

AFFIDAVIT

I, Paul Ciaramitaro, 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	Mitel Cloud Services, Inc.	
Principal Place of Business	1146 N. Alma School Road, Mesa, AZ 85201-3000	
Principal Executive Officers	Bob Agnes	President
	Greg Hiscock	Secretary
	Paul Ciaramitaro	Treasurer

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

Identify area by local telephone company exchange, in whole or in part:	Statewide
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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.


Signature
PAUL CARAMITARO
Printed Name
TREASURER
(Title)

State of
County of
Subscribed and sworn before me this 5TH day of FEBRUARY, 2019.

Courtney Brown
Notary Public

Notary Seal:

