Responsible Organization Letter of Authorization

Toll Free Portability 720-567-0055 (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 functions to

Current Carrier: **New Resp Org ID: KSW01**

___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN
___-___-____	___-___-____	☐ U.S ☐ CANADA ☐ CARIBBEAN

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

Address : ☐ Billing Address ☐ Service Addres

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 :