

The Standard Letter of Agency Document

A Letter of Agency (LOA) must be completed by the end-user and supplied to PEARLCOMM FIBER, LLC upon request. The LOA must contain the name and current service address of the end-user and the numbers that will be ported to PEARLCOMM FIBER, LLC the enduser's current carrier. The LOA used must comply with FCC regulations and must be dated and signed by the end-user or a person who has the authority to act as a legal agent.

Dear Customer,

Thank you for choosing PEARLCOMM FIBER, LLC, as your network carrier. As you are aware, you may continue to use your existing telephone number with PEARLCOMM FIBER, LLC. In order to transition your current telephone number to the PEARLCOMM FIBER, LLC network, PEARLCOMM FIBER, LLC must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your current provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another provider. By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to PEARLCOMM FIBER, LLC. You will then be able to use your old number with the PEARLCOMM FIBER, LLC network.

Please ensure the following information is completed accurately to prevent possible delays.

| End-User Name (Business or Residential): | | |
|---|------------------------------------|--|
| Person authorized to make this re | equest if a business: | |
| | | Suite or Apartment No: |
| City: | State: | ZIP Code: |
| Current Service Provider: | | |
| *Note that all Telephone Numbers listed below | must be associated with this Name. | |
| Beginning Range TN | End Range TN | Billing (main acct) TN for porting TNs |
| 1 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 6 | | |

PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT. AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

If you wish to select as your new service provider for the telephone number listed on this form, you will need to sign your initials on the THREE (3) lines below, as applicable:

I select ______ (initials) PEARLCOMM FIBER, LLC as the network carrier for all local calls for this number.

(initials) PEARLCOMM FIBER, LLC as the network carrier for all **intrastate toll calls** for this number. I select

(initials) PEARLCOMM FIBER, LLC as the network carrier for all interstate toll and international calls for this I select

If you want to receive service on the PEARLCOMM FIBER, LLC network, you will need to select PEARLCOMM FIBER, LLC in ALL THREE (3) spaces above. You may not have more than one carrier for each TYPE of service above.

By signing below, I designate PEARLCOMM FIBER, LLC to transfer my service from my current provider to PEARLCOMM FIBER, LLC. By signing below, I also authorize PEARLCOMM FIBER, LLC to transfer my current telephone number used to provide service so that PEARLCOMM FIBER. LLC may provide its network service to me. By signing below. I also authorize PEARLCOMM FIBER. LLC to obtain billing information, customer service records, and other information required to provide me with service on the PEARLCOMM FIBER, LLC network. I understand that I may consult with PEARLCOMM FIBER, LLC as to whether a fee will apply to the change.

Printed End-User Name: _____ Date:

Signature:

number.