

BSLs for Served Info Request Attestation Form

By signing this BSLs for Served Info Request Attestation Form ("Form") below, I certify that I am an authorized representative of the provider indicated below ("Provider"), and in that capacity I have the authority to bind the Provider to the assertions, representations, and information supplied by the Provider in response to the accompanying Notice: Opportunity for Broadband Service Providers to Evidence BEAD Classification Changes, dated June 18, 2025 ("Notice"). I also certify that I have read and understand the Notice contents, instructions, requirements, and all responses and information supplied by the Provider in response to the Notice in their entirety and that I have actual knowledge of the information upon which the Provider's responses are based. I further understand and agree that any responses supplied by the Provider in response to the Notice binds the Provider to the responses, assertions, and all information provided or indicated therein. I certify that the information provided, certified to, or attested to in this Form and the accompanying information response(s) to the Notice is accurate, complete, and based on reasonable inquiry of people, systems, and other information available to me, as an authorized representative of the Provider. I further acknowledge that any materially false, fictitious, fraudulent statement, representation (or concealment or omission of a material fact), or false writing or document supplied by the Provider in this Form or in response to the Notice, may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended 18 U.S.C. 1001, and also may subject me and the Provider to civil penalties, damages, and administrative remedies for false claims or otherwise (including under 31 U.S.C. 3729 et seq.).

Provider Company Name

Authorized Representative Signature

Authorized Representative Printed Name and Title

Date