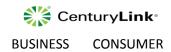
LETTER OF AUTHORIZATION TO FREEZE PREFERRED SERVICE PROVIDER(S)



Subscriber's Name	(Must be syeathy	as it appears on curr	rant h:III\				
Subscriber's Address							
	(Must be exactly as it appears on curren			Zip			
THE UNDERSIGNED SU FOR THE FOLLOWING S	BSCRIBER REQUESTS TO "FREEZE" TH ERVICE(S).	EIR PREFERREI	O SERVIC	E PROVII			
LEF Local Service (Dial tone service)	LPIC Local Long-Distance or Toll 9 (1+ intraLATA service, local in-st						
to freeze the Preferred Se adjacent to the telephone be the current one for the understands that no chan Provider is in writing or ve	numbers listed below are covered by this	elephone number ne, two, or all of the ate this docume that freeze is lifted "Freeze" Autho	er(s) below the freeze nt is prest ed, even i	w. Please s. The Pre ented to C f the auth	e select your desire eferred Service ProperturyLink. The control to change attach a list of telegraphic selections and the control to the con	ed freeze preference rovider that is frozen undersigned Subscr ge the Preferred Ser dephone numbers to	
initial EACH page of	m identifying the main telephone numbe the attachment. FELEPHONE NUMBER:	r below and the	type of fr	eeze you	want for each of	your lines. You mus -	
Additional Telephone Nu		¥LL!	\$ 21 10	4 110	\		
♦ LEF ♦ LPIC	♦ PIC (♦ LEF	♦ LPIC	♦ PIC	()	<u> </u>	
•	♦ PIC (LEF	LPIC	♦ PIC	()	-	
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♦ LEF ♦ LPIC	♦ PIC (♦ LEF	\$ LPIC	♦ PIC	()	-	
♦ LEF ♦ LPIC	◆PIC For a sequence starting with	()_		-	,		
	ending with	()_			, inclusive.		
phone number(s). My signon each such designated (a) by calling Cention to lift the freeze (b) sending Centure	ed on this Authorization are listed in my na nature on this form authorizes CenturyLink phone number. I understand that I may lif uryLink at the toll-free number listed at the e, including providing appropriate verificat yLink a written or electronically signed au- ing or lifting the freeze(s) included in this	to freeze the cu t this freeze: top of my Centu ion, or thorization to lift	rrent pref	erred serv	vice provider for e	each designated ser	
Signature:			Date (MM/DD/YY):				
Printed Name:			Title:				
is form can also be use fo	red FORM TO: CenturyLink CSC c/o Sales Support 118 19th St – 14th Omaha, NE 68102 or an electronic signature. By completing it	t and directing it,	via emai		reeze@CenturyL		
	you are evidencing that you have and sha freeze(s) described above.	all be deemed to	have sig	ned and o	dated this Letter o	of Authorization and	

_SLS Code (Bus. Only): ____

Representative:__

Order #___

CenturyLink Internal Use Only