



Letter of Agency (LOA) - Local Number Portability Authorization

Complete Service Address

In order to validate "LNP Authorization" - PLEASE include your most recent Invoice showing: all of your TN(s), Complete Service Address, Company Name, and Authorized Contact.

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|------------------|---|--------------------|---------------------------|
| Company Name | Wheaton Park District <small>EXACTLY as it appears on your most recent Invoice</small> | Authorized Contact | Rita Trainor |
| Street Address | 855 W Prairie Ave | Title | Finance Director |
| | | Phone | 630-510-4955 |
| City, State, Zip | Wheaton, IL 60187 <small>EXACTLY as it appears on your most recent Invoice</small> | Email | rtrainor@wheatonparks.org |
| Current Carrier | AT&T | Billing TN | (630) 871-2854 |

Authorization

On behalf of the company named above, I hereby authorize ANPI Business, LLC (ANPI) to take all necessary steps to port the Telephone Numbers (TNs) identified below and/or as detailed on the attached Exhibit(s), to ANPI.

Telephone Numbers (TNs) on your most recent Invoice to be ported to ANPI:

| | | | |
|----------------|----------------|----------------|----------------|
| (630) 510-4982 | (630) 510-4983 | (630) 510-4987 | (630) 510-4988 |
| (630) 510-4989 | (630) 510-5064 | | |
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Telephone Numbers (TNs) on your most recent Invoice that ANPI will NOT be porting:

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A FULL COPY OF THE MOST RECENT BILL FROM YOUR CURRENT PROVIDER IS REQUIRED. PLEASE REMOVE ANY FEATURES (I.E., Hunt Groups) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT PROVIDER ON THIS ACCOUNT AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS

LNP Authorization - I hereby authorize ANPI Business, LLC (ANPI) to be my Local Service Provider for those Telephone Numbers (TNs) as detailed above and/or as detailed on the attached Exhibit(s). I designate ANPI to act as my Agent for the Preferred Interexchange Carrier change. I understand that this will result in a change of my Long Distance Carrier. This agreement authorizes ANPI to obtain billing information, customer service records, a copy of my Service and Equipment records, and other information required to provide me with service on the ANPI network. I also authorize ANPI to remove and replace any carrier choice service protections (PIC freezes). I understand that due to this change, the local telephone company may assess a fee on my local telephone bill for each telephone number listed. I also understand that only one Service Provider may be designated as the LNP and IntraLATA Preferred Interexchange Carrier and that only one Service Provider may be designated as the InterLATA Preferred Interexchange Carrier for those Telephone Number(s) listed above and/or as detailed on the attached Exhibit(s).

I certify that I am authorized to make this change.

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|-------|--------------------|----------------------|---------|
| Name | Michael Benard | Authorized Signature | |
| Title | Executive Director | Date | 5/26/14 |