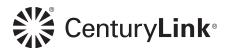
CenturyLink Data Services 555 Lake Border Drive Apopka, FL 32703

Fax: 866-810-7530



Dear Customer Name:

This certificate must clearly state that one of the following situations exists and which program is being requested.

- 1. Critical Care: A prolonged outage of service would give rise to a substantial risk of death or gravely impair the health of the customer or another permanent household resident.
- 2. Directory Assistance Exemption: The customer is unable to utilize a directory to locate telephone numbers or addresses.

CenturyLink offers Directory Assistance at no charge for our qualifying disabled customers. This service allows you to use Local Directory Assistance at no charge. If you are a CenturyLink Long Distance subscriber you will also be able to use National Directory Assistance at no charge.

Critical Care is a program that provides priority restoral of service to customers who are at a substantial risk of death or grave impairment to health if the household is out of service for any length of time.

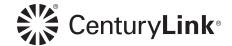
To apply for either of these services, complete the attached application and have your doctor review and sign it. Return the application to the address on the form. Upon receipt and approval of your application we will add this service to your account and send you a confirmation letter.

If you have any questions concerning this service, please feel free to call us at 800-201-4099.

Sincerely,

Center for Customers with Disabilities

Fax: 1-866-810-7530



Critical Care or Directory Exemption Certifying Authorities

The following professionals are acceptable certifying authorities on the *Application for Critical Care or Exemption from Directory Assistance Charges form:*

- Nurse
- Ophthalmologist
- Optometrist
- Physician
- Professional hospital staff member
- Professional librarian MN only
- Psychologist
- Social workers (state and local)
- Staff of agency/center for the blind
- Therapist
- Welfare case workers (state and local)



Application for Critical Care or Exemption from Directory Assistance Charges

Applicant (Disabled Person)			Person to Whom Exempt Telephone Number is Billed (if other than Applicant)		
Last Name	First Name	MI	Last Name	First Name	MI
Address					
City	State	Zip			
Telephone Number	r(s) to be Exempt (includ	de area code)	Leartify that the	Annlicant is a fulltime res	ident
Applicant agrees to promptly advise (or cause to be advised) CenturyLink Corporation if the disability described here ceases to exist.			I certify that the Applicant is a fulltime resident Member of my household. If the Applicant ceases to reside fulltime in my household, I will promptly advise CenturyLink Corporation		
Signature of Applicant (or person authorized to act on behalf of the Applicant):		Signature of the person billed for exempt telephone number:			
S	ECTION BELOW TO B	E COMPLETED (ONLY BY THE CER	TIFYING AUTHORITY	
circumstances is g special school, insti	enerally accepted and	acknowledged ar	nd/or an authorized	lge and competence under employee acting for and on petence under the specific c	behalf of a
The above Applicant is: Blind			Visually Disabled		
Physically Disabled (describe b			pelow) Read	ing/Mentally Disabled (descr	ibe below)
Description:					
	oplicant has the above ory and/or from complet			of service or prevents them	from using
Signature of Certifying Authority			Date		
	Disability prevents then rgent restoral of service			nd/or from completing teleph	one calls.
Printed Name			Telephone Number		
Title				Agency	

The facts in this application may be reviewed periodically by CenturyLink Corporation.

Return completed application to:

CenturyLink Data Services) 555 Lake Border Drive Apopka, FL 32703

Fax: 1-866-810-7530 **TTY & Voice:** 800-244-1111

