Approved by OMB 3060–1029

DATA NETWORK IDENTIFICATION CODE FILING FOR OFFICIAL USE ONLY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: BRAIN BRAIN

1. Applic	cant			
	Name:	BRAIN BRAIN	Phone Number:	
	DBA Name:		Fax Number:	
	Street:	PO BOX 1112	E-Mail:	
	City:	WOODSTOCK	State:	IL
	Country:	USA	Zipcode:	60098 -1112
	Attention:	Ms BRAIN BRAIN		

2. Contac	t							
	Name:	BRAIN GAYLORD	Phone N	lumber:	224-356-4947			
	Company:	BRAIN BRAIN	Fax Nur	nber:	224-356-4947	224–356–4947		
	Street:	PO BOX 1112	E-Mail:	:	BRAINBRAIN@USA.COM			
	City:	WOODSTOCK	State:		IL			
	Country:	USA	Zipcode	:	60098 -1112			
	Attention:	BRAIN BRAIN	Relation		Same			
3 Type R	Request			4. Reassign				
	3. Type Request			Reason:				
• New		• Reassign		From Company:				
Note: Ple	ase submit any	v needed attachments for the gi	ven request	To Company:				
type:	case sublint any	needed attachments for the gr						
	Attac	hment 1: FCN		From Code:	To Code:			
		Attachment 2:						
Attachment 3:								
5. Network Name BRAIN GAYLORD BRAIN								

6. International Service	CARRIER		
7. Action Requested	(If the complete description does not appear in this box, please go to the end of the form	to view it in	its entirety.)
DNIC CODE ASSIGN	JMENT		
reassignment. Unless this of	excess of 18 months without implementation must be returned to this Administrator for ffice is specifically notified of the actual implementation of assignments, it will be ntations did not occur and such assignments will be available for reassignment. I have read ions.	• Yes	O No
	assignments are provisional and that nobody has a property right in a DNIC. I am aware e an assigned DNIC and reassign it to another person.	• Yes	O No
10. I certify that all necessar	y local, state, and federal authorizations needed have been obtained.	• Yes	O No

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