

## Letter of Agency (LOA)

This letter authorizes Telnix to initiate a port request. All information **must be entered exactly as shown** on the customer service record (CSR) of the current carrier. In addition to completing this form, you will need to provide a copy of your latest bill/invoice.

**Account or Company Name:**

IPCLEC

**From The Customer Service Record (CSR)***Use the Service Address, not the Billing Address (unless they are the same)*

Street w/ Number (Required for Toll Free #s): City: State/Province: Zip/Postal Code:

2024 2nd Ave N

Birmingham

AL

35203

**Current Carrier Information**

Carrier Name:

Billing Telephone Number (BTN):

Inteliquent

3346251100

**Numbers to Be Ported:***Separate with commas. For ranges, use a dash (i.e. 2163215000-2163215999). Please make a note below if you are attaching a separate list of numbers.*

3346251100

This Letter of Agency ("LOA") hereby authorizes release of all customer proprietary network information ("CPNI"), as defined in 47 U.S.C. §222, to Telnix LLC. Such CPNI shall include but not be limited to customer name and number, billing records, service records and network and equipment records for the purpose of providing telecommunications or information services. This LOA will become effective on signature date and will remain in effect unless revoked in writing prior to that date.

1. Parties acknowledge that [Your Company Name] has obtained customer proprietary network information ("CPNI") as that term is defined in 47 U.S.C. §222.
2. [Your Company Name] authorizes Telnix to use, disclose or access such CPNI as needed for the provision of telecommunications services to [Your Company Name]'s end user customers. Such use and disclosure includes, but is not limited to, population of CNAM databases by third party providers.
3. Parties acknowledge that pursuant to 47 C.F.R. §64.2005, [Your Company Name] may use, disclose, or permit access to CPNI for the purpose of providing service without authorization from its customers.
4. [Your Company Name] agrees that it will not require Telnix to use, disclose or access CPNI for any reason other than for the provision of telecommunications or information services, as provided in 47 C.F.R. §64.2005(a). To the extent that Telnix's performance of this Agreement includes activities outside the scope of those permitted in 47 C.F.R. §64.2005(a), [Your Company Name] will provide Telnix with any necessary written customer authorization for the use, disclosure or access to CPNI prior to Telnix's performance of those activities.
5. Telnix agrees to take all reasonable steps to protect CPNI provided to it by [Your Company Name] in compliance with 47 U.S.C. §222.

Authorized Signature:

Print Name:

Date:

Justin Watson

12-14-21

*Please Note: For Toll Free numbers the signature is visually compared to what is on file and must match exactly*

**All fields must be completed. Any invalid or missing information will result in delays and/or rejected orders.**