

Letter of Agency

A Letter of Agency (LOA) must be completed by the end-user and supplied to VOIP2320 upon request. The LOA must contain the name and current service address of the end-user and the numbers that will be ported to VOIP2320 from the end-user's current carrier. The LOA used must comply with FCC regulations and must be <u>dated</u> and <u>signed</u> by the end-user or a person who has the authority to act as a legal agent.

Dear Customer,

Thank you for choosing VOIP2320 as your network carrier. As you are aware, you may continue to use your existing telephone number with VOIP2320. In order to transition your current telephone number to the VOIP2320 network, VOIP2320 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 prior service provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service 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 VOIP2320. You will then be able to use your old number with the VOIP2320 network.

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

| Person authorized to make this request if a business: Service Street Address: City: | Suite or Apartment No: ZIP Code Billing (main acct) TN for porting TNs |
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| City:State: Current Service Provider: *Note that all Telephone Numbers listed below must be associated with this Name. Beginning Range TN | ZIP Code Billing (main acct) TN for porting TNs |
| *Note that all Telephone Numbers listed below must be associated with this Name. *Beginning Range TN End Range TN 2 3 4 ————————————————————————————— | Billing (main acct) TN for porting TNs |
| *Note that all Telephone Numbers listed below must be associated with this Name. Beginning Range TN End Range TN 2 3 4 —————————————————————————————— | Billing (main acct) TN for porting TNs |
| Beginning Range TN End Range TN 1 | |
| 1 | |
| 2 | |
| 3 | |
| 3 | |
| 4 | |
| | |
| <u> </u> | |
| AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS. If you wish to select VOIP2320 as your new service provider for the telephone number lister initials on the THREE (3) lines below, as applicable: I select (initials) VOIP2320 as the network carrier for all local calls for I select (initials) VOIP2320 as the network carrier for all intrastate tol I select (initials) VOIP2320 as the network carrier for all interstate tol | r this number. I l calls for this number. |
| If you want to receive service on the VOIP2320 network, you will need to select VOIP2320 may not have more than one carrier for each TYPE of service above. | in ALL THREE (3) spaces above. You |
| By signing below, I designate VOIP2320 to transfer my service from my current provider to authorize VOIP2320 to transfer my current telephone number used to provide service so th service to me. By signing below, I also authorize VOIP2320 to obtain billing information, cu information required to provide me with service on the VOIP2320 network. I understand that whether a fee will apply to the change. | nat VOIP2320 may provide its network istomer service records, and other |
| Printed End-User Name: | |
| Signature: | Date: |

Please sign and date, then e-mail a properly named digital version (pdf, gif, tif, jpg, htm) of this form to: support@gphone.com or fax it to 303-557-9024.