



Letter of Authorization

TO PROVIDE SUDDENLINK PHONE SERVICE

By initialing where indicated and signing below, I hereby authorize Suddenlink Communications ("Suddenlink"), or its duly authorized agent, to act as my agent and take certain actions necessary to change providers of the telephone service for the phone numbers indicated on the Commercial Service Order.

Initials

| | |
|--|--|
| | I authorize Suddenlink to be my new local service provider. Current provider: FRONTIER COMMUNICATIONS |
| | I authorize Suddenlink to be my new local toll (IntraLATA toll) service provider. Current provider: FRONTIER COMMUNICATIONS |
| | I authorize Suddenlink to be my new long distance (InterLATA toll) and international long distance service provider. Current provider: FRONTIER COMMUNICATIONS |

I understand that in order to provide the service authorized, Suddenlink will disconnect existing service associated with the telephone numbers listed in Paragraph 4 below with my current service provider. If I wish to terminate any service for telephone numbers not listed in Paragraph 4, I understand that it is my responsibility to cancel such services with my current provider.

I further authorize Suddenlink to act as my agent in obtaining detailed billing reports and other customer records in order to effectuate my change in service providers, including from my current provider and hereby release my current provider from any and all liability for making such information available to Suddenlink. I also authorize my existing telephone company to release all information, to the extent permitted by 47 U.S.C. § 222 and other applicable law, concerning my telephone service.

By providing the information below, I affirmatively authorize Suddenlink to initiate actions necessary change my existing service provider to Suddenlink.

1. Customer Billing Name (printed): TOM GREEN COUNTY OF

2. Person Requesting Change (printed)

3. Customer Service Address: 3013 Vista Del Arroyo Dr, San Angelo, TX 76903

4. Telephone Number(s) to be changed to Suddenlink phone service. Enter NPA-NXX-XXXX (enter "N/A" for new installations):

Hunt Group (Rollover lines): Yes No

Telephone Numbers in Hunt Group(s)

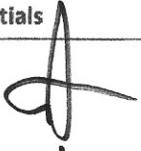
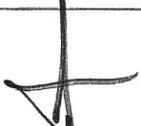
| Phone Number | Sequence |
|--------------|----------|--------------|----------|--------------|----------|--------------|----------|
| | Choose | | Choose | | Choose | | Choose |
| | Choose | | Choose | | Choose | | Choose |
| | Choose | | Choose | | Choose | | Choose |
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By providing the information below, I affirmatively authorize Suddenlink to initiate actions necessary change my existing service provider to Suddenlink.

1. Customer Billing Name (printed): TOM GREEN COUNTY OF

2. Person Requesting Change (printed)

3. Customer Service Address: 3001 N Chadbourne St, San Angelo, TX 76903

4. Telephone Number(s) to be changed to Suddenlink phone service. Enter NPA-NXX-XXXX (enter "N/A" for new installations):

Hunt Group (Rollover lines): Yes No

Telephone Numbers in Hunt Group(s)

| Phone Number | Sequence |
|--------------|----------|--------------|----------|--------------|----------|--------------|----------|
| | Choose | | Choose | | Choose | | Choose |
| | Choose | | Choose | | Choose | | Choose |
| | Choose | | Choose | | Choose | | Choose |
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| | Choose | | Choose | | Choose | | Choose |



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By providing the information below, I affirmatively authorize Suddenlink to initiate actions necessary change my existing service provider to Suddenlink.

- 1. Customer Billing Name (printed): TOM GREEN COUNTY OF
- 2. Person Requesting Change (printed)
- 3. Customer Service Address: 33 W Beauregard Ave, San Angelo, TX 76903

4. Telephone Number(s) to be changed to Suddenlink phone service. Enter NPA-NXX-XXXX (enter "N/A" for new installations):

Hunt Group (Rollover lines): Yes No

Telephone Numbers in Hunt Group(s)

| Phone Number | Sequence |
|--------------|----------|--------------|----------|--------------|----------|--------------|----------|
| | Choose | | Choose | | Choose | | Choose |
| | Choose | | Choose | | Choose | | Choose |
| | Choose | | Choose | | Choose | | Choose |
| | Choose | | Choose | | Choose | | Choose |
| | Choose | | Choose | | Choose | | Choose |

