



**NOTICE REGARDING YOUR RIGHTS TO PRIVACY OF
INFORMATION**

To the Customers of **TransWorld Network, Corp:**

The Federal Communications Commission (FCC) has adopted certain rules pertaining to the information that we possess concerning the communications-related services we provide to you, known as Customer Proprietary Network Information or CPNI. This includes such things as the type and quantity of the services you subscribe to, the equipment and facilities used, and the numbers, dates, times and durations of the calls you place. This letter is to inform you of our policies in this regard, and your rights to protect the information about the telecommunications services you receive from us.

We have adopted a policy, as allowed by the FCC, whereby we will assume that our customers have consented to the use and sharing of their CPNI by us, our agents, affiliated companies and joint venture partners providing communications-related services, unless you object to such use. This data allows us to give you more personalized service and to offer to you the products and services that may be of most use to you or provide cost savings. You have the right under federal law to restrict the use of CPNI data, and we have a duty to protect your data.

If you wish to restrict the use of your CPNI data, you must contact us in writing at the following address within 30 days of receiving this notification. Your restriction of this CPNI data will not affect the service or services to which you subscribe. This restriction of use of your CPNI data, or your decision not to restrict such use, will remain valid until you contact us to revoke such decision in writing. In two years, we will provide another CPNI notice. If you have any further questions about CPNI, please call us at (800) 950-3015.

TransWorld Network, Corp
Attention: CPNI Management
255 Pine Ave N
Oldsmar, FL 34677

I DO NOT consent to the use of my proprietary information (CPNI) by TransWorld Network Corp., its agents, affiliated companies, and joint venture partners.

Name _____ Phone # _____

Signature _____ Date _____