

Standard Letter of Agency

Dear Customer,

Thank you for choosing Sorenson Communications, Inc., ("Sorenson") as your default provider of video relay service ("VRS"). As you are aware, you may continue to use your existing telephone number with Sorenson. In order to transition your current telephone number to Sorenson, Sorenson 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 Sorenson. You will then be able to use your old number with Sorenson VRS.

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

End-User Name:			
Person authorized to make this	equest if a business:		
Street Address:			Suite or Apartment No:
City:	State:		ZIP Code:
Current Service Provider:			
Desired Endpoint: D ntouch VF	ntouch Mobile	□ ntouch PC	
*Note that all phone numbers listed below mus	t be associated with this name.		
Phone Number(s)	<u>Billi</u>	ng (main acct) TN for port	ting TNs
1			
2			
2			

PLEASE REMOVE ANY FEATURES (e.g., Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LETTER OF AGENCY. ADDITIONALY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

Once the above-listed numbers are ported to Sorenson, you will be able to use them only to place and receive VRS and point-to-point calls. If you wish to use any of these numbers in connection with local exchange, intraLATA toll, interLATA toll, or international toll calls, you should select a company other than Sorenson as your service provider. You may not select more than one carrier for each type of service.

By signing below, you designate Sorenson or its designee to act as your agent for the preferred provider change and to transfer your service from your current provider to Sorenson or its designee. By signing below, you also authorize Sorenson or its designee to transfer your current telephone number used to provide service so that Sorenson may provide VRS to you as your default provider. By signing below, you also authorize Sorenson or its designee to obtain billing information, customer service records, and other information required to provide you with VRS as your default provider. You understand that only one VRS provider may be designated as your default provider for any one telephone number, and you may consult with Sorenson as to whether a fee will apply to the change, although no fee will be charged by Sorenson. Sorenson will cover all porting fees at no cost to you.

Printed End-User Name:	Date:	
Signature:		

Please sign and date, then email a properly named digital version (pdf, gif, tif, jpg, htm) of this form to porting@sorenson.com.

A hard copy can also be mailed to: **Sorenson Communications** Attn: Sales/Outreach—Porting Request 4192 South Riverboat Road Salt Lake City, Utah 84123