FIDIUM FIBER BONA FIDE REQUEST FORM

The information requested in this application is essential for our assessment of your request. Verification of CLEC status and interconnection agreement approval will be conducted prior to evaluating your request. Your request will be reviewed for: technical and operational feasibility, qualification as a bona fide request under the Act, or other criteria as may be appropriate.

Please complete the application form in full, and submit it to your Fidium Fiber Account Manager, who will forward it to the Bona Fide Request Product Development Group. Please use additional pages as necessary.

1. Requested by:

_____ _____
Company Name Company Code (ACNA)

_____
Address

_____
Primary Contact Name and Telephone Number

_____
Alternate Contact Name and Telephone Number

_____ _____
Date of Request Date of Certification as CLEC

_____
Date of Interconnection Agreement Approval

2. Description of the network interconnection capability, function, system, element or feature requested:

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Where specifically provided for by your Interconnection Agreement, describe the request specifications for the analog or digital DS0 loop requirements:

CLEC PON_____Jeopardy Code_____LSR # _____ Serving Wire Center CLLI_____

3. Is this a request for a modification of existing services or network elements? If so, please explain the modification and describe the existing services or elements or indicate its name.

4. Is there anything custom or specific about the manner that you would like this feature, function to operate?

5. If possible, please include a drawing or illustration of how you would like the request to operate and interact with the network.

6. Please describe the expected location life, if applicable, of this capability. Do you view this as a temporary or long-range arrangement?

7. Where do you want this capability deployed? Please state specific wire centers or other points of interconnection or access where this capability is desired:

Location	Estimate of demand/units	Requested availability Date

8. In order to assist us in setting rates, please specify quantity and/or term commitments you are willing to make:

9. Please include any other information that could be of assistance to Fidium Fiber in the evaluation of this service request:

10. What problem or issue do you wish to solve? Why is it necessary for you to obtain this feature or if it were unavailable, how would it impair your ability to provide your service?

11. Is there a price ceiling beyond which your Company will not accept this service offering? If so, please specify the level.

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By submitting this request we agree to promptly compensate Fidium Fiber for any costs it incurs in processing this request, including costs of analyzing, developing, provisioning, or pricing the request, subject to the terms of our Interconnection Agreement until the Fidium Fiber Account Manager receives our written cancellation. We also agree that if Fidium Fiber needs information from us to complete this request, and the contacts from our Company or their designees cannot be reached or cannot provide a timely response, the clock will be stopped with respect to response time.

Name of Company: _____

Signature: _____

Title: _____