ANNUAL AFFIDAVIT OF CERTIFIED, NON-OPERATIONAL CARRIER TO THE ARKANSAS INTRASTATE CARRIER COMMON LINE POOL

e		
	of	
	(Title)	
	(Name of company)	
ereafter referr	red to as "The Company"), and am duly authorized to execute this affidavit on be	ehalf of the Company.
ereby certify t	ihat:	
•	The Company is not currently operational in the state of Arkansas.	
•	The Company will immediately notify the administrator of the AICCLP if the	y begin providing service in Arkansas
	during the 2021 calendar year.	
erefore I furth	ner certify that:	
•	The Company will not own or lease switching facilities used to switch telecon	ommunications service which will originate
	and terminate in the state of Arkansas during the 2021 calendar year.	
•	The Company does not provide or purchase switched or special access fro	m any local exchange company in
	Arkansas which is used for the provision of intrastate telecommunications s	services, nor does the Company provide
	collocated access from any end-user premises to any local exchange comp	oany or interexchange carrier in Arkans
•	In the event the Company provides collocated access from any end-user pr	remises to any local exchange compan
	interexchange carrier in Arkansas, the Company will immediately notify the	
		Administrator of the Carrier Common L
	Pool.	Administrator of the Carrier Common L
		Administrator of the Carrier Common L
	Pool. Further Affiant sayeth not.	Administrator of the Carrier Common L (Signature)
		(Signature)
		(Signature) (Title)
		(Signature) (Title) (Date)
		(Signature) (Title) (Date) (Company Address)
		(Signature) (Title) (Date) (Company Address) (Company Address)
	Further Affiant sayeth not.	(Signature) (Title) (Date) (Company Address) (Company Address)
	Further Affiant sayeth not.	(Signature) (Title) (Date) (Company Address) (Company Address)
	Further Affiant sayeth not. County of)	(Signature) (Title) (Date) (Company Address) (Company Address) (Phone No.) (FAX No.)
	County of) ss. State of)	(Signature) (Title) (Date) (Company Address) (Company Address) (Phone No.) (FAX No.)
	County of) State of) Subscribed and sworn to before me, a Notary Public, thisday of	(Signature) (Title) (Date) (Company Address) (Company Address) (Phone No.) (FAX No.)