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

I, _____, hereby certify that I am

the _____ of
(Title)

_____
(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 **2020** calendar year, the Company will not own or lease switching facilities used to switch telecommunications service which will originate and terminate in the state of Arkansas. All calls billed by the Company for intrastate telecommunications 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 any local exchange company in Arkansas which is used for the provision of intrastate telecommunications services, nor does the Company provide collocated access from any end-user premises to any local exchange company or interexchange carrier in Arkansas.

In the event that the Company begins to provide or purchase switched or special access used for the provision of intrastate telecommunications services in Arkansas, or in the event the Company provides collocated access from any end-user premises to any 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 Underlying 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 Certificate of Convenience and Necessity to provide intrastate telecommunications services in Arkansas in APSC Docket No._____
(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 sworn to before me, a Notary Public, this _____day of _____, 20_____.

_____
Notary Public

My Commission Expires:

_____