

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE

VERIZON

Finance Billing Services

FORM TO ADD/CHANGE OR DELETE EMI 41/42 – 01-01-18 TEXT PHRASE

Attach this form to your request to add and/or change text phrases. A separate form must be completed for each SubCIC, program, service, or product request. This form may not be altered in any way and must be properly completed for your request to be processed. Consideration of any request, which is not complete or not accompanied by the required marketing materials as indicated on this form, will be delayed until all required information is received. Verizon will review the submitted materials and notify you if changes and/or additions are required. All requests and backup documentation must adhere to Verizon Finance Billing Services (Verizon) billing policies and procedures. Please review the approved and prohibited services/products/programs as listed in the Verizon Billing User Guide, Section 4, pages 2-3, prior to issuance of your request.

PLEASE NOTE (1):

The list of approved and prohibited services is not intended to be a complete listing. Verizon reserves the right, in its sole discretion, to not bill for any service/program/product that Verizon determines to be misleading, cause confusion to the End-User, or harm the image and/or reputation of Verizon.

PLEASE NOTE (2):

Verizon will NOT bill for services/programs/products that include free trial offers and require an affirmative cancellation of services during the trial period to prevent monthly charges and implementation charges from being incurred.

Services/programs/products offered on a free trial basis MUST be billed with 30 days of service provisioning. In order to fulfill a free trial offering, a credit to offset the monthly charge MUST be submitted within the free trial period.

This document must be received by Verizon Billing Services (Verizon) by Noon EST on the 1st business day of the month prior to the requested implementation month in order to assure timely processing of any additions or changes.

TO BE COMPLETED BY CARRIER/CLEARINGHOUSE REPRESENTATIVE

I. GENERAL INFORMATION

Carrier Name: USBI

Carrier Identification Code (CIC): 556

Access Customer Name Abbreviation (ACNA): USB

Prepared on (date): 3/18/08

Prepared by (name): [REDACTED] Phone #: 210-[REDACTED]

Email Address: [REDACTED]@bsclearing.com Fax #: 210-[REDACTED]

II. TEXT PHRASE VERBIAGE INFORMATION

The text phrase MUST clearly and accurately describe the specific program and/or charge to be billed. More than one text phrase may be requested on this form as long as the phrases apply to the same SubCIC, program, and/or product. A letter, symbol or space represents one character in the text phrase.

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ACTION = Add (A) - Change (C) - Delete (D)

SUBCIC NUMBER: 309		SUBCIC NAME: UNIVERSAL CALL PLAN	
RECORD	ACTION Add/Change/ Or Delete	VERIZON (Formerly Bell Atlantic) – PROPOSED TEXT PHRASE (Maximum length is 12 Characters, 1 st line, 9 characters 2 nd line) PHRASE Proposed Text Phrase	
01-01-18 <input type="checkbox"/> 41/42 <input checked="" type="checkbox"/>	ADD	UNLIMITED LD SERVICE	
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			

RECORD	ACTION Add/Change/ Or Delete	VERIZON (Formerly GTE) – PROPOSED TEXT PHRASE (Maximum length is 40 Characters) PHRASE Proposed Text Phrase	
01-01-18 <input type="checkbox"/> 41/42 <input checked="" type="checkbox"/>	ADD	UNIVERSAL CALL PLAN INC UNLIMITED LD SRV	
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			
01-01-18 <input type="checkbox"/> 41/42 <input type="checkbox"/>			

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PLEASE NOTE THE FOLLOWING FOR SENDING 42-50-01 RECORDS:

Non-Invoice Billing

- **Effective October 25, 2000, Verizon began accepting a newly defined Exchange Message Interface (EMI) 020A module for use with non-invoice billing.**
- **The 020A module can be used at both the primary Carrier Identification Code (CIC) and the SubCIC levels.**
- **The 020A module is to be sent on each EMI 425001 Customer Charge Summary Non-Detail record that is being used to bill a product or service that was not billed to the end user, by the specific service provider, during the service provider's last billing cycle.**
- **Receipt of the 020A module will cause the following bill phrase to be printed on the end user's bill page: NOTICE: THIS IS A NEW SERVICE PROVIDER THIS MONTH**
- **The new service provider bill phrase will be printed one time, regardless of the number of 020 modules sent for the specific CIC or SubCIC**

Invoice Billing Customers are required to comply with the new service provider rules as well.

III. TEXT PHRASE INFORMATION

1. DESCRIBE - IN DETAIL - THE EXACT PRODUCT/SERVICE BEING SOLD.

Unlimited long distance service

2. TO WHOM WILL THIS PRODUCT/SERVICE BE MARKETED?

- Business Residential Both Business and Residential

3. TRAFFIC TYPE:

- Universal Service Fund (USF) Pre-subscribed Line Charge (PICC)
 Specialized Service (Specify Product): see #1

4. HOW ARE THE CHARGES TO BE PRESENTED ON BILL?

- Per Transaction (i.e., per call)
 One-Time Charge (i.e., setup, installation)
 Summary/Service Fee (i.e., per month) Recurring? Yes No

5. CHECK EACH METHOD THAT WILL BE USED TO MARKET THE PRODUCT OR SERVICE:

- Direct Mail/Postcard Include a copy of all direct-mail marketing materials.
 Internet Site Include the Internet address and a printout of all Internet pages associated with the product.
 Include a copy of the advertisement(s) and names of all

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- Magazine/Newspaper Ad publications with the dates the ad(s) will appear.
- Radio Ad Include a tape and/or script of the advertisement.
- Store Sale Include a copy of the order form that the customer signs and a copy of the script the sales person uses.
- Inbound Telemarketing Include a copy of the telemarketing script and verification script that is used on the call
- Outbound Telemarketing Include a copy of the telemarketing script and verification script that is used on the call.
- Television Ad Include a video copy of the advertisement.
- Other (Please explain) _____

ALL MATERIAL THAT WILL BE USED TO MARKET THE PRODUCT OR SERVICE MUST:

Minimum documentation required:

Sales and verification scripts, signed Letter of Authorization (if applicable), all backup documentation (i.e. – video copy, advertisement (paper,radio,tv,video) and welcome package

For internet purchased services/products/programs ;

Please provide printouts or links to ALL web pages involved in the signup process. These should include at the very least: sales page, terms and conditions page, electronic letter of authorization page, page reconfirming what the end-user has ordered, final confirmation page, and welcome page that is emailed to the end-user and/or the welcome packet that is mailed to the end-user.

Sales and verification scripts MUST contain the following verbiage:

Are you 18 years of age and duly authorized by the telephone account owner to make changes to and/or incur charges on the telephone account?

Inform the end-user of any and all charges for the product or service in sales script, verification script, and the welcome package.

Inform the end-user if these charges are a one-time charge or monthly recurring charges.

Inform the end-user clearly the length of the agreement, specific limitations, specific rules governing the agreement, term of the agreement and how the end-user can contact your company to request an end to the agreement in the sales script, verification script and the welcome package.

Inform the end-user that these charges will appear on their local telephone bill in the sales script, verification script and the welcome package information.

Inform the end-user of the underlying carrier and whether there is a PICC change involved in this transaction.

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- IF there is a possible PICC change involved in this transaction, the following text must be in the sales and verification scripts – "local telephone company may charge up to \$5.00 for the PICC change."

Inform the end-user in detail of how to cancel the product or service in the sales script, verification script and the welcome information.

Inform the end-user if cancellation will incur charges or not incur charges in the sales script, verification script and the welcome information.

Verizon reserves the right to require additional documentation as we deem necessary on a case to case basis.

6. HOW DOES THE END-USER REQUEST OR ORDER THE PRODUCT OR SERVICE?

(Attach all applicable documentation.)

The ordering process **MUST** contain the verbiage as indicated in #5 above to ensure that the person is authorized to order this product/service.

7. HOW IS END-USER'S REQUEST OR ORDER VALIDATED?

One of the following is required:

- Electronic LOA
- Signed document (LOA)
- Voice capture of the entire conversation, if telemarketer both makes and verifies the sale
- Voice-capture of just the verification, if supervisor or another department verifies the sale
- Third party verification (Include name, address, and telephone number of company doing verification)

N/A

(Company Name, Address, Telephone Number)

ATTACH ALL APPLICABLE DOCUMENTATION. THE VALIDATION PROCESS MUST:

Ensure that the person ordering the product or service is authorized to order this product or service by containing the verbiage indicated in #5 above.

Inform the end-user of any and all charges for the product or service.

Inform the end-user if these charges are a one-time charge or are monthly recurring charges.

Inform the end-user that these charges will appear on their local telephone bill.

Inform the end-user of how to cancel the product or service.

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8. IS A PIC CHANGE REQUIRED? YES NO

IF YES, ALL MARKETING MATERIALS AND DOCUMENTATION MUST:

Identify the underlying carrier.

Clearly explain to the End-User that a PIC change is involved.

Explain that there is a charge involved in changing the PIC.

9. FOR DIAL UP SERVICES ONLY - HOW DOES THE END-USER ACCESS THIS SERVICE?

_____ (pots number, 800 number, 900/700 number, etc.)

10. WHAT ARE THE EXACT CHARGES FOR THIS SERVICE?
19.99

11. HOW ARE THESE CHARGES DISCLOSED TO THE END USER?
DURING THE MARKETING OF THE SERVICE

12. WHAT TYPE OF POST-SALE FULFILLMENT DOCUMENT DOES THE END-USER RECEIVE?
END USER RECEIVED A WELCOME FULFILLMENT DOCUMENT

ATTACH ALL APPLICABLE DOCUMENTATION - THE DOCUMENTATION MUST:

Inform the end-user of any and all charges for the product or service.

Inform the end-user if these charges are a one-time charge or are monthly recurring charges.

Inform the end-user that these charges are going to appear on their local phone bill.

Inform the end-user of how to cancel the product or service.

13. PRODUCT STATUS:

New product, never been marketed or billed

New product, currently marketed but never billed

Existing product, currently marketed and billed

Grandfathered product, no longer marketed, currently billing

IF PRODUCT IS CURRENTLY BEING BILLED, EXPLAIN THE BILLING METHOD AND BILLING PROVIDER. ALSO, EXPLAIN HOW END USERS WILL BE NOTIFIED OF THE CHANGE IN BILLING METHOD.

14. IS PRODUCT TARRIFFED? YES NO

If yes, list states where product is tariffed. _____

15. CUSTOMER SERVICE MANAGER NAME: _____

Date: 12-13-07

Qwest Corp.

Re: **New ETS Program for: Green Tree Data**
Sub-CIC: 0049

Qwest,

Transaction Clearing has been presented with a new billing opportunity for Green Tree Data that, is targeted to residential for Unlimited Long Distance and Unified Voice Messaging. A complete calling solutions package offering unlimited voice messaging. This merchant offers Unlimited Long Distance and Unified Voice Messaging service at a price point of a monthly payment of 12.95 and a one time set-up fee of \$14.95.

The subscriber learns of this merchant's service through Internet. Upon agreement to accept the service through internet sales, the subscriber will receive a verification confirmation page to accept. The subscriber will receive a welcome package within 5 business days from initial sign up which includes a Welcome Letter with the company's address, toll free phone number, pricing, website information, how the service will look on the LEC bill and an Activation Letter with their account ID information.

The text phrase(s) and price points to be submitted for this merchant are as follows:

<u>Text Phrase #1</u> GREENTREE DATA VM& LD MNTHLY FEE	<u>Charge Amount #1</u> \$12.95
<u>Text Phrase #2</u> GREENTREEDATA SETUP FEE	<u>Charge Amount #2</u> \$14.95
<u>Text Phrase #3</u> CREDIT MONTHLY FEE	<u>Credit Amount #1</u> open
<u>Text Phrase #4</u> CREDIT SET UP FEE	<u>Credit Amount #2</u> open

All materials, including service description, sales and third-party verification (TPV) scripts, post-sale customer letters, and all other subscriber fulfillment information have been enclosed for your review. Please feel free to contact me, if you have any questions.

Sincerely,



Transaction Clearing, LLC

Qwest ETS Form 7.06

QWEST ENHANCED TELECOMMUNICATIONS SERVICES (ETS) REQUEST FORM

This form needs to be submitted for each ETS merchant program you wish Qwest to review.

Date Request Submitted: 11/28/2007

Billing Aggregator: Transaction Clearing, LLC ABEC: 0585

Preparer's Name: [REDACTED] Title: President

Telephone Number: (210) [REDACTED] Email: [REDACTED]@transactionclearing.com

Fax Number: (210) [REDACTED]

1) Identify the Merchant's official:

Business Name: GREEN TREE DATA

Business Address: [REDACTED]

Business Telephone Number: 404 [REDACTED]

Website URL: www.greentreedata.com

State(s) of Incorporation: DELEWARE

Years in Business: 0

2) In what other parts of the country does the merchant operate (outside of Qwest's 14-state area)?

AT&T and VERIZON

3) Identify the specific service you wish Qwest to bill on the merchant's behalf:

UNLIMITED LONG DISTANCE AND UNIFIED VOICE MESSAGING

4) Identify the Merchant's name, as it will appear on the Transaction Clearing bill page:

GREEN TREE DATA

5) Identify the Merchant's sub-CIC: 49

6) What are the estimated new bill volumes (per month) for this merchant? Current 200/New 1500

7) Identify the Type of Regulation Indicator (TORI) value you will use for this service:

Value 3 Non-Regulated Non-Toll Value 4 Non-Regulated Toll

8) Identify the price element(s), EMI records and bill phrases to be used for billing this service:

<input checked="" type="checkbox"/> Monthly Chg (MRC):	<u>\$12.95</u>	<u>425001</u>	<input checked="" type="checkbox"/>	Phrase: <u>GREENTREEDATA MONTHLY FEE</u>
<input checked="" type="checkbox"/> Initial Set-Up Chg:	<u>\$14.95</u>	<u>425001</u>	<input checked="" type="checkbox"/>	Phrase: <u>GREENTREEDATA SET UP FEE</u>
<input type="checkbox"/> Non-Recurring Chg:		<u>425001</u>		Phrase: _____
<input type="checkbox"/> Tax		<u>425001</u>		Phrase: _____
<input type="checkbox"/> Tax		<u>425001</u>		Phrase: _____
<input type="checkbox"/> USF		<u>425001</u>		Phrase: _____

9) How will this service be marketed to subscribers (Check all that apply)?

Outbound Telemarketing _____ Inbound Telemarketing _____

Internet Other, Identify: _____

10) Will this merchant be marketing its service to customers in Minnesota?

Yes, and billing aggregator warrants the merchant will operate in compliance with MN statute 237.665.

No, the merchant will not market its services in the state of Minnesota.

11) Will the subscriber be assessed a telephone bill "payment option fee" (bundled or separately) when electing to bill this service through the Qwest bill? Yes _____ No

If yes, identify the amount of the "payment option fee" _____

The following information will be completed by Qwest:

Disposition of Request: Approved Jan 2008 Date _____

Declined _____ Date _____

Reviewed By: [Signature] Title: Qwest Product Manager

Qwest ETS Form 5/06

QWEST ETS REQUEST PROGRAM REVIEW - CHECKLIST OF MATERIALS

This form needs to be submitted as part of the package for each merchant's ETS service program you wish Qwest to consider for billing.

Billing Aggregator:	<u>Transaction Clearing, LLC</u>
Billing Aggregator ABEC:	<u>0585</u>
Sub-CIC/Merchant Name:	<u>GREEN TREE DATA</u>
Sub-CIC Number:	<u>49</u>
Date Submitted:	<u>11/28/2007</u>

*** All merchant program materials must be submitted in hard-copy form via overnight mail.***

	Included in Package	Not Included in Package
1. Introductory Cover Letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Qwest ETS Request Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Qwest ETS Program Review Checklist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Detailed program description	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. For Telemarketed Services:		
- Telemarketing sales scripts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Third-Party Verification (TPV) Scripts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Post-Sale Customer Letter of Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Customer Fulfillment Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. For Internet Marketed Services:		
- All website Screen Prints	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Internet Order Form(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- On-line Customer Validation Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Post-Sale Customer Fulfillment Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. End User Billing Rights Declaration Materials:		
- Minnesota Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- All Other State Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. State Certification Documentation:		
- Montana	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Washington	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. All known dispute and end user adjustment information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Revised 3-23-05

RUSH

QWEST CLEARING AGENT (SUB-CIC) TABLE UPDATE REQUEST FORM

1) Submitted by: Transaction Clearing, LLC 2) Date submitted: 11/28/2007

3) Phone Number: (210) [REDACTED] 4) ADD CHANGE DELETE

5) Clearing Agent Number: 0 0 5 8 5 6) AOS (Sub-CIC) Number: 0 0 0 4 9
(required) (required)

7) Begin Date: (leave blank - Qwest will assign)
Y Y Y Y M M D D

8) End Date: 9 9 9 9 1 2 3 1 (required - enter '9999-12-31' if open ended)
Y Y Y Y M M D D

9) Clearing Agent Name: T R A N S A C T I O N C L E A R I N G
(required)

10) Call Handler (Sub-CIC) Name: G R E E N T R E E D A T A
(required)

11) Call Handler (Sub-CIC) Inquiry No: 8 0 0 [REDACTED] [REDACTED]
(optional)

12) Call Handler (Sub-CIC) URL: W W W . G R E E N T R E E D A T A . C O M
(optional)

13) Clearing Agent Entity Code: 0 5 8 5 (ETS ABEC)
(required)

To be completed by Qwest

14) Pseudo CIC Indicator: 15) No Bill Indicator:
0=NO 1=YES

To be completed by Clearing Agent

Identify the state(s) where the sub-CIC will do business within Qwest's 14-state region:

AZ <input checked="" type="checkbox"/>	CO <input checked="" type="checkbox"/>	IA <input type="checkbox"/>	ID <input checked="" type="checkbox"/>	MN <input type="checkbox"/>	MT <input type="checkbox"/>	ND <input checked="" type="checkbox"/>
NE <input checked="" type="checkbox"/>	NM <input checked="" type="checkbox"/>	OR <input checked="" type="checkbox"/>	SD <input checked="" type="checkbox"/>	UT <input checked="" type="checkbox"/>	WA <input type="checkbox"/>	WY <input checked="" type="checkbox"/>

Does the sub-CIC intend to provide "intrastate" services in any of the above states? Yes No

Does the sub-CIC intend to provide "interstate" services in any of the above states? Yes No

Specifically, will the above sub-CIC provide "intrastate" services in MT? Yes No

- If yes, they must be registered to do business in MT. Please identify if they are registered in MT.

Specifically, will the above sub-CIC provide "intrastate" services in WA? Yes No

- If yes, they must be registered to do business in WA. Please identify if they are registered in WA.

Return Completed Form via Email To: [REDACTED]@qwest.com

Date Received: _____ Date forwarded to TAAS Group: _____

QWEST ETS SUB-CIC INFORMATION FORM

Prior to billing for any ETS merchant, Qwest requires each billing aggregator, in partnership with its client (merchant), to provide certain documentation for each of the merchant's services it wishes to have Qwest consider for billing. All such documentation needs to be provided in both soft-copy and hard-copy form.

Please fill this form out completely. No incomplete form will be considered. The provision of inaccurate information may result in revocation of accepted charges without notice.

CONTENT

- I. General Information
- II. State Certification/Registration Requirements
- III. Product/Service Information
- IV. Third-Party Verification Information
- V. Inquiry Company Information
- VI. Requirements
- APPENDIX 1. Authorized Signature

I. GENERAL INFORMATION

1. Sub-CIC Name (as it will appear on the bill page) Green Tree Data

2. Registered Name (if different from No. 1 above)

3. DBA (separate with commas if more than one dba)

4. Sub-CIC Number 0049

5. Sub-CIC ACNA

6. Primary Business Location
 Address 1 [REDACTED]
 Address 2 [REDACTED]
 City Atlanta State GA Zip Code 30331

7. Primary Business Telephone Number 404 [REDACTED]

8. Primary Business Fax Number

9. Website URL www.greentreedata.com

10. State of Incorporation (abbreviate) DE

11. Charter Number

12. Date of Incorporation (m/d/yyyy) 5/29/2006

13. Years in Business 0

14. Federal Tax ID [REDACTED]

II. STATE CERTIFICATION/REGISTRATION REQUIREMENTS

1. In which Qwest state(s) will the service/product offering be marketed?

QWEST

AZ CO IA ID MN MT ND
 NE NM OR SD UT WA WY

2. In what other parts of the country does this merchant operate (outside of Qwest's 14-state area)?
 The company plans to operate across the USA in certain states.

3. Does the merchant plan to do business in either Montana or Washington? NO
 If yes, provide all documentation identifying the Service Provider/Merchant is certified/registered to do business in either or both of these states, pursuant to those state's rules.

4. Will this merchant be marketing its service to customers in Minnesota?
 Yes, and merchant warrants it will operate in compliance with MN statute 237.665.
 No, the merchant will not market its services in the state of Minnesota.

III. PRODUCT/SERVICE INFORMATION

1. Provide a detailed description of each service, including how the end user accesses and uses the specific service.

Product Name	Detailed Product Description
Green Tree Data	Unlimited long distance and unified voice messaging

2. How is the service priced, include both recurring and non-recurring elements?

The initial One -Time setup charge is \$14.95.
 The Monthly Charge (MRC) is \$12.95.

3. Identify the price element(s), and bill phrases to be used for billing this service:

<input checked="" type="checkbox"/> Monthly Charge (MRC)	Price: 12	Phrase: VOICEMESSAGING & LONGDISTANCE
<input checked="" type="checkbox"/> Initial Setup Charge	Price: 14	Phrase: SETUP FEE VM & LD
<input type="checkbox"/> Non-Recurring Charge	Price:	Phrase:
<input type="checkbox"/> Tax	Price:	Phrase:
<input type="checkbox"/> Tax	Price:	Phrase:
<input type="checkbox"/> USF	Price:	Phrase:

4. What are the estimated current and new bill volumes (per month) for this merchant?

Current: 200 New: 1500

5. How will the service be marketed and sold to end-users? Internet

- Provide copies of all related marketing materials and how they will be distributed.
- If the service is sold via the Internet, provide all screen prints of the website URL.
- If the service is telemarketed, provide copies of the telemarketing sales scripts.

6. Will the subscriber be assessed a telephone bill "payment option fee" (bundled or separately) when electing to bill this service through the Qwest bill? NO

If yes, identify the amount of the "payment option fee".

IV. THIRD-PARTY VERIFICATION (TPV) INFORMATION

1. For telemarketed services/products, Qwest requires an independent third-party verification ("TPV") be performed. Provide the TPV script detail as well as the procedures used to authenticate the End-User actually ordered and authorized the service and how this information will be shared with the end-user when a billing dispute arises. All TPV scripts for telemarketed services must incorporate the following three (3) questions (verbatim) its scripting, and, in each case, the company performing the TPV must obtain a clear and audible voice-captured "YES" response from the customer/End User.

- "Are you at least 18 years of age and are authorized to make changes and incur charges to this telephone account?"

Customer must provide a clear and audible "Yes" response to this question.

- b. "Do you understand and agree that you are giving your authorization for (insert sub-CIC's name) to bill your local phone bill in the amount of (insert actual dollar amount) each month for this service?"

Or, as appropriate, depending on the sub-CIC's service offering:

"Do you understand and agree that you are giving your authorization for (insert sub-CIC's name) to bill your local phone bill in the amount of (insert actual dollar amount) each month for this service and a one-time set-up fee of (insert actual dollar amount)?"

Customer must provide a clear and audible "Yes" response to either question.

- c. "Do you understand this/these charge(s) will appear in your local telephone bill on the Transaction Clearing bill page, billed on behalf of (insert sub-CIC's name)?"

Customer must provide a clear and audible "Yes" response to this question.

- 2. Describe and provide soft-copies and hard-copies of the End User fulfillment package materials provided to the customer/end-user after the service/product has been sold, authorized and validated.

V. INQUIRY PROCEDURES AND COMPANY INFORMATION

- 1. Provide detailed information on how the end user customer-care billing support will be handled.
CERB Guidelines Followed
- 2. What days and hours will "live personnel" customer-care support be available?

<u>DAYS</u>	<u>HOURS</u>	<u>TIME ZONE</u>
Monday - Friday	Other 8am-8pm	CST
- 3. Specifically, who (the billing aggregator, or sub-CIC/merchant) will be providing such customer-care support for the sub-CIC/merchant?
Billing Aggregator
- 4. If the billing aggregator will not be the customer-care provider of record for the sub-CIC/merchant, explain the process the billing aggregator will use to refer the customer to the merchant.
- 5. Provide historical information on the volumes of end user disputes and adjustments related to this service.

<u>Disputes</u>	<u>Adjustments</u>
0	0

VI. Requirements

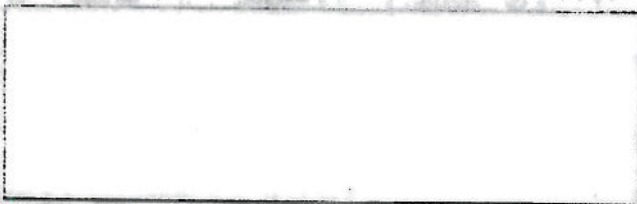
A new Sub-CIC Information Form must be completed and submitted when any changes to the Sub-CIC information provided above takes place.

[Signature required on next page]

APPENDIX I. AUTHORIZED SIGNATURE

I hereby certify that the above information and attached materials for Sub-CIC are true and accurate, and that Sub-CIC will not submit billing records in any state in which the Sub-CIC has not complied with any and all applicable registration and/or certification regulations in order to have its charges appear on the LEC local phone bill and to do business in that state.

Signature – Please keep signature within the box.



Type Name Carol Deloatch
Title President
Date (m/d/yyyy) 10/10/2007

Electronic signature will be accepted.

APPENDIX I. AUTHORIZED SIGNATURE

I hereby certify that the above information and attached materials for Sub-CIC are true and accurate, and that Sub-CIC will not submit billing records in any state in which the Sub-CIC has not complied with any and all applicable registration and/or certification regulations in order to have its charges appear on the LEC local phone bill and to do business in that state.

Signature - Please keep signature within the box.

Carl Delatch

Type Name	Carl Delatch
Title	President
Date (m/d/yyyy)	10/10/2007

Electronic signature will not be accepted.

**SUB-CIC INFORMATION FORM
FOR BILLING WITH:
(select all that apply)**

- Southwestern Bell Telephone Company, d/b/a AT&T Texas, AT&T Oklahoma, AT&T Missouri, AT&T Kansas, AT&T Arkansas:
- Pacific Bell Telephone Company, d/b/a AT&T California:
- Nevada Bell Telephone Company, d/b/a AT&T Nevada:
- Illinois Bell Telephone Company, d/b/a AT&T Illinois:
- Indiana Bell Telephone Company, Inc., d/b/a AT&T Indiana:
- Michigan Bell Telephone Company, d/b/a AT&T Michigan:
- The Ohio Bell Telephone Company, d/b/a AT&T Ohio:
- Wisconsin Bell, Inc., d/b/a AT&T Wisconsin:
- The Southern New England Telephone Company, d/b/a AT&T Connecticut:
- BellSouth Telecommunications, Inc., d/b/a AT&T Alabama, AT&T Florida, AT&T Georgia, AT&T Kentucky, AT&T Louisiana, AT&T Mississippi, AT&T North Carolina, AT&T South Carolina, AT&T Tennessee
(Collectively, the "AT&T Telcos")

(Denote with an "X" or "State Abbreviation" on which Region(s) this form is being completed.)

Please fill this information form out completely. No incomplete form will be considered. The provision of inaccurate information may result in revocation of the AT&T Telcos' acceptance of charges from the billing aggregator without notice.

1. Billing Aggregator/B&C Customer's Name: HBS
Billing Aggregator/B&C Customer's CIC: 882
2. Sub-CIC's Name: USA Photo House LLC
Sub-CIC's Number: 026
3. Sub-CIC's Company Address: 4142 Olgetown Stanton Rd Suite 617
City, State, ZIP Code: Newark DE 19713
Sub-CIC's Primary Telephone Number: 302- [REDACTED]
4. Sub-CIC's State of Incorporation: Delaware
Sub-CIC's Date of Incorporation: 2-4-2008
Sub-CIC's State Charter Number: [REDACTED]
(Attach copy of Sub-CIC's Articles of Incorporation)
Sub-CIC's Federal Tax ID: [REDACTED]
5. List the names of all current and former Officers of Sub-CIC at any time during the past 7 years (Attach additional sheets as needed)
 - President Vito Lauro, Managing Partner
 - Vice President _____
 - Chief Financial Officer _____
 - Secretary/Treasurer _____

Directors _____
 Principals _____
 Owners _____
 Partners _____

6. List the names of any and all current and former affiliates and subsidiaries of Sub-CIC, including all other company or marketing names currently and formerly employed by those affiliates and subsidiaries, as well as all other company or marketing names currently and formerly employed by this Sub-CIC. Include the names of any and all business enterprises, corporations, joint ventures or partnerships with whom any of the individuals who currently serve or have served as Officers, Directors, Principals, Owners or Partners of Sub-CIC are now or have ever been associated, and that have either generated or submitted charges to be billed on any AT&T Telcos bill.

N/A

7. a. Is the Sub-CIC currently either generating or submitting billing for inclusion on the bill to end user customers of any AT&T Telcos under a billing and collections contract?

NO

(If yes, list applicable AT&T Telcos)

7. b. Is the Sub-CIC currently either generating or submitting billing for inclusion on the bill to end user customers of any AT&T Telcos under a different Clearinghouse/Aggregator?

NO

(If yes, list Clearinghouse/Aggregator and which AT&T Telcos are applicable).

8. Have any AT&T Telco, LEC, or Clearinghouse/Aggregator ever terminated, modified, or suspended, billing for this company?

NO

Name	Reason	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 9. a) Have complaints been lodged against the Sub-CIC and/or any Officers, Directors, et al, together with any fines, penalties, or other sanctions announced or ordered (whether final, appealable, or otherwise) in the last two (2) years? This includes complaints lodged by agencies including, but not limited to the following, any and all state regulatory commissions, attorneys general, Federal Trade Commission, and/or Federal Communications Commission.

NO

If yes, list complaints and indicate whether or not the status of the complaint is final or appealable.

- 9. b) Has the company ever been involved in lawsuits, federal/state, civil or criminal, investigations related to the billing or provisioning of telecommunications- and/or information-related services in the past two (2) years?

NO

If yes, please attach a copy of each such suit, petition or investigation. In addition, provide a list of all lawsuits and federal and/or state civil or criminal suits or investigation currently anticipated to be filed or announced within the next twelve (12) months that may involve either your company or any of your officers, directors, partners or owners, in their current capacity or otherwise.

- 10. List your percentage of adjustments by a) billed revenue (dollars adjusted divided by total billed revenue) and b) bills rendered (number adjustments divided by total bills rendered) in the last six (6) months.

NO

% of Adjustments by Billed Revenue	% of Adjustments by Bills Rendered
_____	_____

- 11. Type of Business (check all that apply):

- DXC Reseller OSP COCOT 900 (Pay per Call)
- Cellular Inmate
- Other - Explain: Enhanced Service Provider

Type of products/services to be billed (If 900, describe service in detail - Preamble must be submitted in writing, per marketing material requirements):

Online Photo Storage

Preamble Form:



12. Estimated volume of bills rendered on a monthly basis:
Southeast Region (AL, FL, GA, KY, LA, MS, NC, SC, TN):
5000

All other regions (AR, CA, CT, IL, IN, KS, MI, MO, NV, OH, OK, TX, WI):
15000

13. Inquiry Company Name: HBS
Address: 7411 John Smith Drive
City, State, ZIP Code: San Antonio TX 78229
Telephone Number: 800-687-5401
Hours of Operation: 7-7 CST

14. Describe the inquiry procedures concerning customer satisfaction and adjustments:
Customers may cancel service at any time and request adjustments by contacting customer service.

15. Name, Address and Telephone Number of company providing independent third party sales verification for products and services (if applicable):

Name: _____
Address: _____
City, State, ZIP Code: _____
Telephone Number: _____

Relationship of Sub-CIC to sales verification company:

16. Mark with an "X" the states in which the Sub-CIC is operating and requesting billing services:

<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AR	<input checked="" type="checkbox"/> CA	<input checked="" type="checkbox"/> CT	<input checked="" type="checkbox"/> FL
<input checked="" type="checkbox"/> GA	<input checked="" type="checkbox"/> IL	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> KS	<input checked="" type="checkbox"/> KY
<input checked="" type="checkbox"/> LA	<input checked="" type="checkbox"/> MI	<input checked="" type="checkbox"/> MO	<input checked="" type="checkbox"/> MS	<input checked="" type="checkbox"/> NC
<input checked="" type="checkbox"/> NV	<input checked="" type="checkbox"/> OH	<input checked="" type="checkbox"/> OK	<input checked="" type="checkbox"/> SC	<input checked="" type="checkbox"/> TN
<input checked="" type="checkbox"/> TX	<input checked="" type="checkbox"/> WI			

Note: Separate Sub-Entry Change/Request Form should be attached for each AT&T Telcos.

Provide proof of Public Utility/Service Commission certification/registration (as required) for each state indicated above in which billing will be submitted.

17. Provide proof of registration with the Secretary of State's office, and any DBA (Doing Business As) or Fictitious Business Name Statement(s) registered and filed within applicable jurisdictions e.g., county, state for person(s) is (are) doing business as (dba) for the states in which your company plans to submit billing.

The AT&T Telcos reserve the right to verify the information provided on this Form and to seek additional information when such may be warranted. Sub-CIC Company understands that the AT&T Telcos have no obligation to make such verification prior to acceptance of this Sub-CIC application form and that such acceptance does not constitute either verification of the accuracy of the information provided or grounds for detrimental reliance if such acceptance is later withdrawn. Sub-CIC Company understands this form does not constitute a contract or obligation, of any sort, on the part of the AT&T Telcos to bill the Sub-CIC's charges, that the only billing and collection contract had with the AT&T Telcos is by the billing aggregator, and that the AT&T Telcos retain the right to refuse to commence or suspend acceptance for the billing aggregator, at any time and without prior notice, for any reason and no reason, of billing generated by or on behalf of Sub-CIC Company, as a result of complaints received, concerns raised by the information contained herein, or if the information provided herein by Sub-CIC Company is either inaccurate, misleading, incomplete, or false, when submitted, or becomes inaccurate, misleading, incomplete or false at some future date and is not supplemented, in a timely fashion, by Sub-CIC Company, so as to make it full, complete, accurate and not misleading. Sub-CIC Company also acknowledges that the AT&T Telcos reserve the right to contact customers billed by Sub-CIC Company to verify that the customer did authorize charges submitted to the AT&T Telcos for billing.

Sub-CIC company will include a disclaimer in information imparted to end users which will be similar to those below and will contain all information noted, with respect to the states noted.

"You have the right to dispute the (company name) charges billed on your local telephone bill. You are not legally responsible for (company name) charges incurred by minors or vulnerable adults without your consent. Your local telephone service will not be disconnected because you fail to pay a charge by (company name), except that nonpayment of certain regulated telecommunications charges may result in disconnection of service in Alabama, Florida, Georgia, Kentucky, Louisiana, South Carolina and Tennessee."

In the event a free trial is offered for any period of time before the commencement of billing on the Telco bill, the Disclaimer Statement must also advise that the AT&T Telco end user will be contacted prior to the commencement of that billing to ensure the Telco end user is willing to accept the charges for that product for which the free trial was offered and accepted.

The applicable Disclaimer Statement above will be presented in the TPV if sale was via Telemarketing, on the Ordering Page if the sale was received via a web link (on-line) and will also be contained in the Confirmation Letter and/or Email to the end user.

* Company Signature: Vito Lauro
 Name: Vito Lauro
 Title: Managing Partner
 Date: 6/18/08

A new Information Form must be completed and submitted when any changes to the information provided within takes place.