

AFFIDAVIT

I, Luis Segovia, a natural person, do hereby swear and affirm that I am an officer or general partner of Applicant and that the following information and statements are true and correct to the best of my knowledge and belief:

(1) Applicant's basic information:

Legal Name	Claro Enterprise Solutions, LLC
Principal Place of Business	3350 SW 148th Ave. Ste. 400, Miramar, FL 33027
Principal Executive Officers	Jorge Rodriguez, President; Luis Segovia, Controller

(2) Area where the Applicant proposes to offer telecommunications or IVoIP services:

Identify area by local telephone company exchange, in whole or in part:	All areas in Missouri
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(3) That the Applicant is legally, financially, and technically qualified to provide the requested authorization to provide the indicated telecommunications and/or interconnected voice over internet protocol services;

(4) That the Applicant is ready, willing, able, and will comply with all applicable state and federal laws and regulations imposed upon providers of the indicated telecommunications and/or interconnected voice over Internet protocol services;

(5) That the Applicant will comply with applicable assessment requirements.

These assessments include but are not necessarily limited to:

- (a) Relay Missouri assessment requirements identified in 4 CSR 240-28.050(3);

(b) Missouri universal service fund assessment requirements identified in 4 CSR 240-28.050(2);

(c) Missouri Public Service Commission assessment requirements identified in 4 CSR 240-28.050(1);

(d) Local enhanced 911;

(e) Any applicable license tax;

(6) That the Applicant will comply with applicable reporting requirements identified in 4 CSR 240-28.040 including maintaining an updated list of company contacts in the Missouri Commission's Electronic Filing and Information System;

(7) That the Applicant has established a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints;

and

(8) The Applicant's service meets the criteria as defined within §386.020 for the indicated services sought for certification and/or registration.

This concludes my affidavit.



____ Luis Segovia _____
Printed Name
____ Controller _____
(Title)

State of Florida

County of Broward

Subscribed and sworn before me this 10 day of July, 2018.

Cori H. Reitman
Notary Public

Notary Seal:

