

ATTACHMENT 1

7. Name of Assignee / Transferee

Name: Network Billing Systems, LLC **Phone** 973.638.2100
Number:

DBA Name Fusion and Solex **Fax Number:**

Street: 695 Route 46 West, Suite 200 **E-Mail:** JKaufman@fusionconnect.com

City: Fairfield **State:** New Jersey

Country: U.S.A. **Zipcode:** 07004

Attention: Jonathan Kaufman