LymeFiber

Letter of Agency

(LOA)

A signed Letter of Agency (LOA) is required in order to transfer your telephone number from your current service provider to LymeFiber. This completed LOA must be on file before LymeFiber can request information about current telephone services with other providers. LymeFiber's Customer Service Record information shall include all terminal numbers, and billing name and address, end user usage and service information and the contact name and address for each end user location designated by the undersigned.

This Letter of Agency gives legal authorization to LymeFiber a) to act as your agent to make any and all inquiries necessary for the purpose of obtaining Customer Service Records information, and b) to act as your agent for the purpose of taking any and all actions required (including the removal of any account protection / freezes) to become your LOCAL SERVICE PROVIDER and to implement other services described herein for all your physical services and billing locations as noted on this form including changing your long distance carrier(s). PLEASE ONLY LIST THOSE NUMBERS YOU WISH TO SWITCH.

This authorization does not preclude our ability to act on our own behalf when we deem necessary to do so.

I, _____authorize LymeFiber or its authorized designee to review my account information, assess current services and assist in making modifications to my account throughout the duration of my agreement. I give LymeFiber the authorization to notify all appropriate parties, including my current local and long distance carrier of choice and to make the necessary changes for my current and future services without further permission. LymeFiber may obtain any records from my local intra-lata long distance, and / or long distance Telephone Company necessary so that they may provide these services to me.

Service Address_____

Main Number to SWITCH _____

Other numbers to SWITCH _____ _____

Current Phone Provider _____

Authorized Customer Name (Printed) _____

Authorized Customer Signature _____

Date _____

Please return the completed document via email, or mail to the address below.

LymeFiber LLC
C/O ValleyNet, Inc.
P.O. Box 323, South Royalton, VT 05068