

LETTER OF AUTHORIZATION (**LOA**) FOR LOCAL NUMBER PORTABILITY (**LNP**)

The Customer identified below hereby authorizes OLAFE, LLC, (Olafe) and appoints the same as agent to act on behalf of the Customer, to make changes to the Customer's existing local phone service with respect to Local Number Portability, limited to the number(s) listed below. The Customer hereby authorizes Olafe to port/disconnect the indicated local telephone number(s) from the Customer's existing local phone service provider and specify the carrier for local, intrastate, interstate and international calls. This authorization supersedes any previous Letter of Authorization for Local Number Portability.

	Custome	r Contact an	d Billing Information		
Customer Name (Exactly as it appears on the current phone bill)					
Address including unit number, floor (Exactly as it appears on your current phone bill)					
City, State ZIP Code					
Current Service Provider					
Current Account Number (Or, list the Billing Telephone Number - BTN)					
	Те	lephone Nun	nber(s) to Port		
contact the Customer Service de submission will serve as your offic to be disconnected or cancelled, p	partment and ask ial letter of authorizolease notify your contact the current	them to provide zation to transfer our current carrier. Ol carrier to confirm	the "Service Address" from you existing listed telephone number afe is not responsible and not au n if any termination fees will be	rrent provider is a P.O. Box, please r "Customer Service Record". This (s). If any numbers or services need athorized to cancel services with the charged for changing or cancelling	
Customer Authorizations					
	d/or Long Dist			y result in a minor disruption e the authority to switch the	
Customer Name:					
Authorized Signature			Title		
Print Name			Date		