



AMENDMENT QUESTIONNAIRE

TABLE OF CONTENTS

<u>TABLE OF CONTENTS</u>	2-3
<u>After Questionnaire completion</u>	3
<u>GENERAL INFORMATION</u>	4-5
<u>BILLING AND COLLECTIONS</u> <u>SECTION - 1</u>	
<u>CREDIT INFORMATION</u>	6
<u>SUMMARY BILLING</u>	7-12
<u>Business Accounts</u>	7
<u>Residence Accounts</u>	7
<u>WATS Accounts</u>	8
<u>Unbundled Loop/Switching</u>	8
<u>Unbundled Network Elements – Platform</u>	9
<u>Unbundled Network Elements - Combined</u>	9
<u>Enhanced Extended Loop (EEL)</u>	9
<u>Unbundled Dark Fiber</u>	10
<u>Line Sharing</u>	10
<u>LNP</u>	11
<u>Shared Loop</u>	11
<u>LIS Trunks</u>	12
<u>Qwest OUTPUT</u> <u>SECTION - 2</u>	13-19
<u>CONTACT INFORMATION FOR DAILY USAGE FILE OUTPUT</u>	20
<u>CONTACT FOR SUSTAINED USEAGE FILE</u>	21
<u>CONTACT INFORMATION FOR ELECTRONIC CRIS BILL OUTPUT</u>	22
<u>CONTACT INFORMATION FOR ELECTRONIC IABS BILL OUTPUT</u>	23
<u>CONTACT INFORMATION FOR LOSS REPORT OUTPUT</u>	24
<u>CONTACT INFORMATION FOR COMPLETION REPORT OUTPUT</u>	25
<u>DAL Directory Assistance List Provided by State</u>	26
<u>CONTACT INFORMATION FOR CO-CARRIER USAGE RETURN</u>	27
<u>OSS SYSTEM NOTIFICATION</u>	28
<u>NETWORK OUTAGE NOTIFICATION CONTACT INFORMATION</u>	29
<u>INPUT TO Qwest</u> <u>SECTION 3</u>	
<u>Interconnect Mediated Access (IMA)</u>	30
<u>Facility Based Service LIS Trunks, Collocation and Associated Products</u>	31
<u>ACCESS/BILLABLE INFORMATION WORKSHEET</u>	32

INSTRUCTIONS FOR QUESTIONNAIRE COMPLETION

And a Qwest representative, usually the Account Manager, should complete the New Customer Questionnaire. The questionnaire contains many numbers in parenthesis which correspond to further field definitions located at the back of the questionnaire titled, **Questionnaire Definitions**. Use these definitions to determine the appropriate field information.

The completed questionnaire will be used to:

- Determine geographical requirements
- Identify Client Ids
- Determine Qwest system requirements to support client specific activity
- Collect credit information
- Obtain billing information
- Establish input and output requirements
- Create and distribute client contact lists identify client hours and holidays

The New Customer Questionnaire is comprised of the following sections:

- General Information: Information on person completing this form; Legal corporate name, address, email, and fax number
- Certification information
- Client ID numbers
- Billing and Collections
 - Credit information
 - Billing information
 - Summary billing information
- Federal and State Sales Tax Information
- Qwest Output Reports
- Input to Qwest
- Method of input
 - Contact Lists for Orders, Billing and Repair
 - List of holidays
 - Other contacts

After Questionnaire completion

Once the form is completed, it must be forwarded to:

Barbara Cornwell
1005 17th St - Rm. 1730
Denver, CO 80202
Email: bcornwe@uswest.com.

This should be done as soon as possible. Processing time necessary to establish data transfers between QWEST and the customers can take from 30 to 60 days. During that time frame, we are concurrently establishing the RSID, USOCs, and discounted rates specific to each Reseller.

GENERAL INFORMATION

- (1) Today's Date _____
- (2) Customer Name _____
- (3) Telephone # _____
- (4) Customer Signature _____
- (5) QWEST Representative _____
- (6) Telephone # _____

Provide your legal corporate name and address

- (7) Corporate Name _____
- (8) Street Address _____
- (9) Floor _____
- (10) Room _____
- (11) City _____
- (12) State _____
- (13) Zip Code _____
- (14) E-mail Address _____
- (15) Fax Number _____

GENERAL INFORMATION

(16) Indicate the state that the data in this questionnaire will represent:

Note: A separate questionnaire is required for each state or area.

Central	AZ	_____	CO	_____	ID	_____	MT	_____	NM	_____	UT	_____
Eastern	IA	_____	MN	_____	NE	_____	ND	_____	SD	_____	WY	_____
Western	ID	_____	OR	_____	MH	_____	WA	_____				

(17) Indicate the new product/service only.

Resale

Unbundled Loop _____

Unbundled Switching _____

Unbundled Interoffice Dedicated
 Transport _____

Unbundled Dark Fiber _____

Unbundled Packet Switching _____

UNE-P (dial tone based products) _____

Shared Loop _____

Enhanced Extended Loop (EEL) _____

LNP _____

LIS Trunks _____

Date Filed with NECA 4 _____

Leased Entrance Facilities _____

Collocation _____

Physical _____

Virtual _____

(18) Enter your Client Identification Numbers, as appropriate:

ACNA:

 Access Customer Name
 Abbreviation

CIC:

 Carrier Identification
 Code

OCN:

 Operating Company
 Number

RSID/ZCID:

 Reseller/CLEC I.D.
 Number

**BILLING AND COLLECTIONS SECTION - 1
 CREDIT INFORMATION**

(19) Enter estimated monthly Service Volumes by the end of your first year of doing business as wholesale Customer of Qwest for Resale, Unbundled Elements, and Interconnection. An accurate forecast is important, as Qwest will use this information as one of the factors in determining whether a security deposit will be assessed, and the amount of the deposit. An under-forecast of service could result in a request for an additional security deposit prior to the end of your first year of business, an over forecast could result in payment of a security deposit higher than necessary. Also, please note that previous or current service with Qwest as a retail customer does not necessarily exclude the need for a security deposit as a Wholesale customer of Qwest.

Fill in for new product/service

Resale ___ (Your expected number of resold lines in your 12th month of business with Qwest)

Voice Messaging _____

Unbundled Elements:

Loops (LSR)	_____	UNE-P	_____
DS1 LOOPS	_____		_____
DS3 LOOPS	_____	UDIT	_____
Line Sharing	_____	EEL	_____
Local Trunks	_____		_____

Interconnection/ Collocation

(An access deposit may be required based on estimated local usage
 Additional deposit may be required based on quantities and/or types of
 products ordered)

BILLING AND COLLECTIONS SECTION - 1
SUMMARY BILLING

NOTE: Provide the following data necessary to support the accurate implementation and mailing of your paper Summary Bill(s). If only one type of service will be resold, fill in the appropriate account type.

Complete for new product offering.

Business Accounts

(25)

Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(26)

When would you like to receive your bill? _____

(27)

Contacts regarding payment of this Summary Bill:

Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Residence Accounts

(25)

Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(26)

When would you like to receive your bill? _____

(27)

Contacts regarding payment of this Summary Bill:

Name: Sue Copeland
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

WATS Accounts

(26) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(27) When would you like to receive your bill? _____

(28) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Unbundled Loop/Switching

(26) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(27) When would you like to receive your bill? _____

(28) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Unbundled Network Elements-Platform

(26)

Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(27)

When would you like to receive your bill? _____

(28)

Contacts regarding payment of this Summary Bill:

Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Enhanced Extended Loop (EEL)

(26)

Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(27)

When would you like to receive your bill? _____

(28)

Contacts regarding payment of this Summary Bill:

Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Unbundled Dark Fiber

(26)

Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(27)

When would you like to receive your bill? _____

(28)

Contacts regarding payment of this Summary Bill:

Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Line Sharing/Shared Loop

(26)

Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(27)

When would you like to receive your bill? _____

(28)

Contacts regarding payment of this Summary Bill:

Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

LNP

(26) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(27) When would you like to receive your bill? _____

(28) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

LIS/COLLOCATION

(26) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(27) When would you like to receive your bill? _____

(28) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Qwest OUTPUT - SECTION 2

(29) The following reports are provided as part of the standard offering to customers:

Completion Report

Electronic CRIS Bill formatted for CABS

Daily Usage File

Loss Report

Electronic IABS Bill

Complete information for any new report to support new product offering if not completed in previous questionnaire.

Resale and Unbundled Services

REPORT NAME	SOURCE	TRANSMISSION METHOD/MEDIA TYPE
CRIS Summary Bill – formatted for CABS	CRIS formatted for CABS	<u>WESTERN REGION:</u> Paper EDI via NDM (direct or dial in) or FTP EDI via Value Added Network (VAN) WEB CD-ROM Diskette
		<u>CENTRAL REGION:</u> Paper EDI via NDM (direct or dial in) or FTP EDI via Value Added Network (VAN) WEB CD-ROM Diskette
		<u>EASTERN REGION:</u> Paper EDI via NDM (direct or dial in) or FTP EDI via Value Added Network (VAN) WEB CD-ROM Diskette
IABS BILL Only available for CLECs who are reselling Frame Relay, ATM, Cell Relay, Transport LANs and Unbundled Transport or LIS/Collocation.	IABS	NDM (direct or dial in) or FTP Microfiche (exception basis)
Daily Usage Feed	Billing	NDM (direct or dial in) FTP (direct only) Tape or Cartridge (Paper is not an option-nor is electronic Fax) WEB
Co-Carrier Usage Return	Billing	NDM (direct or dial in)
Sustained Usage File	Billing	NDM (direct or dial in)
Loss Report (currently not available for LNP, Line Sharing, and Centrex Services)	Service Order	NDM (direct or dial in) FTP (direct only) Electronic Fax (Tape is not an option) WEB
Completion Report	Service Order	NDM (direct or dial in) FTP (direct only)

(currently not available for LNP, Line Sharing, and Centrex Services)		Electronic Fax (Tape is not an option) WEB
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Verification of the transmission of the above files and reports can be developed on an individual case basis and is to be negotiated as part of the Comprehensive Agreement. If transmission verification has already been negotiated, please indicate the report types (fax, e-mail, paper, tape, file transmission) that you wish to receive a sample transmission on the following pages.

(30) Other reports can be provided on an Individual Case Basis (ICB). **Custom request charges will be quoted at the time and billed as appropriate.** If you require an output that has not been addressed, please specify below:

Provide the following information only for ICB requests.

**CONTACT INFORMATION FOR DAILY USAGE FILE OUTPUT
 For End User Billing**

(31)

Contact Name: _____
 Contact Number: _____
 Mailing Name: _____
 Mailing Address: _____

 City State Zip Code

(32)

Type of Service _____

(33)

Electronic Transfer Options: Check one: For Dedicated Circuit:
 NDM (dedicated circuit) _____ Circuit ID _____
 FTP (dedicated circuit) _____ Transmission Path/Nodes _____
 NDM (dial-up) _____
 WEB _____

(34)

Data Set Name (DSN)/Remote ID | _____

(35)

Magnetic Tape Options: check one
 9 Track Tape _____ 1600 BPI _____ 6250 BPI _____

(36)

Record Length Options: (applicable for all types)
 Oregon, Washington, and Northern Idaho

175 byte fixed	_____	2472 byte variable	_____	10003 byte variable	_____
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 Arizona, Colorado, Southern Idaho, Montana, New Mexico, Utah, and Wyoming
 210 byte fixed _____ 2472 byte variable _____ 11004 byte variable _____

 Iowa, Minnesota, Nebraska, North Dakota, South Dakota
 210 byte fixed _____ 360 byte fixed _____
 2472 variable _____ 10003 byte variable _____

(37)

Technical Contact: _____
 Technical Number: _____

CONTACT INFORMATION FOR SUSTAINED USAGE FILE
Associated with Co-Carrier Usage Return Processing (See Input Section 3)

(31)

Contact Name: _____
Contact Number: _____

(32)

Type of service: _____

(33) Output Preference (check one)

(34)

Electronic Transfer Options:		For Dedicated Circuit	
NDM (dedicated circuit)	_____	Circuit ID	_____
NDM (dial-up)	_____	Transmission Path/Nodes	_____

(35)

Data Set Name (DSN)/Remote ID: _____

(36) Record Length Options: (applicable for all types)

2472 byte variable _____

(37)

Technical Contact: _____
Technical Number: _____

CONTACT INFORMATION FOR ELECTRONIC CRIS BILL OUTPUT
Summary Bills**

(31)

Contact Name: _____
Contact Number: _____

(32)

Type of service: _____

(33)

Output Preference (check one)
Paper (automatically provided) Electronic Transfer

(34)

Electronic Transfer Options: Check one:	_____	For Dedicated Circuit	_____
NDM (dedicated circuit)	_____	Circuit ID	_____
FTP (dedicated circuit)	_____	Transmission	_____
		Path/Nodes	_____
NDM (dial-up)	_____	Van Provider	_____
VAN	_____		
WEB	_____		
CD-ROM	_____		
DISKETTE	_____		

(35)

Data Set Name (DSN)/Remote ID: _____

(36)

Technical Contact: _____
Technical Number: _____

* Electronic Format is EDI
** Resale and Unbundled / Rebundled products must be on separate Summary Bills.

CONTACT INFORMATION FOR LOSS REPORT OUTPUT
(Currently not available for LNP, Line Sharing, and Centrex Services)

NOTE: A separate form is required for each type of service.

(31) Contact Name: _____
Contact Number: _____

(32) Type of service: (check all that apply)

Resale	___	Unbundled Loop	___	Unbundled Switch
UNE-P	___		___	EEL
	___		___	

(33) Electronic Transfer Options: Check For Dedicated Circuit:
one:
NDM (dedicated circuit) _____ Circuit ID _____
FTP (dedicated circuit) _____ Transmission Path/Nodes _____
NDM (dial-up) _____
WEB _____

(34) Data Set Name (DSN)/Remote ID: _____

(35) Technical Contact: _____
Technical Number: _____

(36) For Paper: via Facsimile
Fax Number: _____
Attention: _____

CONTACT INFORMATION FOR COMPLETION REPORT OUTPUT
(Currently not available for LNP, Line Sharing, and Centrex Services)

NOTE: A separate form is required for each type of service.

(31) Contact Name: _____
Contact Number: _____

(32) Type of service: check all that apply
Resale _____ Unbundled Loop _____ Unbundled Switch _____
UNE-P _____ EEL _____

(33) Electronic Transfer Options: Check one: For Dedicated Circuit:
NDM (dedicated circuit) _____ Circuit ID _____
FTP (dedicated circuit) _____ Transmission Path/Nodes _____
NDM (dial-up) _____
WEB _____

(34) Data Set Name (DSN)/Remote ID: _____

(35) Technical Contact: _____
Technical Number: _____

(36) For Paper: via Facsimile
Fax Number: _____
Attention: _____

CONTACT INFORMATION FOR CO-CARRIER USAGE RETURN

Provide this information to establish a file to return Daily Usage Records to Qwest.

(31)

Contact Name: _____
Contact Number: _____

(32)

Type of service: _____

(33)

Electronic Transfer Options: check one	For Dedicated Circuit
NDM (dedicated circuit) _____	Circuit ID _____
NDM (dial-up) _____	Transmission Path/Nodes _____

(34)

Record Length Options: (applicable for all types)
2472 byte variable _____

(35)

Technical Contact: _____
Technical Number: _____

Complete information if not included in original questionnaire or make changes if needed.

OSS NOTIFICATION
(Operation Support Systems)

OSS Notification contacts are requested as a means to furnish the Co-Provider with the most current Qwest related information. This is intended to be a communications channel between the Co-Provider and Qwest for systems information. In addition, this contact will be the person who receives information from the Qwest Co-Provider Industry Change Management Process (CICMP). This process was established as a vehicle to formally request changes within Qwest OSS. Every Co-Provider is encouraged to have a representative on this team so they have a voice in requested changes to Qwest OSS. The contact person indicated below will also receive updates concerning those requests flowing through the CICMP Team

Contact Name: _____
(This individual should reside in your Technical Organization)

Contact Number: _____
Contact email address: _____

Note: notification will only be done via email.

Contact's Fax Number

NETWORK OUTAGE NOTIFICATION CONTACT INFORMATION

Complete information if not included in original questionnaire or make changes if needed

Provides notification of any Major Qwest network outages that may affect your service and that of your end-users.

Contact Name: _____
(This individual should reside in your Technical Organization)

Contact Number: _____
Contact email address: _____

Note: notification will only be done via email.

Contact's Fax Number

(In case of Emergency)

ACCESS/BILLABLE INFORMATION WORKSHEET

The following information is required for Qwest to provide access records to Co-carriers and billable records when requested under contract. Please note that Qwest uses only IBM compatible equipment.

Only complete if new product is LIS TRUNKS

Complete one worksheet per state.

1. State _____
 2. Co-Carrier Name _____
 3. Name, Address and Telephone Number of person completing form
Name _____
Address _____
TN _____
 4. Co-carrier OCN _____
 5. Co-carrier NPA NXX/s and city names _____
 6. Which company is your CMDS host and/or sponsored your request for an RAO? _____
 7. Full RAO Code or Shared RAO Code? _____
 8. What is Full RAO code? _____
National _____
State _____
 9. If shared what is RAO code? _____
- If this is a Qwest shared RAO a hosting agreement with Qwest is required? (Question 25 will be answered yes)**
10. Which company does this shared RAO codes belong to? _____
 11. Which company submitted the NPA NXX/s, OCN and RAO codes for BRIDS/LEAG input?
Company Name _____
Person's Name _____
Telephone Number _____
 12. What date was the information submitted? _____
 13. What version of the BRIDS/LEAG will reflect these NPA NXX/s, RAO and OCN information? _____
 14. Effective Date of Interconnection Agreement _____
 15. Date your switches will be activated? _____
 16. Date anticipate switch will receive live traffic _____
 17. Do you expect to receive billable records from Qwest? _____

18. If you will be receiving billable records from Qwest which record length format?

360 byte fix blocked format _____ 175 byte variable format* _____

* 175 byte variable format not available for COMET

19. Transmission Mode (Circle Desired Mode)

NDM/FTP/Tape/Cartridge/COMET
NDM (See question 20)
FTP (See question 21)
9 Track Tape (See question 22)
18 Track Cartridge (See question 23)
COMET (See question 24)

20. NDM

Is NDM link already in place? _____
Link Protocol TCPIP Yes/No _____
Link Protocol SNA LU0 Yes/No _____
Your NDM Node Name _____
Type of Operating System you have? (I.e.
Mainframe/MVS, Midrange/UNIX,
Workstation/WINDOWS NT, etc.) _____
User ID (receiving end) _____
Password (receiving end) _____
Receiving Production Dataset Name/s _____
Receiving Test Dataset Name/s _____
Type of Receiving Unit _____
Do you need Qwest to trigger the job? _____
If yes, what is the trigger? _____
Do you want to receive transmittal giving
message count? _____

Access records are always sent in 210-byte fix blocked format

In Eastern if you request 360 byte fix blocked format or 175 byte variable format for billable records, (if billable records are applicable) the access records would be the same record length as the billable records. The access record would be spaces after the access data ends.

The time frame to establish the NDM will need to be negotiated. The NDM link must be established before we negotiate the implementation of record exchange.

21. FTP

Is NDM link already in place? _____
Host IP address _____
Type of Operating System you have? (I.e. _____

Mainframe/MVS, Midrange/UNIX,
Workstation/WINDOWS NT, etc.) _____
User ID (receiving end) _____
Password (receiving end) _____
Receiving Production Dataset Name/s _____
Receiving Test Dataset Name/s _____
Type of Receiving Unit _____
Dir Name (receiving end) _____
Is ASCII format required? _____

Access records are always sent in 210-byte fix blocked format

In Eastern if you request 360 byte fix blocked format or 175 byte variable format for billable records, (if billable records are applicable) the access records would be the same record length as the billable records. The access record would be spaces after the access data ends.

The time frame to establish the FTP will need to be negotiated. The FTP link must be established before we negotiate the implementation of record exchange.

22. 9 Track Tape _____
Compressed/Non Compressed _____
1600 BPI/6250 BPI _____
New or used Tape (New tapes cost \$50.00 each) _____
Name, Address and Telephone Number to send tapes
Name _____
Address, City, State and Zip Code _____
Telephone Number _____
If this a Service Bureau, what is the Service Bureau
Number? _____

Access records are always sent in 210-byte fix blocked format

In Eastern if you request 360 byte fix blocked format or 175 byte variable format for billable records, (if billable records are applicable) the access records would be the same record length as the billable records. The access record would be spaces after the access data ends.

In Central if you request 360-byte fix blocked format or 175-byte variable format for billable records, (if billable records are applicable) you will receive 2 separate tapes.

In Western billable and access records are always sent on separate tapes.

23. 18 Track Cartridge _____
Compressed/Non _____
Compressed _____
Name, Address and Telephone Number to send cartridges _____

Name _____
Address _____
Telephone Number _____
If this a Service Bureau, what is the Service Bureau Number? _____

Access records are always sent in 210-byte fix blocked format
In Eastern if you request 360 byte fix blocked format or 175 byte variable format for billable records, (if billable records are applicable) the access records would be the same record length as the billable records. The access record would be spaces after the access data ends.

In Central if you request 360-byte fix blocked format or 175-byte variable format for billable records, (if billable records are applicable) you will receive 2 separate cartridges.

In Western billable and access records are always sent on separate cartridges.

24. **COMET**

This is a system that requires a dial-up connection to extract messages from Qwest. A COMET manual will be sent to you giving the specifications that are needed to use the COMET system. The Qwest COMET contact person is identified in the manual.

The time frame to establish the COMET will need to be negotiated. The COMET link must be established before we negotiate the implementation of record exchange.

25. **Frequency receive data:**

Western (N, ID, OR, WA)

Tape/Cartridge choose weekly/monthly _____

NDM/FTP/COMET will receive daily _____

Date you want to receive End of Month report – choose one 1 7 13 19
25 _____

Central (AZ, CO, MT, NM, S ID, UT, WY)

Tape/Cartridge choose weekly/monthly _____

NDM/FTP/COMET will receive daily _____

The End of Month report will be created around the 15th of each month _____

Eastern (IA, MN, ND, NE, SD)

Every 3 days/monthly choose option _____

Date you want to receive End of Month report - choose one 1 4 7 10 13
16 19 22 25 28 _____

EASTERN FULL RAO STATUS COMPANIES WILL RECEIVE DATA DAILY AND
THEIR END OF MONTH REPORT ON THE FIRST.

26. What address would you like your "End of Month" report (51034/5, ECS-1/2, ATT08) mailed to?

27. Do you want to receive test media?

Yes _____ No _____

If yes complete following to identify location to send test

Name, Address and Telephone Number to send cartridges

Name _____

Address _____

Telephone Number _____

28. Do you want to receive a statistical report of the data sent?

Yes _____ No _____

29. Will Qwest be your Centralized Message Distribution System (CMDS) host?

30. Will Qwest be your Operator Services provider?

Yes, however, the calls will be branded as AT&T.

31. Will Qwest be your Directory Assistance Provider?

Not at this time.

**PLEASE NOTE IF ANY OF THE ABOVE INFORMATION IS INACCURATE IT WILL DELAY
TIMELY DELIVERY OF THE ACCESS RECORDS TO YOUR COMPANY.**