109 <input checked="" type="checkbox"/>	Office Attn First name MI Last Email required if available, not for public release Phone ()- Ext- Fax ()- Street 1 Street 2 Street 3 City State Zip (postal code) Country if not USA
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to this Address. Please attach a written request for alternative billing arrangements.] check if name and address same as Line 207 <input checked="" type="checkbox"/> check to use Line 208 information for FCC ITSP regulatory fee bill <input checked="" type="checkbox"/>	Company Attn First name MI Last Email required if available, not for public release Phone ()- Ext- Fax ()- Street 1 Street 2 Street 3 City State Zip (postal code) Country if not USA

Block 2-B: Agent for Service of Process

All carriers and providers of interconnected VoIP must complete Lines 209 through 213. During the year, carriers and providers of interconnected VoIP must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209 D.C. Agent for Service of Process per 47 U.S.C. § 413	Company Corporation Service Company Attn First name MI Last
210 Telephone number of D.C. agent	(800)-927-9800 ext -
211 Fax number of D.C. agent	(302)-636-5454
212 Email of D.C. agent Required if available	
213 Complete business address of D.C. agent for hand service of documents check to use Line 213 information for FCC ITSP regulatory fee bill <input type="checkbox"/> [If both Line 208 and Line 213 are checked, Line 208 will be used.]	Street 1 1090 Vermont Avenue N.W. Street 2 Street 3 City Washington State DC Zip 20005
214 Local/alternate Agent for Service of Process (optional)	Company Attn First name MI Last
215 Telephone number of local/alternate agent	()- ext -
216 Fax number of local/alternate agent	()-
217 Email of local/alternate agent Required if available	
218 Complete business address of local/alternate Agent for hand service of documents check to use Line 218 information for FCC ITSP regulatory fee bill <input type="checkbox"/> [If both Line 208 and Line 218 are checked, Line 208 will be used.]	Street 1 Street 2 Street 3 City State Zip (postal code) Country if not USA

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Block 2-C Regulatory Contact Information

Filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	824874
220 Legal name of reporting entity [from Line 102]	Hypercube Telecom, LLC
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive office)	First Ronald MI Last Beaumont
222 Business address of individual named on Line 221 check if same as Line 109 <input checked="" type="checkbox"/>	Street 1 Street 2 Street 3 City State Zip (postal code) Country if not USA
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	First George MI C. Last Myers
224 Business address of individual named on Line 223 check if same as Line 109 <input checked="" type="checkbox"/>	Street 1 Street 2 Street 3 City State Zip (postal code) Country if not USA
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	First Douglas MI Last Davis
226 Business address of individual named on Line 225 check if same as Line 109 <input checked="" type="checkbox"/>	Street 1 Street 2 Street 3 City State Zip (postal code) Country if not USA

227 Indicate jurisdictions in which the filing entity provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.

- | | | | | |
|--|---|---|--|---|
| <input checked="" type="checkbox"/> Alabama | <input type="checkbox"/> Guam | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> New York | <input checked="" type="checkbox"/> Tennessee |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawaii | <input checked="" type="checkbox"/> Michigan | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Texas |
| <input type="checkbox"/> American Samoa | <input checked="" type="checkbox"/> Idaho | <input type="checkbox"/> Midway Atoll | <input checked="" type="checkbox"/> North Dakota | <input checked="" type="checkbox"/> Utah |
| <input checked="" type="checkbox"/> Arizona | <input checked="" type="checkbox"/> Illinois | <input checked="" type="checkbox"/> Minnesota | <input checked="" type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands |
| <input checked="" type="checkbox"/> Arkansas | <input checked="" type="checkbox"/> Indiana | <input checked="" type="checkbox"/> Mississippi | <input checked="" type="checkbox"/> Ohio | <input checked="" type="checkbox"/> Vermont |
| <input checked="" type="checkbox"/> California | <input checked="" type="checkbox"/> Iowa | <input checked="" type="checkbox"/> Missouri | <input checked="" type="checkbox"/> Oklahoma | <input checked="" type="checkbox"/> Virginia |
| <input checked="" type="checkbox"/> Colorado | <input type="checkbox"/> Johnston Atoll | <input checked="" type="checkbox"/> Montana | <input checked="" type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island |
| <input checked="" type="checkbox"/> Connecticut | <input checked="" type="checkbox"/> Kansas | <input checked="" type="checkbox"/> Nebraska | <input checked="" type="checkbox"/> Pennsylvania | <input checked="" type="checkbox"/> Washington |
| <input checked="" type="checkbox"/> Delaware | <input checked="" type="checkbox"/> Kentucky | <input checked="" type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input checked="" type="checkbox"/> West Virginia |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Louisiana | <input checked="" type="checkbox"/> New Hampshire | <input checked="" type="checkbox"/> Rhode Island | <input checked="" type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> Florida | <input checked="" type="checkbox"/> Maine | <input checked="" type="checkbox"/> New Jersey | <input checked="" type="checkbox"/> South Carolina | <input checked="" type="checkbox"/> Wyoming |
| <input checked="" type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Maryland | <input checked="" type="checkbox"/> New Mexico | <input checked="" type="checkbox"/> South Dakota | |

228 Year and month filer first provided (or expects to provide) telecommunications in the U.S. <input checked="" type="checkbox"/> Check if prior to 1/1/1999, otherwise	Year	Month
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Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]	824874
502 Legal name of reporting entity [from Line 102]	Hypercube Telecom, LLC

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510.

See page 27 of instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

		Block 3 Carrier's Carrier (a)	Block 4 End-user Telecom. (b)
503 Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	%	16 %
504 Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	%	7 %
505 West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.	%	52 %
506 Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia	%	0 %
507 Mid-West:	Illinois, Indiana, Michigan, Ohio, and Wisconsin	%	6++ %
508 Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	%	8 %
509 Southwest:	Arkansas, Kansas, Missouri, Oklahoma, and Texas	%	12 %
510 Total:	[Percentages must add to 0 or 100.]	%	100 %

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (see instructions.)

	(a)	(b)
	Total Revenues	Interstate and International
Revenues from resellers that do not contribute to Universal Service	\$	\$

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