




TOLL FREE TRANSFER FORM

Please fill up the attached transfer form and fax to: **8005801959**

	Responsible Organization (RespOrg) Change Authorization	KDB01
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INSTRUCTIONS: Fill in ALL fields.

Customer Information

Account Name - EXACTLY as it appears on your current toll-free bill.

Name: _____

*To insure proper transfer of your existing toll-free number, please attach a copy of a recent billing statement for this number dated within the last 30 days, if available. This statement must show the account name, address and the toll free number(s) listed.

Mailing/Billing Address - EXACTLY as it appears on your current toll-free bill.

Street _____

City _____ **State** ____ **Zip Code** _____

Toll-Free Numbers to be Transferred

I, the undersigned, hereby authorize AireSpring to act as my agent for the following toll-free numbers (if transferring more than 5 toll-free numbers, attach list of numbers on a separate sheet):

<i>Toll-Free Number</i>	<i>Ring-To Number</i>	<i>Current Carrier</i>
____ - ____ - ____	____ - ____ - ____	_____
____ - ____ - ____	____ - ____ - ____	_____
____ - ____ - ____	____ - ____ - ____	_____
____ - ____ - ____	____ - ____ - ____	_____
____ - ____ - ____	____ - ____ - ____	_____

Agreement and Waiver

- The undersigned is not an agent for any third party.
- The undersigned represents and warrants that they are the exclusive end user/subscriber of the toll-free number(s) listed herein.
- The undersigned authorizes AireSpring as agent for the appointment of responsible organization for the toll-free number(s) listed herein.
- The undersigned customer hereby appoints AireSpring to act as its authorized agent for all matters pertaining to the toll-free number(s) listed above. This agency includes, without limitation, the ordering or rearrangement of service assignment of primary carrier service requests, disconnection of service and other requests as deemed necessary by Airespring to implement the toll-free services ordered.

I understand and agree with the above:

Authorized Customer Signature _____ **Date** ____ / ____ / ____

Printed Name _____