



To Our Valued Customers:

MISSOURICOM respects the privacy of our customers and our employees do everything possible to protect information that may be found in your account records. The Federal Communications Commission developed new rules in 2007 that require certain steps be taken to protect Customer Proprietary Network Information (CPNI).

CPNI rules require that every customer be given the opportunity to create a password, which most of you have done. For added convenience, below are alternative identity verification methods, in addition to your password, which may be used for us to discuss or provide you with CPNI:

- MISSOURICOM can send the CPNI to the address of record that we have on file for you.
- MISSOURICOM can call you back at the telephone number of record from which your service is derived.
- MISSOURICOM may disclose CPNI to you, or one of your authorized representatives, at our business office with a valid photo ID matching a name listed on the account. Note that we are only authorized to disclose CPNI to the individual(s) listed on the account with a valid photo ID.

We encourage you to establish your *own* password and share it only with the persons you trust to have access to your account. This will allow for easier retrieval of your account information.

Implementation of the new FCC rules has not interfered with our quality of customer service. If you wish to receive additional information regarding CPNI rules and how they are implemented at MISSOURICOM, please call at 844.384.MCOM.

Sincerely,

MISSOURICOM

Establishment of Account Password

So that MISSOURICOM employees are free to discuss and/or provide Customer Proprietary Network Information (CPNI) to me during a call that I initiate to your business office, please establish the following password for my account.

Password: _____

Should I forget or lose my password, please use the following question to authenticate my password.

Please choose only **ONE** of the following secret questions to answer.

1. What was your first vehicle? _____
2. What is your favorite color? _____
3. What is your favorite holiday? _____
4. What is your favorite sports team? _____
5. What was your childhood pet's name? _____

Primary Customer Name: _____

Secondary Customer Name: _____

Additional Authorized Contacts: _____

Telephone Number: _____

Account number: _____

Authorized Signature: _____

Date: ____/____/____

Please return completed form to:

MISSOURICOM

PO Box 175

New Florence, MO 63363

Contact telephone number for questions: 1-844-384.MCOM