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September 12, 2013

VIA E-DOCKET

Ms. Elizabeth A. Rolando
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, IL 62701-1827
(217) 782-7434

Re: Application for a Certificate to Become a Telecommunications Carrier Within the State of Illinois for Mobile Net POSA, Inc. d/b/a Jolt Mobile and Expo Mobile

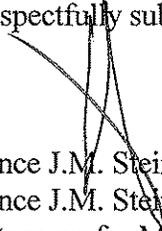
Dear Ms. Rolando:

Enclosed please find one original of the Application for a Certificate to Become a Telecommunications Carrier Within the State of Illinois for Mobile Net POSA, Inc. d/b/a Jolt Mobile and Expo Mobile.

Please acknowledge receipt via return e-mail.

If you have any questions or if I may provide you with additional information, please contact me at the above address or telephone number. Thank you for your attention to this matter.

Respectfully submitted,


Lance J.M. Steinhart, Esq.
Lance J.M. Steinhart, P.C.
Attorneys for Mobile Net POSA, Inc. d/b/a Jolt Mobile and
Expo Mobile

Enclosures

cc: Sharoz Yroshalmiane
Karen Chang

(Applicant's Name) :
:
Application for a certificate of :
(local, interexchange, and/or wireless) :
Authority to operate as a (reseller :
and/or facilities based carrier) of :
telecommunications services :
in (list specific area) in the :
State of Illinois. :

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

I. GENERAL (To be completed by All Applicants)

1. Applicant's Name (including d/b/a, if any) FEIN # 27-3196508
Mobile Net POSA, Inc. d/b/a Jolt Mobile and Expo Mobile

Address: Street 700 South Flower St. #420
City Los Angeles State/Zip CA 90017

Note: Assumed business names must be provided if and only if registered with the Illinois Secretary of State's Office.

2. Authority Requested: (Mark all that apply)

Interexchange Service (Authorities: See Sections 13-401, 13-403 and 13-404 of the IPUA)

- Facilities Based Prepaid Interexchange Service
- Facilities Based Non-Prepaid Interexchange Service
- Resold Prepaid Interexchange Service
- Resold Non-Prepaid Interexchange Service
- Interexchange Public Pay Telephone Service

Local Exchange Service (Authorities: See Sections 13-401, 13-404, and 13-405 of the IPUA)

- Facilities Based Prepaid Local Exchange Service
- Facilities Based Non-Prepaid Local Exchange Service
- Resold Prepaid Local Exchange Service
- Resold Non-Prepaid Local Exchange Service
- Local Exchange Public Pay Telephone Service

Cellular Radio/Wireless Telephone Service (*Authorities: See Section 13-401 of the IPUA*)

FCC Permitted or Licensed Prepaid Cellular Radio/Wireless Telephone Service

FCC Permitted or Licensed Non-Prepaid Cellular Radio/Wireless Telephone Svc.

Resold Prepaid Cellular Radio/Wireless Telephone Service

Resold Non-Prepaid Cellular Radio/Wireless Telephone Service

Other Telecommunications Services (Specify) (*Authorities: See Section 13-401 of the IPUA*)

3. For each service that the Applicant is requesting authority to provide, please specify the area or areas of the State for which the applicant is seeking authority to provide such service and the services (as designed in question 2 above) that will be provided in each area.

In areas covered by Sprint and T-Mobile.

4. Contact Information - Please provide contact information, including name(s), address(es), telephone number(s), and e-mail address(es), for personnel or entities responsible for the areas below:

- a) Issues related to processing this application;
- b) Designated agent (*Note: Applicants must have an Illinois In-State Designated Agent listed. An additional Out-of-State Designate Agent is permitted, but not required.*)
- c) Business Operations (*Note: The contact numbers reported in this questionnaire are intended to be used by the ICC Staff to contact the Applicant as issues arise. They are not intended to be contact numbers used by customers or the general public. If separate contacts apply for different issue areas, please report the separate numbers by issue below.*)
 - i) Consumer issues;
 - ii) Customer complaint resolution;
 - iii) Technical and service quality issues;
 - iv) "Tariff" and pricing issues;
 - v) 9-1-1 issues;
 - vi) Security/law enforcement issues;
 - vii) Regulatory issues.

Note: The name and contact information above must be kept current. Changes in the applicants Designated Agent(s) should be directed to the Chief Clerk's Office of the ICC at 217-782-7434. All other changes should be directed to the Telecommunications Division of the ICC at 217-524-5073.

See Attachment A

5. How is the Applicant organized?

Individual

Partnership

Corporation:

Date Corporation was formed: 07/21/2010

State of incorporation: California

Other (Specify) _____

6. Please attach a copy of articles of incorporation. Applicants that are not Illinois corporations should also submit a copy of its Certificate of Authority to Transact Business in Illinois as issued by the Secretary of State. See **Attachment B**

7. Has the Applicant been issued by the Federal Communications Commission a construction permit or an operating license to construct or operate a cellular radio system in the areas, or a portion of the area, for which the Applicant seeks a Certificate of Service Authority?

YES NO

If YES, please provide all relevant license or permit numbers:

8. Does applicant represent that it will comply with all current and future applicable Illinois and Federal laws, rules, and regulations?

YES NO

II. MANAGERIAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)

WIRELESS ONLY, NOT APPLICABLE

1. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, in the form of resumes of key personnel, or a combination of these forms.

2. Please attach a current organization chart.

3. List officers of Applicant.

4. Does the Applicant currently, or has it in the past, held a certificate from the Illinois Commerce Commission?

YES NO

5. Does the Applicant currently, or has it in the past, provided service under any other name in Illinois?

_____ YES _____ NO

If YES, please provide all other names under which service is being or has been provided.

6. Is any affiliate of the Applicant providing, or has any affiliate provided, service in Illinois?

_____ YES _____ NO

If YES, please provide the names of all affiliates under which service is being or has been provided in Illinois.

7. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in Illinois under this or another name?

_____ YES _____ NO

If YES, describe fully. _____

8. Have there been any complaints or judgments levied against the Applicant in Illinois in this or another name?

_____ YES _____ NO

If YES, describe fully. _____

9. List jurisdictions other than Illinois in which the Applicant is offering service(s).

10. Has the Applicant, or any principal of the Applicant, been denied a Certificate of Service or had its certification revoked in any jurisdiction other than Illinois under this or another name?

_____ YES _____ NO

If YES, describe fully. _____

11. Have there been any complaints or judgments levied against the Applicant in any jurisdiction other than Illinois in this or another name?

_____ YES _____ NO

If YES, describe fully. _____

12. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES _____ NO

If YES, please list, by officer, each entity in which the officer has an ownership or other interest.

13. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

14. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, and the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)

15. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? _____ YES _____ NO

16. What telephone number(s) would a customer use to contact the Applicant?

17. If granted authority to operate as provider of anything other than a Pay Telephone service, will the applicant file tariffs prior to providing service in Illinois and within 2 years of Application approval?

_____ YES _____ NO

18. How many employees does the Applicant employ? _____

19. Has the Applicant reviewed all ICC rules applicable to the services it seeks to provide?

_____ YES _____ NO

Note: See <http://www.ilga.gov/commission/jcar/admincode/083/083parts.html> for the ICC's Title 83: Public Utility Rules.

20. Will the Applicant abide by all ICC rules applicable to the services it seeks to provide?

_____ YES _____ NO

21. If granted the authority to operate as a telecommunications provider, will the Applicant comply with all the applicable filing requirements listed in Appendix A?

_____ YES _____ NO

22. If granted the authority to operate as a telecommunications provider, will the applicant remit all applicable taxes, contributions, or other assessments specified in Appendix A?

_____ YES _____ NO

III. FINANCIAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)

WIRELESS ONLY, NOT APPLICABLE

1. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement, balance sheet, chart of accounts and any other appropriate documentation of applicant's financial resources and ability to provide service.

2. Does the Applicant have a financial relationship with any other companies?

_____ YES _____ NO

If YES, please provide the names of all companies with which the Applicant has a financial relationship and a brief explanation of the relationship.

3. Will the Applicant keep its books and records in Illinois? _____ YES _____ NO

Note: If the Applicant will not keep its books and records in Illinois, then the Applicant must request a waiver of Code Part 250.

4. Has the applicant or any other company with which the Applicant has a financial arrangement filed for bankruptcy within the last 7 years?

_____ YES _____ NO

If YES, please explain: _____

IV. TECHNICAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)

WIRELESS ONLY, NOT APPLICABLE

5. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

6. Does Applicant utilize its own equipment and/or facilities? YES NO

If YES, please provide a brief description of the facilities Applicant owns and intends to utilize.

If YES, please explain what services will be offered with these facilities and where the Applicant will utilize its own facilities.

If YES, please include evidence that Applicant possesses the necessary technical resources to deploy and maintain the said facilities.

If YES, and if the Applicant is a switch based provider, please provide an attachment that includes the following information regarding each switch: (i) switch type, (ii) address, (iii) CLLI code, (iv) location of remotes or POIs, and (v) any tandems to which the switch is homed.

7. Does Applicant lease equipment and/or facilities? YES NO

If YES, please provide a brief description of the facilities the Applicant leases and the entity or entities from which such equipment or facilities are leased.

If YES, please explain what services will be provided with these facilities and where the Applicant will utilize these leased facilities.

If YES, please include evidence that Applicant possesses the necessary technical resources to maintain and operate said facilities.

8. Does Applicant resell services? _____ YES _____ NO

If YES, please provide a brief description of the entity or entities from which wholesale service is purchased.

If YES, please explain what services will be provided through resale and where the Applicant will provide resold services.

9. Does the Applicant provide its own repair service?

_____ YES _____ NO

If NO, please provide the name of the entity or entities providing repair service for the Applicant.

10. Will technical personnel be available at all times to assist customers with service problems?

_____ YES _____ NO

If NO, please provide the hours of assistance.

7. If Applicant intends to provide Public Pay Telephone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES _____ NO
8. If Applicant intends to provide Public Pay Telephone service, please explain the method the Applicant will used to comply with Section 771.330 of the ICC's rules.

Note: See <http://www.ilga.gov/commission/icar/admincode/083/08300771sections.html> for the ICC's Pay Telephone Service Provider rules.

V. WAIVERS (To be completed by All Applicants except Cellular Radio/Wireless Applicants)

WIRELESS ONLY, NOT APPLICABLE

Note: If Applicant is seeking any waivers or variances of Commission rules and regulations in this proceeding, then, other than when explained below, please attach an explanation of why the Applicant is seeking any waiver or variance.

Local Exchange Service authority applicants under Sections 13-401, 13-404 and/or 13-405 generally seek waivers of Part 710, Section 735.180 of Part 735 and Part 250. Additionally, a waiver from Parts 730.115 and 732.60 may be requested for those applicants that will only be providing data services.

Interexchange Service authority applicants under Sections 13-401, 13-403 and 13-404 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code

Public Pay Telephone Service authority applicants under Sections 13-401, 13-403, 13-404, and/or 13-405 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code

Local Exchange Service Please indicate which waivers Applicant is requesting.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735.180 Directories (within Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois)

_____ Part 730.115 and 732.60 Service Quality and Customer Credit Quarterly Reporting – Waiver is available for carriers providing Data Services only. (ref. 13-517c)

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

_____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

Interexchange Service Please indicate which waivers Applicant is requesting.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

_____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

Local and Interexchange Public Pay Telephone Service Please indicate which waivers Applicant is requesting.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

_____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

1. If the Applicant is requesting a waiver of Part 710, what circumstances warrant a departure from the prescribed Uniform System of Accounts ("USOA")?

2. If the Applicant is requesting a waiver of Part 710, then will records be maintained in accordance with Generally Accepted Accounting Principles ("GAAP")?

_____ YES _____ NO

3. If the Applicant is requesting a waiver of Part 710, then will applicants accounting system provide an equivalent portrayal of operating results and financial condition as the USOA?

_____ YES _____ NO

4. If the Applicant is requesting a waiver of Part 710, then will applicant maintain its records in sufficient detail to facilitate the calculation of all applicable taxes and surcharges?

_____ YES _____ NO

5. If the Applicant is requesting a waiver of Part 710, then does the accounting system currently in use by Applicant provide sufficiently detailed data for the preparation of Illinois Gross Receipts Tax returns?

_____ YES _____ NO

If YES, What specific accounts or sub-accounts provide this data?

6. If the Applicant is requesting a waiver of Part 710, then will the Applicant provide annual audited statements when required or requested subsequent to granting of the waiver?

_____ YES _____ NO

Note: See <http://www.icc.illinois.gov/forms/results.aspx?st=3&t=2> for Annual Reports instructions for detail.

7. If the Applicant is requesting a waiver of Part 710, does the Applicant understand that the requested waiver of Part 710 will not excuse it from compliance with future Commission rules or amendments to Part 710 otherwise applicable to the Company?

_____ YES _____ NO

VI TELEPHONE ASSISTANCE PROGRAMS (To be completed by Local Exchange Service Applicants)

WIRELESS ONLY, NOT APPLICABLE

1. Has the Applicant signed and returned the ITAC Membership Application and Agreement to Commission Staff?

_____ YES _____ NO

Note: See <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.

2. Will the Applicant's billing system be able to distinguish between resale and facilities based service for the collection of the ITAC line charge?

_____ YES _____ NO

3. Has the Applicant signed and returned the Universal Telephone Access Corporation (UTAC) - Membership Application to Commission Staff?

_____ YES _____ NO

Note: See <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.

4. Will the Applicant solicit, collect, and remit the voluntary contributions from its telephone subscribers to support the Telephone Assistance Programs?

_____ YES _____ NO

5. Does the Applicant realize that it will not be able to receive any of the federal reimbursements for the Lifeline and Link-Up Programs if it is not an eligible carrier?

_____ YES _____ NO

6. Does the Applicant plan on filing to become an Eligible Telecommunications Carrier?

_____ YES _____ NO

VII. 911 SERVICE (To be completed by Local Exchange Service Applicants)

WIRELESS ONLY, NOT APPLICABLE

1. Will the Applicant ensure that 911 traffic is handled in accordance with the 83 Illinois Administrative Code Part 725 and the Emergency Telephone System Act?

_____ YES _____ NO

Note: See <http://www.icc.illinois.gov/911/> for links to the Emergency Telephone System Act and other 911 related rules and regulations.

2. Who will be responsible for building and maintaining the 911 database for your local exchange customers?
3. How often will the Applicant update the 911 database with customer information?
4. Please explain the procedures the Applicant will use to collect 911 surcharges and transmit them to the local 911 systems.

VIII. PREPAID SERVICE (To be completed by Local Exchange Service Applicants that Provide Prepaid Service)

WIRELESS ONLY, NOT APPLICABLE

1. Will customers have the ability to sign up with any long distance company they choose?

_____ YES _____ NO

2. Will customers have the ability to use dial around long distance companies?

_____ YES _____ NO

3. Will customers have access to the Illinois Relay Service?

_____ YES _____ NO

4. Will customers be able to make 1-800 calls for free?

_____ YES _____ NO

5. Will the Applicant offer operator services?

_____ YES _____ NO

6. Please describe how applicant plans to collect the monthly fee to be paid in advance.

7. Will customers' monthly bills show a breakdown of services, features, surcharges, taxes, etc.?

_____ YES _____ NO

8. Will customers pay an installation fee?

_____ YES _____ NO

If YES, will payment arrangements be offered for the installation fee?

_____ YES _____ NO

9. Will telephone service be in the Applicant's name or the customer's name?

_____ YES _____ NO

If YES, please describe how information will appear in data bases, such as 9-1-1, directory assistance, etc.?

10. Will applicant offer prepaid service as a monthly service or as a usage service?

_____ Monthly _____ Usage

11. Will applicant provide a warning when the remaining value of service is about to cease?

_____ YES _____ NO

If YES, is the customer given more than one notice of the remaining value of service?

_____ YES _____ NO

If YES, how much advance notice is given to the customer of the remaining value of service?

12. If the customer is in the middle of a call will they be disconnected when the remaining value of service has expired?

_____ YES _____ NO

If YES, are customers made aware of potentially being disconnected during a call when the remaining value of service expires?

_____ YES _____ NO

13. When does the timing of a call start? _____

14. If the person called does not answer, is any time deducted from the customer's account?

_____ YES _____ NO

15. Will there be any other instances in which the Company would disconnect a customer, other than running out of prepaid time?

_____ YES _____ NO

If YES, please explain. _____

16. When a customer runs out of time is their phone immediately disconnected or on suspension?

_____ YES _____ NO

If YES, will they still be able to receive calls?

_____ YES _____ NO

17. Are the Applicant's services available to TTY callers?

_____ YES _____ NO

18. How will the Applicant handle a complaint from a customer who disputes the amount of time used or remaining?

19. The Public Utilities Act requires a local calling area that has no time or duration charges. How will the Applicant define each customer's untimed local calling area?

Mobile Net POSA, Inc. d/b/a Jolt Mobile and
Expo Mobile

By: _____

Lance J.M. Steinhart, Esq.
Attorney for Mobile Net POSA, Inc. d/b/a Jolt
Mobile and Expo Mobile

Lance J.M. Steinhart
Lance J.M. Steinhart, P.C.
1725 Windward Concourse, Ste. 150
Alpharetta, GA 30005
Telephone: (770) 232-9200
Facsimile: (770) 232-9208
Email: lsteinhart@telecomcounsel.com

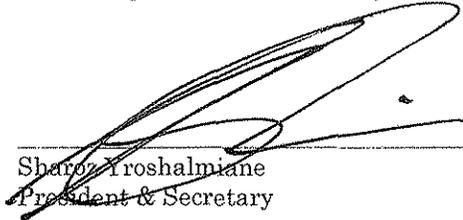
VERIFICATION

This application shall be verified under oath.

OATH

State of California)
)ss
County of Los Angeles)

Sharoz Yroshalmiane makes oath and says that he is President & Secretary of Mobile Net POSA, Inc. d/b/a Jolt Mobile and Expo Mobile that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.



Sharoz Yroshalmiane
President & Secretary

Subscribed and sworn to before me, a Notary Public/ _____
(Title of person authorized to administer oaths)

in the State and County above named, this SEE day of _____ 2013.

(Signature of person authorized to administer oath)

SEE ATTACHED

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

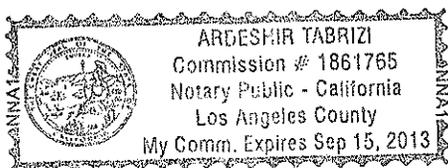
CIVIL CODE § 1189

State of California }
County of Los Angeles }

On 05-29-13 before me, Ardeshir Tabrizi, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Sharoz Yroshalmiane
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]

Place Notary Seal Above

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: OATH

Document Date: Number of Pages: 1

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: Signer's Name:

Corporate Officer - Title(s): Corporate Officer - Title(s):

Individual Individual

Partner - Limited General Partner - Limited General

Attorney in Fact Attorney in Fact

Trustee Trustee

Guardian or Conservator Guardian or Conservator

Other: Other:

Signer Is Representing: Signer Is Representing:

Attachment A
Contact Information

a. issues related to processing this application:

name: Lance J.M. Steinhart
title: Regulatory Counsel
mailing address: 1725 Windward Concourse, Suite 150
Alpharetta, Georgia 30005
telephone number: 770-232-9200
facsimile number: 770-232-9208
e-mail address: lsteinhart@telecomcounsel.com

b. Designated Agent

name: Incorp Services, Inc.
title: Registered Agent
mailing address: 901 S 2nd ST STE 201
Springfield, IL 62704-7909
telephone number: (702)866-2500
facsimile number: (702)866-2689

c. Business Operations

i.

consumer issues
name: Sharoz Yroshalmiane
title: President, Secretary, Director
mailing address: 700 South Flower St. #420
Los Angeles, California 90017
telephone number: (213)316-0400
facsimile number: (888)876-1588
e-mail address: info@mobilenetus.com

ii.

customer complaint resolution
name: Sharoz Yroshalmiane
title: President, Secretary, Director
mailing address: 700 South Flower St. #420
Los Angeles, California 90017
telephone number: (213)316-0400
facsimile number: (888)876-1588
e-mail address: info@mobilenetus.com

iii.

technical and service quality issues
name: Sharoz Yroshalmiane
title: President, Secretary, Director
mailing address: 700 South Flower St. #420
Los Angeles, California 90017
telephone number: (213)316-0400
facsimile number: (888)876-1588
e-mail address: info@mobilenetus.com

- iv. "tariff" and pricing issues
name: Sharoz Yroshalmiane
title: President, Secretary, Director
mailing address: 700 South Flower St. #420
Los Angeles, California 90017
telephone number: (213)316-0400
facsimile number: (888)876-1588
e-mail address: info@mobilenetus.com

- v. 9-1-1 issues
name: Sharoz Yroshalmiane
title: President, Secretary, Director
mailing address: 700 South Flower St. #420
Los Angeles, California 90017
telephone number: (213)316-0400
facsimile number: (888)876-1588
e-mail address: info@mobilenetus.com

- vi. Security/law enforcement issues
name: Sharoz Yroshalmiane
title: President, Secretary, Director
mailing address: 700 South Flower St. #420
Los Angeles, California 90017
telephone number: (213)316-0400
facsimile number: (888)876-1588
e-mail address: info@mobilenetus.com

- vii. Regulatory Issues
name: Sharoz Yroshalmiane
title: President, Secretary, Director
mailing address: 700 South Flower St. #420
Los Angeles, California 90017
telephone number: (213)316-0400
facsimile number: (888)876-1588
e-mail address: info@mobilenetus.com

Attachment B
Articles of Incorporation, Certificate of Foreign Authority, DBA Approvals

Please see attached.

3309782

FILED
In the Office of the Secretary of State
of the State of California

JUL 21 2010

ARTICLES OF INCORPORATION

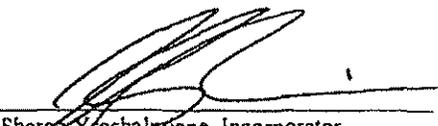
Mobile Net POSA, Inc.

- ONE: The name of this corporation is: **Mobile Net POSA, Inc.**
- TWO: The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the **GENERAL CORPORATION LAW** of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California corporations code.
- THREE: The name and address in the state of California of this corporation's initial agent for service of process is:

Sharoz Yroshalmiane
101 N. Virgil Ave
Los Angeles, CALIFORNIA 90004-4811

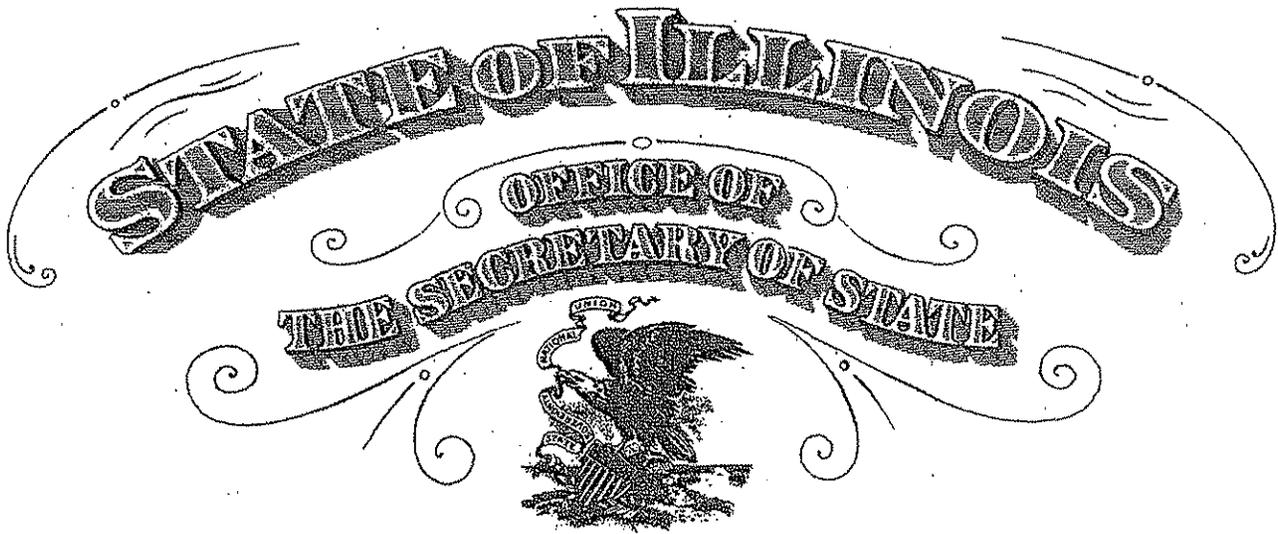
- FOUR: This corporation is authorized to issue only one class of shares of stock, which shall be designated "common" shares. The total number of such shares which this corporation is authorized to issue is 10,000.
- FIVE: The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.
- SIX: The corporation is authorized to provide indemnification of agents (as defined in Section 317 of the Corporations Code) for breach of duty to the corporation and its stockholders through bylaw provisions or through agreements with the agents, or both, in excess of the indemnification otherwise permitted by Section 317 of the Corporations Code, subject to the limits of such excess indemnification set forth in Section 204 of the Corporation Code.

DATE: 07-16-2010


Sharoz Yroshalmiane, Incorporator

I hereby declare that I am the person who executed the above Articles of Incorporation, and such instrument is my act and deed.


Sharoz Yroshalmiane



To all to whom these Presents Shall Come, Greeting:
I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MOBILE NET POSA, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JULY 10, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of JULY A.D. 2013

Jesse White

Form **BCA-4.15/4.20**
(Rev. Jan. 2003)

Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-9520
www.cyberdriveillinois.com

Remit payment in the form of a
check or money order, payable to
Secretary of State.

**Application to Adopt,
Change or Cancel an
Assumed Corporate Name**

FILED

JUL 25 2013

JESSE WHITE
SECRETARY OF STATE

File #: 10902.9604

DO NOT SEND CASH

This space for use by
Secretary of State.

Date:

Filing Fee: \$ 600.00
(See Note Below)

Approved: RB

1. Corporate Name: Mobile Net POSA, Inc.
2. State or Country of Incorporation: California
3. Date Incorporated (if an Illinois corporation) or Date Authorized to Transact Business in Illinois (if a foreign corporation):
July 21, 2010
Month & Day, Year

Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.

4. Corporation intends to adopt and to transact business under the assumed corporate name of:
Expo Mobile
5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until July 1, 2015, the first day of the corporation's anniversary month in the next year evenly divisible by five.
Month & Day, Year

Complete No. 6 if changing or cancelling an assumed corporate name.

6. Corporation intends to cease transacting business under the assumed corporate name of:

7. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated July 23, 2013 Mobile Net POSA, Inc.
Month & Day, Year Exact Name of Corporation

X

[Signature]
Any Authorized Officer's Signature
Sharon Yroshalmiane President
Name and Title (type or print)

NOTE: The filing fee to adopt an assumed corporate name is \$150 if the current year ends with a 0 or 5; \$120 if the current year ends with a 1 or 6; \$90 if the current year ends with a 2 or 7; \$60 if the current year ends with a 3 or 8; or \$30 if the current year ends with a 4 or 9.

The fee for cancelling an assumed corporate name is \$5.

The fee to change an assumed name is \$25.

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FILED

JUL 25 2013

JESSE WHITE
SECRETARY OF STATE

File #: 6902-9604

DO NOT SEND CASH

This space for use by
Secretary of State.

Date:

Filing Fee: \$ 60.00
(See Note Below)

Approved: RB

1. Corporate Name: Mobile Net POSA, Inc.
2. State or Country of Incorporation: California
3. Date Incorporated (if an Illinois corporation) or Date Authorized to Transact Business in Illinois (if a foreign corporation):
July 21, 2010
Month & Day Year

Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.

4. Corporation intends to adopt and to transact business under the assumed corporate name of:
Jolt Mobile
5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until July 1, 2015, the first day of the corporation's anniversary month in the next year evenly divisible by five.
Month & Day Year

Complete No. 6 if changing or cancelling an assumed corporate name.

6. Corporation intends to cease transacting business under the assumed corporate name of:

7. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated July 23, 2013 Mobile Net POSA, Inc.
Month & Day Year Exact Name of Corporation

X [Signature]
Any Authorized Officer's Signature
Sharon Yroshalmiane President
Name and Title (type or print)

NOTE: The filing fee to adopt an assumed corporate name is \$150 if the current year ends with a 0 or 5; \$120 if the current year ends with a 1 or 6; \$90 if the current year ends with a 2 or 7; \$60 if the current year ends with a 3 or 8; or \$30 if the current year ends with a 4 or 9.

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