AFFIDAVIT

- I, Kenneth Mason, a natural person, do hereby swear and affirm that I am an officer or general partner of Applicant and that the following information and statements are true and correct to the best of my knowledge and belief:
 - (1) Applicant's basic information:

| Legal Name | Frontier Communications of America, Inc. | | |
|------------------------------|--|--|--|
| Principal Place of Business | 180 South Clinton Avenue | | |
| Principal Executive Officers | Rochester, NY 14646 | | |

(2) Area where the Applicant proposes to offer telecommunications or IVoIP services:

| Identify | area | by | local | telephone | Statewide |
|----------|----------------|------|----------|-------------|-----------|
| company | <u>/ excha</u> | nge, | in whole | or in part: | |

- (3) That the Applicant is legally, financially, and technically qualified to provide the requested authorization to provide the indicated telecommunications and/or interconnected voice over internet protocol services;
- (4) That the Applicant is ready, willing, able, and will comply with all applicable state and federal laws and regulations imposed upon providers of the indicated telecommunications and/or interconnected voice over Internet protocol services;
- (5) That the Applicant will comply with applicable assessment requirements. These assessments include but are not necessarily limited to:
 - (a) Relay Missouri assessment requirements identified in 4 CSR 240-28.050(3);
 - (b) Missouri universal service fund assessment requirements identified in 4 CSR 240-28.050(2);

- (c) Missouri Public Service Commission assessment requirements identified in 4 CSR 240-28.050(1);
 - (d) Local enhanced 911;
 - (e) Any applicable license tax;
- (6) That the Applicant will comply with applicable reporting requirements identified in 4 CSR 240-28.040 including maintaining an updated list of company contacts in the Missouri Commission's Electronic Filing and Information System;
- (7) That the Applicant has established a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints;

and

(8) The Applicant's service meets the criteria as defined within §386.020 for the indicated services sought for certification and/or registration.

1.1.1

This concludes my affidavit.

| 1SANJ | |
|---------------|--|
| Kenneth Mason | |
| Printed Name | |

Group Vice President – Federal Government Affairs
Title

State of NW Yell
County of Nouhre

Subscribed and sworn before me this 30 day of Ochthe

Ochler

20 /

Notary Public

Notary Seal: