## ANNUAL AFFIDAVIT OF SWITCHLESS RESELLER TO THE ARKANSAS INTRASTATE CARRIER COMMON LINE POOL

l,	, hereby certify that I am
the	of (Title)
	(Tiue)
	(Name of company)
(hereafter referred to as	"the Company"), and am duly authorized to execute this
affidavit on behalf of the	Company.
I hereby certify	that, during the 2021 calendar year, the Company will not own or lease switching facilities use
to switch telecommunica	tions service which will originate and terminate in the state of Arkansas. All calls billed by the
Company for intrastate t	elecommunications services in Arkansas will be switched by
	, the underlying carrier for the Company.
I further certify	that the Company does not provide or purchase switched
or special access from a	ny local exchange company in Arkansas which is used
for the provision of intras	tate telecommunications services, nor does the Company provide collocated access from any
end-user premises to an	y local exchange company or interexchange carrier in Arkansas.
In the event th	at the Company begins to provide or purchase switched or special access used for the provision
of intrastate telecommur	ications services in Arkansas, or in the event the Company provides collocated access from ar
end-user premises to an	y local exchange company or interexchange carrier in Arkansas, the Company will immediately
notify the Administrator	of the Carrier Common Line Pool.
To the best of	my knowledge, information and belief, the amount paid by the
Company to the Underly	ing Carrier listed above for intrastate services in Arkansas is included in the revenue reported to
the Arkansas Intrastate	Carrier Common Line Pool by the Underlying Carrier. I hereby certify that the underlying carrier
has obtained a Certificat	e of Convenience and Necessity to provide intrastate telecommunications services in Arkansas
APSC Docket No	
E alle a Affica	(Underlying Carrier Certification Docket Number)
Further Affiant	sayeth not.
_	(Signature)
	(Title)
_	(Date)
-	(Company Address)
_	
_	(Phone No.)
_	(FAX No.)
County of	) )ss.
State of	)
Subscribed and sw	orn to before me, a Notary Public, thisday of
, 20	·
	Notary Public
My Commission Expires	