

FCC Form 2301 (b)

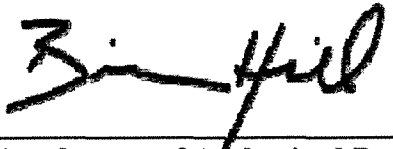
Estimated Time Per Response: 5 Hours

REVISION

Inmate Calling Services Annual Certification Form

Please Read Instructions Before Completing

(To Be Completed by Service Provider)

1. Name of Service Provider Legacy Long Distance International, Inc. dba Edovo	2. Reporting Year 2017	
3. Officer Name, Title Brian Hill, CEO		
4. Mailing Address of Officer Street Address 10833 Valley View Street, Suite 150		
City Cypress	State CA	Zip Code 90630
5. Telephone Number 602-403-9905		
6. Email Address brian@edovo.com		
Block 2: Certification		
<p>The chief executive officer (CEO), chief financial officer (CFO), or other senior executive with first-hand knowledge of the accuracy and completeness of the information provided must certify as follows:</p> <p>I swear under penalty of perjury that:</p> <ul style="list-style-type: none">(i) I, <u>Brian Hill, CEO</u> (name and title), am an officer of the above-named service provider and am authorized to submit the attached Annual Reports on behalf of the service provider;(ii) I have examined the attached Annual Reporting Forms and all requested information has been provided;(iii) Based on information known to me, or provided to me by employees responsible for the data being submitted, all statements of fact, as well as all data, are true and accurate; and(iv) The above-named service provider is in compliance with the Federal Communications Commission's rules governing inmate calling services (ICS). I acknowledge that failure to comply with the rules governing ICS may result in civil or criminal prosecution.		
9. Signature of Authorized Person 	10. Date 10/31/2019	
11. Printed name of Authorized Person Brian Hill		