



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 138791		2. Exact name of the limited liability company Vyvx, LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Telecommunications service			
5. Principal office address One Technology Center		City Tulsa	State OK	Zip 74103	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jana Slatton		Contact Title			
Street Address One Technology Center		City Tulsa	State OK	Zip 74103	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name Jeffrey K. Storey		Manager Name Mardi Ford de Verges			
Street Address One Technology Center		Street Address One Technology Center			
City Tulsa	State OK	Zip 74103	City Tulsa	State OK	Zip 74103
Manager Name Edward F. McLaughlin		Manager Name			
Street Address One Technology Center		Street Address			
City Tulsa	State OK	Zip 74103	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT Corporation System		Address			
Address 10 Weybosset Street		City Providence		Zip 02903	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 8 7 9 1

File Date	10/18/05
Check No.	214501
By:	pe
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person      Date      10-17-05

Steven G. Heinen, Assistant Secretary

Print or Type Name of Authorized Person