

(1) TELECOMMUNICATIONS SERVICE ACCESSIBILITY SURVEY

Dear Swiftel Customer:

In an effort to ensure that all of our customers with disabilities are able to effectively use our telecommunications services, we're reaching out to collect information and provide the opportunity for suggestions on how we can improve our offerings in that regard.

If you or someone in your household has a hearing, vision, movement, manipulative, speech, cognitive, or similar disability, we invite you to provide us with the following information:

- 1) A brief description of the disability and how it is causing difficulty using our services;
- 2) A list of services that are affected;
- 3) Any suggestions you might have on what available solutions might be able to reduce or eliminate these difficulties; and
- 4) Whether the individual having the disability is willing to be contacted further by a Swiftel representative (and, if so, the best time and manner to do so).

Providing us with this information is purely voluntary, and we will not share it with anyone outside of the company. The sole purpose of collecting this information is to give us a better perspective on the needs of our customers with disabilities and how we can better suit their needs.

If you would like to provide us with information, please simply fill out this form and mail it back to us at: Swiftel Communications, PO Box 588, Brookings, SD 57006, Attn. Finance & Accounting Manager. Alternatively, you can contact a customer service representative at 692 - 6211 (Press option 1 for Residential Sales) and provide the information verbally.

We're dedicated to bringing all of our customers the best, most modern services available, and we appreciate your taking the time to help us get there.

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NAME: _____

PHONE NUMBER: _____

1) Briefly describe the disability of the member of your household and how it is affecting his or her use of our services:

2) Please check the services with which your household member is experiencing difficulty due to his or her disability.

- | | | |
|---|--|--|
| <input type="checkbox"/> Local exchange voice | <input type="checkbox"/> Tone - and - Voice Paging | <input type="checkbox"/> Call monitoring |
| <input type="checkbox"/> Long distance toll calls | <input type="checkbox"/> Vibrating Paging | <input type="checkbox"/> Caller ID |
| <input type="checkbox"/> Cellular voice service | <input type="checkbox"/> Call waiting | <input type="checkbox"/> Call tracing |
| <input type="checkbox"/> Cellular text messages | <input type="checkbox"/> Speed dialing | <input type="checkbox"/> Repeat dialing |
| <input type="checkbox"/> Tone - only Paging | <input type="checkbox"/> Call forwarding | <input type="checkbox"/> Interactive voice |
| <input type="checkbox"/> Alphanumeric Paging | <input type="checkbox"/> Directory assistance | <input type="checkbox"/> Voice mail |

3) Are you aware of any devices or services that could help alleviate these difficulties?

4) May we contact you further about accessibility issues? YES NO

5) What is the best time and manner to contact you?
