AFFIDAVIT

1, Andrea Nyhus	, a natural person, do			
hereby swear and affirm that I am an officer or general p	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	Voyant Communications, LLC
Principal Place of Business	2300 Berkshire Lane, Suite 4, Plymouth, MN 55441
Principal Executive Officers	Justin Nelson, President; John Hanna, COO, and Andrea Nyhus, CFO

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

1				1 1	1 1 - 1	The autimorates
	Identify	area	by	local	telephone	The entire state
	company	y excha	nge,	in whol	e or in part:	

- (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 Andrea Maria
Andrea Myhrus
Printed Name
(Title)

State of _Minnesota_____ County of _Hennepin____ Subscribed and sworn before me this <u>27</u> day of _November ____, 2017___.

Ban M. Prom



Notary Public

Notary Seal:

