

WFN Service Order

Administrative Information			
Contract Status <input type="checkbox"/> Master Services Agreement Attached OR <input checked="" type="checkbox"/> On file		Order Type <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Disco <input type="checkbox"/> Upgrade <input type="checkbox"/> Downgrade <input type="checkbox"/> Renewal <input type="checkbox"/> Work Order <input type="checkbox"/> Promotion	
Customer Information Customer Name: Western FiberNet Order Contact: Luke Geddes 435-263-0750 Tech / Design Contact: _____ Test / Turnup Contact: _____ Billing Contact: Calvin Shelley Billing Address: 136 South Main St. Suite 300 City, State, Zip: Salt Lake City, UT 84101 Customer Order No: _____		Order # Kct ID for Disco, Up/Downgrade: WFN00554 LEC: CentraCom	
Carrier Customers Only CIO/OCN Code: _____ <input checked="" type="checkbox"/> OC Requested <input type="checkbox"/> LR Requested <input type="checkbox"/> OA Requested		Order Date: 1/20/17 Due Date: ASAP Requested Due Date: 1/20/17 Circuit Accept Date: _____ Related Order(s): _____ Form Completed By: Luke Geddes <small>(Please type your name here)</small>	

Transport & Service Information					
Electrical Services <input type="checkbox"/> DS-1 <input type="checkbox"/> DS-3 (Non Muxed) <input type="checkbox"/> STS / VT1.5 <input type="checkbox"/> DS-3 (Muxed) <input type="checkbox"/> STS Idaho <input type="checkbox"/> POTS Line Coding / Framing: _____ / _____ Circuit Qty: <u>1</u>		Optical Services <input type="checkbox"/> OC-3 <input type="checkbox"/> OC-3c <input type="checkbox"/> OC-12 <input type="checkbox"/> OC-12c <input type="checkbox"/> OC-48 <input type="checkbox"/> OC-48c <input type="checkbox"/> OC-192 <input type="checkbox"/> OC-192c Co-location Services <input type="checkbox"/> Full Cabinet <input type="checkbox"/> Half Cabinet <input type="checkbox"/> One Third Cabinet <input type="checkbox"/> Custom Rack Space (ICB) Co-lo Power Options: _____ Co-lo Cross Connect: _____		Transport Delivery Options <input checked="" type="checkbox"/> Unprotected <input type="checkbox"/> Protected Select One: _____ Jurisdiction/Traffic (PIU): _____ <input checked="" type="checkbox"/> Interstate (FCC) <input type="checkbox"/> Intrastate (PUC) <input checked="" type="checkbox"/> Single Mode <input type="checkbox"/> Copper / RJ-45 Ethernet Hand-off: 1000 Mbps Ethernet Ethernet Bandwidth: 200 Mbps GoS/CoS Options GoS Template: _____ ATM/Frame VCC/PVC Bandwidth: _____ <input type="checkbox"/> DSL DSL Bandwidth: _____	

Network Service Details		
<input checked="" type="checkbox"/> Private Line <input type="checkbox"/> WAN: MPLS Business Port <input type="checkbox"/> SS7 (Provide Point Code Details Below) <input type="checkbox"/> ATM/Frame (Indicate VCC/PVC Requirements Below) <input type="checkbox"/> WAN: MPLS Advanced Port <input type="checkbox"/> Toll (Provide Details Below) <input type="checkbox"/> IP (Indicate IP Addressing Requirements Below) <input type="checkbox"/> WAN: MPLS Multi-Service Port <input checked="" type="checkbox"/> Ethernet		

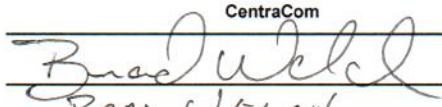
Upgrade of 100 Mb circuit on a 1 Gig port at the cell site to 200Mbps. Use existing VLANS 2479/479 and add additional VLANS 2509/509 at 100Mbps

Location Information		
	A LOC	Z LOC
Site ID		SL01087B Grantsville
Phys. Address	136 S Main St (The Kearns Building)	1987 West Solar Road
Floor/Suite/Relay Rack		
City	Salt Lake City	Grantsville
State / Zip Code	UT / 84101	UT, 84029
LAT/LONG		40.70595833, -112.512836
Extended Demarc? Yes / No*	No	
Extended Demarc/Rm/Fir		
Site Contact	Matt Curtis	
Site Phone No.	435-783-4976	
Maint. Contact		
Maint. Phone No		
Local Contact Name		
Local Contact Phone No.		

Pricing and Charges	
Monthly Recurring Charges	\$2,460.00
Non-Recurring Charges	\$0.00
Special Construction	\$0.00
Contract Term (Months)	Original 60 MO
Sales Rep	_____

*Service Extension (Type I or II): Any additional charges incurred for requested demarc extensions will be passed on to customer. Please provide details below.

Remarks - Please provide a narrative description of the service being ordered

Western FiberNet Company: _____ Signature: _____ Printed Name: Brock Johansen Title: President Date: _____	CentraCom Company: _____ Signature:  Printed Name: BRAD WELCH Title: Asst GM Date: 1/20/17
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