## REDACTED CONFIDENTIAL EXHIBIT E

| Ī |                |                     |              |            |            |           |                     |                | Service Outage      | Service Outage          |                        |                     |                            |                            |                 |                |                         |
|---|----------------|---------------------|--------------|------------|------------|-----------|---------------------|----------------|---------------------|-------------------------|------------------------|---------------------|----------------------------|----------------------------|-----------------|----------------|-------------------------|
|   |                |                     |              |            |            |           |                     |                | Description -       | Description - Wireline  |                        | Service Outage      | Service Outage             | Service Outage             | Did This Outage |                | l l                     |
|   |                |                     |              |            |            | Number of |                     | 911 Facilities | Wireline (including | (including cable) Voice | Service Outage         | Description - Voice | Description - 911, E911 or | Description - Other        | Affect Multiple |                |                         |
|   | NORS Reference | <b>Outage Start</b> | Outage Start | Outage End | Outage End | Customers | <b>Total Number</b> | Affected       | cable) VoIP         | (non-VoIP)              | Description - Cellular | Over LTE (VoLTE)    | NG911 Services only        | (Enter up to 50 characters | Study Areas     | Service Outage |                         |
|   | Number         | Date                | Time         | Date       | Time       | Affected  | of Customers        | (Yes / No)     | (Yes/No)            | (Yes/No)                | (Yes/No)               | (Yes/No)            | (Yes/No)                   | of text)                   | (Yes / No)      | Resolution     | Preventative Procedures |
|   |                |                     |              |            |            |           |                     |                |                     |                         |                        |                     |                            |                            |                 |                |                         |