OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MAY 25, 2011 0356434-7

ILLINOIS CORPORATION SERVICE C
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703-4261

RE ZONE TELECOM, LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE APPROVED APPLICATION FOR ADMISSION.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF QUALIFICATION NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A $300 PENALTY AND/OR REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT WWW.CYBERDRIVEILLINOIS.COM TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

Jesse White

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

Form **LLC-45.5**
June 2010

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act

Application for Admission to Transact Business

SUBMIT IN DUPLICATE
Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: $500
Penalty: $
Approved:

FILE #: 0356434-7
This space for use by Secretary of State.

1. Limited Liability Company Name: Zone Telecom, LLC

2. Assumed Name: _____
(This item is only applicable if the company name in item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of Organization: Delaware

4. Date of Organization: 06/13/2000

5. Period of Duration: Perpetual
(Enter Perpetual unless there is a Date of Dissolution provided in the agreement, in which case enter that date.)

6. Address of the Office required to be maintained in the jurisdiction of its organization or, if not required, of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)
3130 Pleasant Run
Number Street Suite #
Springfield, IL 62711
City,State ZIP Code

7. Registered Agent: Illinois Corporation Service Company
First Name Middle Name Last Name

Registered Office: 801 Adlai Stevenson Drive
(P.O. Box alone or c/o is unacceptable.)
Number Street Suite #
Springfield Illinois 62703
City Zip Code

8. If applicable, Date on which Company first conducted business in Illinois: Upon qualification

(continued on back)

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9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois:
Telecommunications and the transaction of any other lawful business.

10. The Limited Liability Company: (check one)

a. ☐ is managed by the **manager(s)** (List names and addresses.)

b. ☒ has management vested in the **members(s)** (List names and addresses.)
ANZ Communications, LLC, 3130 Pleasant Run, Springfield, IL 62711

11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

12. **This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or county wherein the LLC is formed.**

13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: 04/15/2011
Month, Day, Year

Signature

Joseph E. O'Hara II, Authorized Person
Name and Title (type or print)

ANZ Communications, LLC, Member
If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.

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