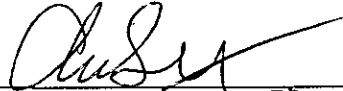


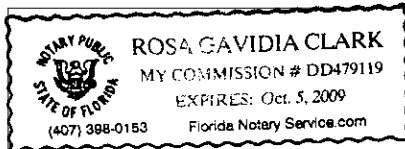
State of Florida )  
 )  
County of Broward )  
\_\_\_\_\_ )

**VERIFICATION**

I, Chris S. Barton, being duly sworn, declare that I am the President of Wholesale Carrier Services, Inc., the Applicant. I verify that, based upon information and belief, I have knowledge of the statements in the foregoing Application, and I declare that they are true and correct.

  
\_\_\_\_\_  
Chris S. Barton  
President

Sworn to before me, the undersigned Notary Public on this  
\_\_\_\_\_ 18 \_\_\_\_\_ day of \_\_\_\_\_ January, 2008.



  
\_\_\_\_\_  
Notary Public

  
\_\_\_\_\_  
Print or Type Name

My commission expires:  
\_\_\_\_\_ Oct 5, 2009 \_\_\_\_\_