## 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 co	ertify that, during the 2024 calendar year, the Company will not own or lease switching facilities used
to switch telecommu	nications service which will originate and terminate in the state of Arkansas. All calls billed by the
Company for intrasta	ate telecommunications services in Arkansas will be switched by
	, the underlying carrier for the Company.
I further ce	ertify that 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 ir	ntrastate telecommunications services, nor does the Company provide collocated access from any
end-user premises to	o any local exchange company or interexchange carrier in Arkansas.
In the ever	nt that the Company begins to provide or purchase switched or special access used for the provision
of intrastate telecom	munications services in Arkansas, or in the event the Company provides collocated access from any
end-user premises to	o any local exchange company or interexchange carrier in Arkansas, the Company will immediately
notify the Administra	tor of the Carrier Common Line Pool.
To the bes	et of my knowledge, information and belief, the amount paid by the
Company to the Und	erlying Carrier listed above for intrastate services in Arkansas is included in the revenue reported to
the Arkansas Intrasta	ate Carrier Common Line Pool by the Underlying Carrier. I hereby certify that the underlying carrier
has obtained a Certi	ficate of Convenience and Necessity to provide intrastate telecommunications services in Arkansas in
APSC Docket No	
	(Underlying Carrier Certification Docket Number)
Further Af	fiant sayeth not.
	(Signature)
	(Title)
	(Date)
	(Company Address)
	(Phone No.)
	(FAX No.)
County of	) )ss.
State of	
Subscribed and	d sworn to before me, a Notary Public, thisday of
	_, 20
	Notary Public
My Commission Exp	