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IMPORTANT CUSTOMER NOTICE

Effective December 8, 2007, the FCC implemented new rules to protect the privacy of information contained in your account with The Arthur Mutual Telephone Company/artelcom Communications. The new rules allow us to discuss account information only with the person(s) listed on the account. Also, we must be able to authenticate that person and will do that by asking a specific question to which you have previously provided us the answer.

Although we have always treated your account information with confidentiality, please help us in our effort to further ensure that we protect the information, by completing the following:

Verbal Password: (to verify identity when you call or stop in)  _____

Question for authentication #1: What was your first car? _____

Question for authentication #2: What is your Mother's maiden name? _____

Question for authentication #3: What is the name of your favorite pet? _____

Question for authentication #4: What is your best friend's name? _____

Question for authentication #5: What place would you most like to visit? _____

If your account is listed only in your name, you might want to consider adding another name, if appropriate, e.g., a spouse or a roommate. If you are a parent or individual that relies on someone else to discuss account changes, payments or anything else with our company, you will need to have that person's name added to your account. The name does not need to be added to the billing name but can be added to our records as an authorized person for discussing information and making changes to your account.

_____ **No**, I do not want to add any additional authorized contacts to my account(s).

_____ **Yes**, I would like to add the following as authorized contacts for my account(s):

Phone number associated with  account _____


Home phone _____ Cell # _____

Name of 1st authorized contact: _____ their telephone #: _____

Name of 2nd authorized contact: _____ their telephone #: _____

Name of 3rd authorized contact: _____ their telephone #: _____

I wish to receive all marketing from  third party affiliates. **Opt-In ALL**

I wish to receive marketing only from  in regards to deregulated offerings. **Opt-In INHSE**

I do not wish to receive any marketing from any party. **Opt-Out**

Authorized by (Sign Here): _____

Print Name: _____ **Date:** _____

Your Address: _____