

Annual Report of Teleconnect Long Distance Services and Systems Company
for the calendar year of January 1 - December 31, 2014

VERIFICATION

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver of the company. The oath required may be taken before any person authorized to administer an oath (Notary Public) by the laws of the State in which the same is taken.

OATH

State Of California }

County Of San Francisco }

ss:

Haleh Davary makes oath and says that
Name of Affiant (Company Official/Representative)

s/he is Regulatory Analyst
Official Title of the Affiant (Company Official/Representative)

of Teleconnect Long Distance Services and Systems Company
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at 201 Spear Street, 7th Fl, San Francisco, CA 94105, (415) 228-1072 PUBLIC
Address and Telephone Number of the Affiant (Company Official/Representative)

that s/he has 1) examined the foregoing report; to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent, and 2) examined (and updated as applicable) the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct.

from January 1, 2014, to and including December 31, 2014
Month/Day Year Month/Day Year

Haleh Davary
Signature of Affiant (Company Official/Representative)

Subscribed and sworn to before me, a Notary Public, in and for the State and County above named,

this 10th day of April, 2015

My Commission expires 08/13, 2015

**Please see
attached
California Jurat**

T. Wi
Signature of Notary Public

Missouri Revised Statutes § 392.210 or §393.140

When filing this form electronically, electronic signatures are acceptable. See the instructions for details.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Francisco

Subscribed and sworn to (or affirmed) before me

on this _____ day of _____, 20____,
by _____ Date _____ Month _____ Year _____

(1) HALEH DAVARY

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature T. Lewis
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Verification Document Date: 4/10/15

Number of Pages: 1 Signer(s) Other Than Named Above: _____