

LETTER OF AUTHORIZATION

Dear RescueGroups.org Partner:

Thank you for choosing RescueGroups.org Voice Mail Service!

Local Number Portability (LNP) allows you to move your current telephone number from your current telephone service provider to use with your Voice Mail. Your current provider requires this Letter of Authorization as proof that you have explicitly requested and authorized to have your telephone number transferred to another provider. By submitting this form, you authorize us to initiate the process of transferring your telephone number to RescueGroups.org. After the transfer is complete, your transferred telephone number will ring directly into your Voice Mail service. Once this form has been faxed back to us, the number porting process CANNOT BE STOPPED.

The process of transferring your number will take a minimum of 30 business days to complete, during which time we may or may not be able to obtain status updates from your current provider regarding the status of the transfer. While the transfer is being scheduled, your current telephone service and your Telasip service will not be interrupted. Once the change has taken place, calls to your current telephone number will ring your Voice Mail. Canceling your Voice Mail service after faxing this form and before your number port is complete WILL result in losing your phone number.

If you have ANY additional services on your existing line (other phone numbers, toll-free numbers, Centrex services, etc) we WILL NOT be able to port your number. You must remove any additional services on that number and wait AT LEAST two weeks before faxing this form to us.

IMPORTANT

Please DO NOT submit any service change orders on your current phone number to your current provider. Doing so will delay or cancel this transfer.

ALL FIELDS ARE REQUIRED

The name you enter below MUST BE the name the phone number is officially under with your current provider (you, spouse, business, etc).

First Name:

Last Name:

Address:

City, State: ,

Zip: -

Current Telephone Provider:

Current Provider Account Number:

PIN (if exists-required for most mobile transfers):

Phone Number to Transfer: - -

By signing below, I designate RescueGroups.org, Inc. or its designated agent to transfer my service from my current provider to Telasip (RescueGroups.org' provider). By signing below, I also authorize RescueGroups.org or its designated agent to transfer my current telephone number(s) so that RescueGroups.org may provide its service. By signing below, I also authorize RescueGroups.org or its designated agent to obtain billing information, customer service records, and other network information required to provide me with RescueGroups.org service. I understand that I may consult with RescueGroups.org as to whether a fee will apply to the change.

Print Name

Signature

Date

Please fax this Letter of Authorization to (240) 630-4880 with the first page of your current provider's bill. The bill must clearly show your name, phone number, address, account balance and the carrier's name. The bill MUST NOT be more than 30 days old.

