This Schedule Number **{{ScheduleId}}** is effective {{Effective\_Date}} to the Frontier Services Agreement dated {{FSA\_StartDate}} (“**FSA**”)by and between {{Subscriber\_Name}} (“**Customer**”) and Citizens Telecom Services Company LLCon behalf of itself and its affiliates (“**Frontier**”). Customer orders and Frontier agrees to provide the Services and Equipment identified in the Schedule below.

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| --- | --- | --- | --- |
| **Primary Service Location:** | | **Terminating Service Location:** | |
| Street Address: | {{ServiceStreet}} | Street Address: |  |
| City, State, Zip: | {{ServiceCity}} {{ServiceState}} {{ServicePostalCode}} | City, State, Zip: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service/Rate Element/Equipment** | **Bandwidth** | **Term/**  **Class of Service** | | **Qty** | **Charges** | | **Total**  (NRC + MRC x Term) |
| **NRC** | **MRC** |
| **Ethernet Access Services**  *Select Type of Service* Choose an item. | | | | | | | |
| UNI | Choose an item. | | Choose an item. |  | $ | $ | $ |
| EVC | Choose an item. | | Choose an item. |  | $ | $ | $ |
| NNI/ENNI | Choose an item. | | Choose an item. |  | $ | $ | $ |
| **EIA** | | | | | | | |
| Single Site Access (UNI) | Choose an item. | | Choose an item. |  | $ | $ | $ |
| Internet Port (EVC) |  | | |  | $ | $ | $ |
| Logical Circuit (EVC) | Choose an item. | Choose an item. | |  | $ | $ | $ |
| **Other** | | | | | | | |
| If the Service is Ethernet, please itemize the circuit in description to enable proper billing (Term, BW, EVC, NNI, UNI, CoS, etc.) | If the Service is Ethernet, please itemize the circuit in description to enable proper billing (Term, BW, EVC, NNI, UNI, CoS, etc.) | | |  | $ | $ | $ |
|  | | | | | | |  |
| Grand Total: | | | | | | | $ |

**Customer remains responsible in all respects for ensuring the accuracy of orders for the Services pursuant to this Schedule, as well as for post-ordering verification that the Services have been ordered with the appropriate Contract ID in order to obtain the applicable pricing for such Services. In order for Customer to be eligible for the rates referenced in this Schedule, Customer must populate the PNUM field of the ASR with the following ICB Contract ID:      . In addition, a value of**       **must be populated in the VTA field.**

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| **Interstate / Intrastate Pricing Certification:** Customer certifies that its dedicated point-to-point traffic over such Services:  {{#IF\_INTERSTATE\_PRICE\_MORE\_THAN\_10}}🗹{{/IF\_INTERSTATE\_PRICE\_MORE\_THAN\_10}}{{^IF\_INTERSTATE\_PRICE\_MORE\_THAN\_10}}🞎{{/IF\_INTERSTATE\_PRICE\_MORE\_THAN\_10}}will be **more than 10%** interstate in nature; OR {{#IF\_INTERSTATE\_PRICE\_LESS\_THAN\_10}}🗹{{/IF\_INTERSTATE\_PRICE\_LESS\_THAN\_10}}{{^IF\_INTERSTATE\_PRICE\_LESS\_THAN\_10}}🞎{{/IF\_INTERSTATE\_PRICE\_LESS\_THAN\_10}} will be **10% or less** interstate in nature.    The term “interstate in nature” means that the traffic originates in one state and terminates in another state or outside the United States, regardless of how it is routed. |

This Schedule is not effective and pricing, dates and terms are subject to change until signed by both parties, and may not be effective until approved by the FCC and/or applicable State Commission. This Schedule and any of the provisions hereof may not be modified in any manner except by mutual written agreement. The above rates do not include any taxes, fees or surcharges applicable to the Service. This Schedule, and all terms and conditions of the FSA, is the entire agreement between the parties with respect to the Services described herein, and supersedes any and all prior or contemporaneous agreements, representations, statements, negotiations, and undertakings written or oral with respect to the subject matter hereof.

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| **{{Subscriber\_Name}}** | | **Citizens Telecom Services Company LLC, on behalf of the Frontier Telephone Companies identified in Exhibit 1 to the FSA** | |
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| By: {{Signer1Signature}} | By: {{Signer2Signature}} | |
|  |  | |
|  |  | |
| Printed Name: {{Signer1FullName}} | Printed Name: {{Signer2FullName}} | |
|  |  | |
| Title: {{Signer1Title}} | Title: {{Signer2Title}} | |
|  |  | |
| Date: {{Signer1Date}} | Date: {{Signer2Date}} | |
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