

EXHIBITS

Authority to Transact Business and Formation Documents (as Amended)



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

0584962-4

09/02/2016

INCorp SERVICES, INC.
901 S 2ND ST STE 201
SPRINGFIELD, IL 62704-7909

RE ONVOY SPECTRUM, LLC

DEAR SIR OR MADAM:

AMENDED APPLICATION FOR ADMISSION HAS BEEN PLACED ON FILE, AND THE LIMITED LIABILITY COMPANY HAS BEEN CREDITED WITH THE REQUIRED FILING FEE.

SINCERELY YOURS,

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

Form **LLC-45.25**

May 2012

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 may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Amended Application for Admission

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$150

Approved: *[Signature]*

FILE # 05849624

This space for use by Secretary of State

FILED

SEP 2 2016

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company Name: Emergency Networks LLC

2. If required by this office this amended application is accompanied by a Certificate of Good Standing, a Certificate of Fact, or a copy of the Articles of Amendment to the Articles of Organization, as evidence of any change, such document being duly authenticated by the proper officer of the state or country wherein the Limited Liability Company is organized, which certification is not more than 60 days old.

3. Application for Admission is amended as follows (check applicable Item(s) below):

- a) Admission of a new member (give name and address below)
- b) Admission of a new manager (give name and address below)
- c) Withdrawal of a member (give name below)
- d) Withdrawal of manager (give name below)
- e) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable.)
- f) Change of registered agent and/or registered agent's office (give new name and/or address below, Address Change to P.O. Box or C/O is unacceptable.)
- g) Change in the Limited Liability Company's name (give new name below) (evidence required)
- h) Change in date of duration.
- i) Change in management structure (state change below)
- j) Establish authority to issue series (fee \$400) (evidence required)
- k) Other (give information in space below)

Additional information:

Amending Item 1 of Application for Admission to Transact Business to change entity name from Emergency Networks LLC to Onvoy Spectrum, LLC

4. I affirm, under penalties of perjury, having authority to sign hereto, that this Amended Application for Admission is to the best of my knowledge and belief, true, correct and complete.

[Signature]

Signature (must comply with Section 5-45 of ILLCA)

Fritz Hendricks, Manager

Name and Title (type or print)

Name of a Company or other Entity and if a Member or Manager of the LLC

Dated: August 23 2016

Month/Day

Year

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Onvoy Spectrum, LLC

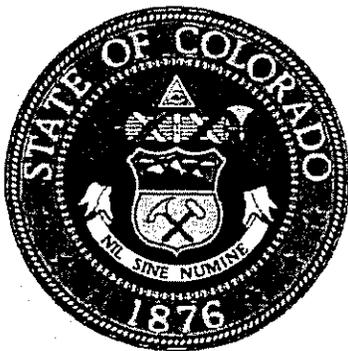
is a

Limited Liability Company

formed or registered on 03/12/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151175513 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/19/2016 that have been posted, and by documents delivered to this office electronically through 08/25/2016 @ 11:27:11 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/25/2016 @ 11:27:11 in accordance with applicable law. This certificate is assigned Confirmation Number 9805473



A handwritten signature in cursive script that reads 'Wayne W. Williams'.

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice. A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Amendment

with Document # 20161500573 of
Onvoy Spectrum, LLC

Colorado Limited Liability Company

(Entity ID # 20151175513)

consisting of 3 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/19/2016 that have been posted, and by documents delivered to this office electronically through 08/23/2016@ 09:23:12.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/23/2016 @ 09:23:12 in accordance with applicable law. This certificate is assigned Confirmation Number 9799503



A handwritten signature in cursive script that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

10300 6th Ave. N.

(Street name and number or Post Office Box information)

Plymouth

(City)

MN 55441

(State)

(Postal Zip Code)

United States

(Country - if not US)

(Province - if applicable)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

Additional individuals are causing this document to be delivered for filing:

Austin Arnett
Latham & Watkins LLP
330 N. Wabash Ave., Suite 2800
Chicago, IL 60611



Colorado Secretary of State
 Date and Time: 03/12/2015 09:09 AM
 ID Number: 20151175513
 Document number: 20151175513
 Amount Paid: \$50.00

Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Emergency Networks LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "L.L.C.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address **1140 Highway 287**
(Street number and name)
Suite 400-242
Broomfield **CO** **80020**
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

Mailing address
 (leave blank if same as street address)
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)
(Province - if applicable) (Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name
 (if an individual) **Wierimaa** **Thomas**
(Last) (First) (Middle) (Suffix)

or
 (if an entity)
(Caution: Do not provide both an individual and an entity name.)

Street address **1140 Highway 287**
(Street number and name)
Suite 400-242
Broomfield **CO** **80020**
(City) (State) (ZIP Code)

Mailing address
 (leave blank if same as street address)
(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) Remacle Michael
(Last) (First) (Middle) (Suffix)

or

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Mailing address 1473 White Hawk Ranch Drive
(Street number and name or Post Office Box information)

Boulder CO 80303
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

<u>Remacle</u>	<u>Michael</u>		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
<u>1140 Highway 287</u>			
<i>(Street number and name or Post Office Box information)</i>			
<u>Suite 400-242</u>			
<u>Broomfield</u>	<u>CO</u>	<u>80020</u>	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
	<u>United States</u>		
<i>(Province – if applicable)</i>	<i>(Country)</i>		

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).