

## AFFIDAVIT

I, Debra Freitas, a natural person, do hereby swear or 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, Including d/b/a, if Applicable	<b>LIGHT SOURCE COMMUNICATIONS OF MICHIGAN, LLC</b>
Principal Place of Business	<b>16737 Anderson Dr, Southgate, MI 48195</b>
Principal Executive Officers	<b>Debra Freitas, Daniel Enright, Pete Empie and Joseph Patton</b>

(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
---	-----------

(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 20 CSR 4240-28.012(2)(C);
- (b) Missouri universal service fund assessment requirements identified in 20 CSR 4240-28.012(2)(B);
- (c) Missouri Public Service Commission assessment requirements identified in 20 CSR 4240-28.012(2)(A);
- (d) Local enhanced 911;
- (e) Any applicable license tax;

(6) That the Applicant will comply with applicable reporting requirements identified in 20 CSR 4240-28.012 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.

(9) The undersigned requests waiver of Rule 4.017 for good cause. By signing this form, I hereby certify that neither I, nor any other members of this filing party, has had communications with a Commissioner, Commissioner Advisor, Regulatory Law Judge, or any member of their support team in the one hundred fifty (150) days prior to the filing date of this application regarding any substantive issue included in this filing.

This concludes my affidavit.



Debra Freitas

Printed Name

CEO

(Title)

State of MICHIGAN

County of WAYNE

Subscribed and sworn before me this 29 day of August, 2024.

Medley Calleja

Notary Public

Notary Seal:

