



Responsible Organization Letter of Authorization

Toll Free Portability _____ (FAX)

As the end-user subscriber, or the authorized representative of an end-user subscriber, of certain Toll Free service numbers (the "Customer"), I hereby authorize Level 3 Communications, LLC (KSW01) ("Level 3") to be the Responsible Organization ("Resp Org") for the following Toll Free service numbers including acting on my behalf, and at my direction, to transfer the Resp Org

Current Carrier _____ New Resp Org ID: KSW01

8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN
8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN
8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN
8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN
8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN
8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN
8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN
8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN
8 _ - _ - _ - _ - _ - _ -	8 _ - _ - _ - _ - _ - _ -	<input type="checkbox"/> U.S	<input type="checkbox"/> CANADA	<input type="checkbox"/> CARIBBEAN

Print Customer Name _____
(As it appears on customers bill copy)

Address _____ Billing Address Service Address

City _____ State _____ Zip _____ - _____

Customer Contact _____ Phone (_____) _____ - _____

Billing Account Number _____ Delivery Date: ____ / ____ / ____

I attest under penalty of law and as an authorized employee, or an authorized representative, of the Customer that the Customer is the exclusive end-user subscriber of the Toll Free service numbers listed above. The Customer assumes all liability for the use (including without limitation, authorized, fraudulent or misappropriated) of traffic of any other end-user subscriber with regards to the Toll Free service numbers listed. In addition, I understand that this request for a Resp Org change does not constitute an order for disconnect of service with my existing carrier(s). I, on behalf of the Customer, continue to accept responsibility for notifying my existing carrier(s) of any intention to disconnect and/or change my Toll Free service after designating the above as my Resp Org for the Toll Free numbers listed above.

Authorized Signature _____ Date _____

Print Name _____ Title _____