



Letter of Agency

1. Verification

I hereby certify that, pursuant to 47 CFR 64.1100 et seq, the End User or Downstream Third Party Customer listed below has executed a Letter of Authorization granting Volli Communications Inc legal authorization to act as such End Users or Downstream Third Party Customers agent for the purpose porting the telephone numbers listed below from the current local exchange carrier to another (Local Number Portability, "LNP"). In addition, I certify that Volli Communications Inc has been authorized by the End User or Downstream Third Party Customer listed below to place orders for new services; (b) to request and receive the results of busy/traffic studies; to obtain information about and/or copies of network services configurations; and to order and manage negotiations for the transfer of local telecommunications service, all of which shall be for the telephone numbers listed below.

2. Customer Information (Information entered into these fields must be written EXACTLY as shown on the current providers bill. The smallest mistake can cause a delay in porting.)

Company Name: _____

Billing Name (as seen on Current Provider's Invoice): _____

Billing Address (as seen on Current Provider's Invoice): _____

Service Address (as seen on Current Provider's Invoice): _____

Billing Telephone Number (BTN): _____

Current Carrier (Ex AT&T): _____

PIN on account (Vonage, Verizon and mobile carriers): _____

3. Porting TNs (Telephone Numbers)

4. Authorization for Volli Communications Inc

I, hereby authorize Volli Communications Inc, to act as Customers agent for the purpose porting the above listed numbers from the current local exchange carrier to the Vollicomm network. In addition Volli Communications Inc is hereby authorized, on behalf of Customer to place orders for new services; to request and receive the results of busy/traffic studies; to obtain information about and/or copies of our network services configuration; and to order and manage negotiations for the transfer of local telecommunications service, all of which shall be for the telephone numbers listed above.

This authorization is to remain in effect until cancelled by the Customer in writing. This letter rescinds any other letter of agency previously entered by the Customer. I certify that the Customer understands that it may only designate one local exchange service provider for each telephone number. I certify that Customer understands that there may be charges associated with LNP.

Customer :

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____