

BUSINESS CLASS SERVICE ORDER AGREEMENT

	A	ccount Name	COMCAST	EST	ID# :	
		CUSTO	MER INFO	MATION (SERVICE LOCATION)		
Ado	dress 1 12401 \$	3 450 E UNIT I	D1		City DRAPE	
	dress 2			-	State UT	
Primary Contact		W MORGAN		– Zip	code 84020-	7938
	Phone (801) 3			-	County	
	Phone (615) 2			-	·	GAN@TELARUS.COM
Pager N				- Primary Fax N		
Technical Contact		W MORGAN		- Technical Contact On		
Technical Contact Business	Phone (801) 3	79-3000		- Technical Contact E	E-mail AMOR	GAN@TELARUS.COM
Property Manager Contact				– Property Mgr F	-	
	_	CO	MCAST B	- SINESS CLASS SERVICES		
		Selection (X				
Business Class Voice	1	X	·/	7		
Business Class Internet				1		
Business Class TV						
				Service Term (Month	is)	36 MONTHS
		COMCA	AST BUSIN	ESS CLASS SERVICE DETAILS		
Business Class Voice*				Business Class Offers		
VOICE SELECTIONS	Qty	Unit cost	Total cos	Package name:		
Full Featured Voice Lines	2	\$44.95	\$89.90	Total cost:	DESCRIPTIO	N
F.F. Voice Lines w/ Pkg.					DEGORAL HO	
4+ F.F. Voice Lines Basic Lines				<u></u>		
Fax Lines				Business Class TV*		
Toll Free Number	2	\$5.00	\$10.00	TV SELECTIONS	Selection(X)	Total cost
Voice - eMTA Equipment Fee	1 Colortion(X)	\$5.00	\$5.00	Basic		
VOICE OPTIONS	Selection(X)	10	tal cost	Information and Entertainment Standard		
Voice Mail Directory Listing Suppression Fee				Preferred		
Auto-Attendant	1 1			Music Choice Standard		
Voice offers and options are not available in Business Class Internet	all markets.			-		
INTERNET SELECTIONS	Selection(X)	To	tal cost	TV OPTIONS	Selection(X)	Total cost
Starter				Sports Pack**	I	
Preferred	1 1			Music Choice W/Business Class TV		
Other:				Canales Selecto Other Programming:		
Internet Equipment Fee	Calastian(X)	Ter	tal agat	Other Programming:		
INTERNET OPTIONS	Selection(X)	10	tal cost	Other Programming:		
Microsoft Outlook Office Email Web Hosting - Starter				TV Outlets	Quantity	Unit Cost Total cost
Web Hosting - Commerce				Additional TV Outlets		
Web Hosting - Business Web Hosting - Professional	\square			HDTV Box Charges *Not available in home offices or private view e	establishments. T	v selections and options are not
Static IP - 1	├			available in all markets. **Available as add-on Deluxe offers only.		
Static IP - 5						
Static IP - 13 *Internet selections and options are not availa	able in all markets.					
		OMCAST I	BUSINESS	CLASS TOTAL SERVICE CHARGES		
Business Class Installation	Selection(X)	Unit cost	Total cos			
Installation Fee	Х	\$49.00	\$49.00	Total Monthly Service Charge		\$104.90
Voice Activation Fee*	Х	\$24.95	\$49.90	Promotion code (if appli	cable)	
Auto-Attendant Setup Fee Voice Jack Fee	├			Less discount (if appli	cable)	
Toll Free Activation Fee	Х	\$9.95	\$19.90			
per line activation fee, up to four (4) line maximum charge Total Recurring Monthly Bill \$104.90						
Total	Installation Char	·	\$118.	4	*Applicable federa	al, state, and local taxes may apply
	*Does not includ	e custom installat	tion fees listed be	w		
		(GENERAL	PECIAL INSTRUCTIONS		
Discount: \$0.00						



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Account Name: COMCAST TEST

ID# :

COMCAST BUSINESS CLASS INTERNET CONFIGURATION DETAILS

Microsoft Office Communication Services				
Microsoft Office Outlook E-mail Included	with Internet Services			
Business Class Internet: Starter	2 Full Access			
Business Class Internet: Preferred	4 Full Access			
Other (Select From Dropdown):				

Equipment Selection			
Business Class Webhosting			
Transfer Existing Comcast.net Email			
Number of Static IP's*			
*If 5 or 13 Static IP's are requested a static IP justification form is required			

COMCAST BUSINESS CLASS TV CONFIGURATION DETAILS

Outlet Details for Outlets 9 & up	Quantity	Unit Cost	Total Cost
Analog			
Digital			
HDTV			

COMCAST BUSINESS CLASS VOICE CONFIGURATION DETAILS

Phone # (List "New" if new number)	Туре	Voicemail
1111111111	Full Featured	NO
222222222	Full Featured	NO
Toll Free #	Call Origination Area	Associated TN

Directory Listing and Yellow Page Details

Directory Listing	YES
Directory Listing Phone Number	
Directory Listing Display Name	1
DA/DL Header Text Information	
DA/DL Header Code Information	
Standard Industry Code Information	

Additional voice details

Caller ID	YES
Caller ID Display Name (max. 15 characters)	COMCAST TEST
Caller Blocking	
Auto-Attendant	

Customer Equipment

Phone System Type (Key System, PBX, Other)

Additional comments

Phone System Manufacturer

Fax Machine Manufacturer

Alarm System Vendor

Point of Sale Device

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Telco Closet Location

Hunt Group Configuration Details

Hunt Group Features Requested (Yes/No)

NO Hunt Group Configuration Type

Hunt Group Pilot Number



BUSINESS CLASS SERVICE ORDER AGREEMENT

BUSINESS CLASS SERVICE OR		
Account Name: COMCAST TEST		ID# :
CUSTOMER BILLING INFORMATION		
COMCAST TEST	City	DRAPER
	State	UT
12401 S 450 E UNIT D1	Zip	84020-7938
	Billing Contact E-mail	AMORGAN@TELARUS.COM
ANDREW MORGAN Billing	Contact Business Phone	(801) 379-3000
	Billing Fax Number	
ents, precedence will be as follows: (1) Amendments, (2) Terms and Conditions, an 2ustomer's execution of the SOA. The agreement shall terminate as set forth in the egal). All capitalized terms not defined in this SOA shall reflect the definitions giver beed Internet for Business Acceptable Use Policy located at http://work.comcast.net/legal/privacy.asp (or any successor URL), I Service") carries a 30 day money back guarantee. If within the first thirty days follo d Comcast will issue a refund for Service charges actually paid by Customer, custor refund, Customer must cancel Service within thirty days of activation and return ar 0.	nd (3) this SOA. This agre Terms and a to them in the Terms and thealized and a the Terms and thealized and and and a sub- both of which Comcast ma wing Service activation Cu m installation, voice usage ny Comcast-provided equi	ement shall commence and d Conditions. Use of the ccessor URL), and the current ay update from time to time. ustomer is not completely e charges and optional service pment in good working order.
"Voice") may have the E911 limitations specified below:		
without Comcast's approval, 911 calls may be directed to the wrong emergency a gether. in the Customer's premises. If there is an electrical power outage, 911 calling may is not installed, fails, or is exhausted after several hours. o 911, may not be completed if there is a problem with network facilities, including r vs to update a Customer service address in the E911 system. All change requests a THIS DOCUMENT CONSTITUES CUSTOMER ACKNOWLEDGEMENT OF THE	uthority, may transmit the be interrupted if the batter network congestion, netwo and questions should be d E911 NOTICE ABOVE.	wrong address, and/or Voice ry back-up in the associated ork/equipment/power failure, or tirected to 1-800- COMCAST.
usi execute a conicast letter of Authonization (LOA) and submit it to Comcast, of	Comcast's third party ord	ier entry integrator, as difected
	Account Name: COMCAST TEST CUSTOMER BILLING INFORMATION COMCAST TEST 12401 S 450 E UNIT D1 ANDREW MORGAN Billing ss Service Order Agreement sets forth the terms and conditions under which Comcombines to Customer. This Comcast Business Class Service Order Agreement tions ('Terms and Conditions"), and any jointly executed amendments ('Amendment thes proceedence will be as follows: (1) Amendments, (2) Terms and Conditions, and any jointly executed amendments ('Amendment peed Internet for Business Acceptable Use Policy located at http://work.comcast.net/legal/privacy.asp (or any successor URL). It "Service") carries a 30 day money back guarantee. If within the first thirty days follod a Comcast will issue a refund for Service charges actually paid by Customer, custo a refund, Customer must cancel Service within thirty days of activation and return ar 0. OMCAST'S BUSINESS CLASS VOICE SERVICE, I ACKNOWLEDGE RECEIPT A "Voice") may have the E911 limitations specified below: "Voice") may have the E911 limitations specified below: "voice") may have the E911 limitations specified below: opperly directed to emergency services using Voice, Comcast must have the correen without Comcast's approval, 911 calls may be directed to the wrong emergency a gether. o 911, may not be completed if there is a problem with network facilities, including ray is not unstalled, fails, or is exhausted after several hours. o 911, may not be completed if there is a problem with network facilities, including ray is no installed, fails, or is exha	Account Name: COMCAST TEST CUSTOMER BILLING INFORMATION COMCAST TEST City State State 12401 S 450 E UNIT D1 Zip Billing Contact E-mail Billing Contact E-mail ANDREW MORGAN Billing Contact Business Phone Billing Fax Number Billing Fax Number ss Service Order Agreement sets forth the terms and conditions under which Comcast Cable Communication the Services to Customer. This Comcast Business Class Service Order Agreement consists of this documer tions (Terms and Conditions"), and any jointly executed amendments ("Amendments"), collectively referred 1 ss Service Order Agreement sets forth the terms and conditions under which Comcast Cable Communication the Services to Customer. This Comcast Business Class Service Order Agreement consists of this documer (Geagl). All capitalized terms not defined in this SOA shall reflect the definitions given to them in the Terms and peed Internet for Business Acceptable Use Policy located at http://work.comcast.net/legal/aup.asp (or any su 2bolicy located at http://work.comcas

5. New Telephone numbers are subject to change prior to the install. Customers should not print their new number on stationery or cards until after the install is complete.

6. Modifications: All modifications to the Agreement, if any, must be captured in a written Amendment, executed by an authorized Comcast Senior Vice President and the customer. All other attempts to modify the Agreement shall be void and non-binding on Comcast. Customer by signing below, agrees and accepts the terms and conditions of this agreement.

CUSTOMER SIGNATURE

USTOMER SIGNATURE	FOR COMCAST USE ONLY	
By signing below, Customer agrees to the terms and conditions of this Agreement	Sales Representative:	
Signature:	Sales Representative Code:	
Print:	Sales Manager/Director:	
Title:	Sales Manager/Director Approval:	
Date:	Division:	
	Lead ID:	

FOR COMCAST USE ONLY

LETTER OF AGENCY

Please print or type the following information. <u>All blank spaces must be completed.</u>

Billing Name ("Corr	pany"): <u>COMCAST TEST</u>		
Billing Address:	12401 S 450 E UNIT D1		
City: DRAPER		State: UT	ZIP: <u>84020-7938</u>

If Company is switching its current phone number(s) to Comcast, please print the telephone number(s) and the name(s) of Company's current local and long distance phone service providers in the spaces below.

Area code(s) and telephone number(s) Company wants switched to Comcast (you may also insert a number range, e.g., 215-555-0000 thru 215-555-9999):

	Billing Telephone Number	Current Local Provider
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Please read the following information:

The undersigned is an authorized representative Company. Company chooses Comcast for all its landline calling needs across town, across the country and worldwide for the telephone number(s) listed above (if applicable). Company understands that Comcast will take the place of its current landline phone service provider(s) for local, local toll, and long distance services. Company understands that, for each of these services, it may designate only one provider per service for any one telephone number. Company also understands that the service provided by Comcast includes all distances, which means that Company may only designate one provider for all of its calling needs for any one telephone number.

The undersigned's signature on this form authorizes Comcast to act as Company's agent in making the changes from Company's current service provider(s), and to switch Company's telephone number(s), listed above (if applicable), to Comcast. Company understands that its current service provider(s) may charge a fee to switch its service to Comcast and that Company may consult that provider as to whether a fee will apply.

Please sign here:

Authorized Representative's Signature:

Authorized Representative's Name (Print): Authorized Representative's Title (Print): ANDREW MORGAN

Date:

Commercial - V102706jgs(C1140883/Q978559)

Responsible Organization Letter of Authorization

As the end-user subscriber, or the authorized representative of an end-user subscriber, of certain Toll Free service numbers (the "Customer"), I hereby authorize Level 3 Communications, LLC (KSW01) ("Level 3") to be the Responsible Organization ("Resp Org") for the following Toll Free service numbers, including acting on my behalf, and at my direction, to transfer the Resp Org functions * Must provide a copy of current bill from current provider

Current Carrier:		New Resp Org ID: KSW01						
		U.S.	CANADA					
		U.S.	CANADA					
		U.S.	CANADA					
		U.S.	CANADA					
		U.S.	CANADA					
Customer Name:								
	(As it appears on customer bill copy)							
Address:		В	illing Address	Service Address				
City:			State:	ZIP:				
Customer Contac	t:	Phone:						
Billing Account Number: 5021185 Delivery Date:								

I attest under penalty of law and as an authorized employee, or an authorized representative, of the Customer that the Customer is the exclusive end-user subscriber of the Toll Free service numbers listed above. The Customer assumes all liability for the use (including without limitation, authorized, fraudulent or misappropriated) of traffic of any other end-user subscriber with regards to the Toll Free service numbers listed. In addition, I understand that this request for a Resp Org change does not constitute an order for disconnect of service with my existing carrier(s). I, on behalf of the Customer, continue to accept responsibility for notifying my existing carrier(s) of any intention to disconnect and/or change my Toll Free service after designating the above as my Resp Org for the Toll Free numbers listed above.

Authorized Signature	Date	
Print Name	Title	