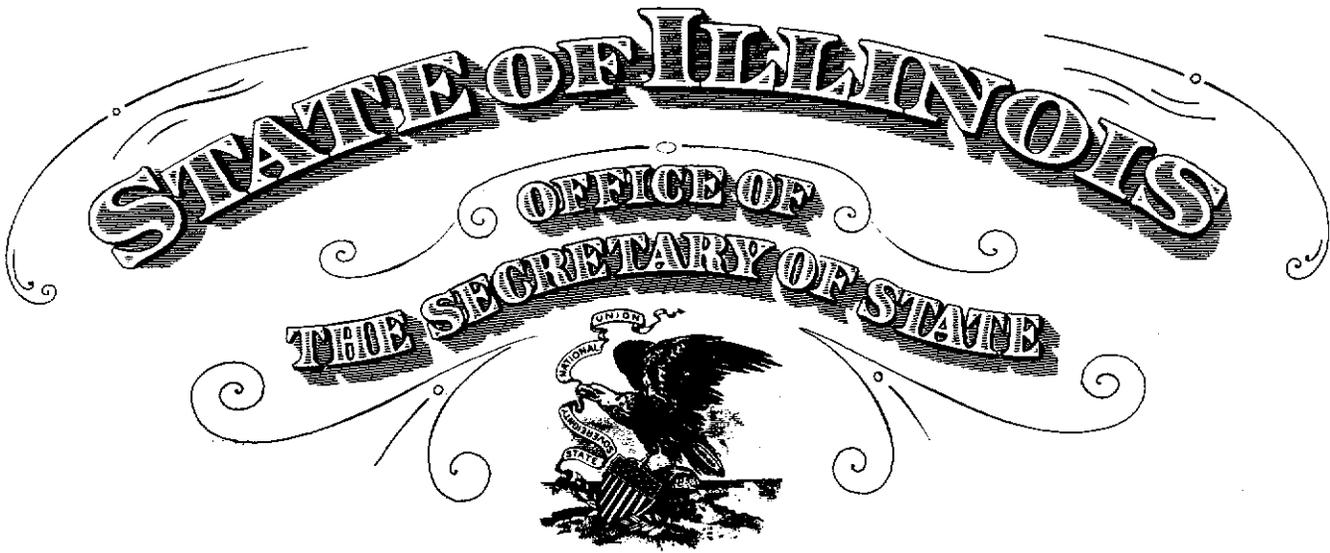


Attachment B - Articles of Organization and Certificate of Authority

See Attached



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

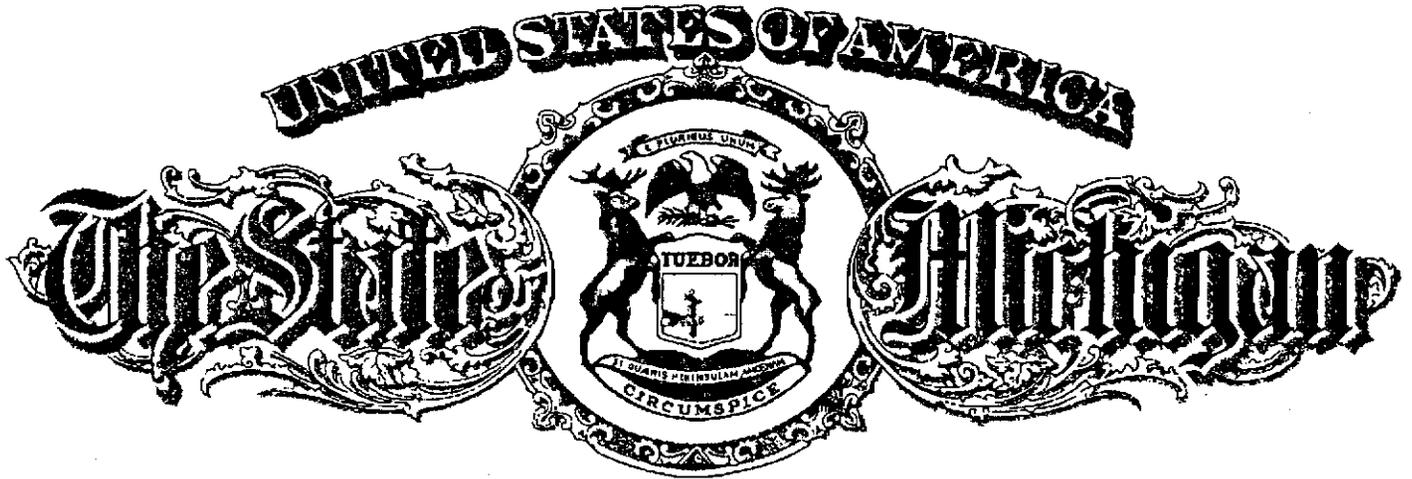
LCR TELECOMMUNICATIONS, L.L.C.,
A MICHIGAN LIMITED LIABILITY COMPANY APPEARS TO HAVE COMPLIED
WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT
OF THIS STATE RELATING TO THE FILING OF THE APPLICATION FOR
ADMISSION ON MAY 8, 2002, AND IS REGISTERED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.

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 _____ NOVEMBER *A.D.* _____ 2002 .



Jesse White

SECRETARY OF STATE



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of October, 2002

Andrew S. Mitchell, Director
Bureau of Commercial Services

MICHIGAN DEPARTMENT OF COMMERCE - CORPORATION AND SECURITIES BUREAU

Date Received

(FOR BUREAU USE ONLY)

OCT 10 1997

FILED

OCT 13 1997

Administrator
MI DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
CORPORATION, SECURITIES & LAND DEVELOPMENT BUREAU

Name
MARTIN TIBBITTS

Address
219 CLOVERLY

City State Zip Code
GROSSE POINTE, MI 48236

EFFECTIVE DATE:

Document will be returned to the name and address you enter above

ARTICLES OF ORGANIZATION

For use by Domestic Limited Liability Companies
(Please read information and instructions on last page)

B 15 - 556

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Articles:

ARTICLE I

The name of the limited liability company is: LCR TELECOMMUNICATIONS, L.L.C.

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

ARTICLE III

The duration of the limited liability company is: 30 YEARS

ARTICLE IV

1. The address of the registered office is:

21 KERCHEVAL SUITE 242, GROSSE POINTE, Michigan 48236
(Street Address) (City) (ZIP Code)

2. The mailing address of the registered office if different than above:

_____, Michigan _____
(P.O. Box) (City) (ZIP Code)

3. The name of the resident agent at the registered office is: MARTIN TIBBITTS

ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

[Empty box for Article V provisions]

Signed this 9th day of OCTOBER, 19 97

By [Signature]
(Signature)

[Signature]
(Signature)

(Signature)

LOREN J. TIBBITTS
(Type or Print Name)

MARTIN J. TIBBITTS
(Type or Print Name)

(Type or Print Name)

B/M



FILED BY DEPARTMENT JAN 14 1999

FOR BUREAU USE ONLY

1999 ANNUAL STATEMENT
LIMITED LIABILITY COMPANY

This report must be filed on or before February 15.

Required by Section 207(4), Act 23, Public Acts of 1993

B15556

IDENTIFICATION NUMBER

Limited Liability Company Name and Mailing Address

LCR TELECOMMUNICATIONS, L.L.C.
21 KERCHEVAL STE 242
GROSSE POINTE MI 48236

01/08/1999 BIRTELL
Trans 01067114

B15556

1093
Total \$5.00

Crps Ltd Liabil Ptnrshp \$5

Registered Office Address in Michigan - NO., STREET, CITY, ZIP
21 KERCHEVAL STE 242
GROSSE POINTE 48236

Resident Agent
MARTIN TIBBITTS

Report changes in mailing address of registered office, resident agent or registered office address below:

1. Mailing address of registered office if different than preprinted mailing address

2. Resident Agent

3. Address of registered office - NO., STREET, CITY, ZIP

21 KERCHEVAL AVE., SUITE 280
GROSSE POINTE, MI 48236

The Company states that the address of its registered office and the business office or residence of its resident agent are identical. Any changes were authorized in accordance with the operating agreement, by the affirmative vote of a majority of the members voting in accordance with Section 502(1) of the Act, or by the managers voting in accordance with Section 405 of the Act.

Signature Required of Manager / Member (see instruction 7)

MANAGED BY:

MEMBERS

Date

1/5/99

INFORMATION & INSTRUCTIONS

- Return this preprinted form with the required fee.
- If you wish to change the Resident Agent, Registered Office, or the mailing address of the Registered Office, enter the changes in Item 1, 2, or 3, whichever is applicable.
- DOMESTIC LIMITED LIABILITY COMPANIES** - If company is managed by managers, signature of manager is required. A member must sign if company is managed by members.
FOREIGN LIMITED LIABILITY COMPANIES - This statement must be signed in ink by a person with authority to sign as provided in the laws of the jurisdiction of its organization.
- FEE** - Make remittance payable to the State of Michigan. Include limited liability company name and identification number on check or money order.
ANNUAL STATEMENT FEE..... \$5.00

RETURN TO :

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU
P.O. BOX 30057
LANSING MI 48909-7557
(517) 334-6300

**MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU**

Date Received		(FOR BUREAU USE ONLY)
		This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.
		FILED

MAR 27 2002

Name TELECOM COMPLIANCE SERVICES, INC.		
Address 6455 EAST JOHNS CROSSING SUITE 285		
City DULUTH	State GA	Zip Code 30097

Trans# 3961372-1 33/25/02
Chk# 2137 \$5.00
BUREAU OF COMMERCIAL SERVICES: 815556

EFFECTIVE DATE:

Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.

CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR CHANGE OF RESIDENT AGENT
For use by Domestic and Foreign Corporations and Limited Liability Companies
(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), or Act 23, Public Acts of 1993 (limited liability companies), the undersigned corporation or limited liability company executes the following Certificate:

1. The name of the corporation or limited liability company is:	<u>LCR Telecommunications, L.L.C.</u>
2. The identification number assigned by the Bureau is:	<u>ID NUMBER B15556</u>
3. a. The name of the resident agent on file with the Bureau is:	<u>Martin Tibbitts</u>
b. The location of the registered office on file with the Bureau is:	<u>20439 Mack Ave. Grosse Pointe Woods</u> , Michigan <u>48236</u>
	<small>(Street Address) (City) (ZIP Code)</small>
c. The mailing address of the above registered office on file with the Bureau is:	<u>20439 Mack Ave. Grosse Pointe Woods</u> , Michigan <u>48236</u>
	<small>(Street Address or P.O. Box) (City) (ZIP Code)</small>

ENTER IN ITEM 4 THE INFORMATION AS IT SHOULD NOW APPEAR ON THE PUBLIC RECORD

4. a. The name of the resident agent is:	<u>TCS Corporate Services, Inc.</u>
b. The address of the registered office is:	<u>3036 W. 12 MILE ROAD, SUITE 100</u> <u>BERKLEY</u> , Michigan <u>48072</u>
	<small>(Street Address) (City) (ZIP Code)</small>
c. The mailing address of the registered office IF DIFFERENT THAN 4B is:	<u>3036 W. 12 MILE ROAD, SUITE 100</u> <u>BERKLEY</u> , Michigan <u>48072</u>
	<small>(Street Address or P.O. Box) (City) (ZIP Code)</small>

5. The above changes were authorized by resolution duly adopted by: 1. ALL CORPORATIONS: its Board of Directors; 2. PROFIT CORPORATIONS ONLY: the resident agent if only the address of the registered office is changed, in which case a copy of this statement has been mailed to the corporation; 3. LIMITED LIABILITY COMPANIES: an operating agreement, affirmative vote of a majority of the members pursuant to section 502(1); managers pursuant to section 405, or the resident agent if only the address of the registered office is changed.

6. The corporation or limited liability company further states that the address of its registered office and the address of its resident agent, as changed, are identical.

Signature 	Type or Print Name and Title <u>Martin Tibbitts</u>	Date Signed <u>3/13/02</u>
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BUREAU OF COMMERCIAL SERVICES
CORPORATION DIVISION FILED BY DEPARTMENT **JAN 17 2001**
2001 LIMITED LIABILITY COMPANY ANNUAL STATEMENT
 Required by Section 207(4), Act 23, Public Acts of 1993

BCS/CD-2700 (12/00)

FOR BUREAU USE ONLY

Identification Number B15556	Limited Liability Company Name LCR TELECOMMUNICATIONS, L.L.C.
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Resident agent name and mailing address of the registered office
MARTIN TIBBITTS
21 KERCHEVAL AVE STE 280
GROSSE POINTE MI 48236

The address of the registered office
21 KERCHEVAL AVE STE 280
GROSSE POINTE MI 48236

Report changes in mailing address of registered office, resident agent or registered office address below:

1. Mailing address of registered office in Michigan (may be a P.O. Box) 20439 MACK AVE GROSSE POINTE WOODS, MI 48236	2. Resident Agent
--	-------------------

3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)
20439 MACK AVE GROSSE POINTE WOODS, MI 48236

4. The document is hereby signed as required by the Act. 	Managed by MARTIN J. TIBBITTS	Date 1-3-01	Phone (Optional) 313-882-7800
--	---	-----------------------	---

INFORMATION & INSTRUCTIONS

- Item 1 - Complete if the mailing address of the registered office has changed.
- Item 2 - Complete if the resident agent has changed.
- Item 3 - Complete if the address of the registered office has changed.
- The document must be signed.
Domestic Limited Liability Companies - If managed by the members a member must sign. If managed by one or more managers a manager must sign.
Foreign Limited Liability Companies - Must be signed by a person with authority to do so under the laws of the jurisdiction of its organization.
- Annual Statement Fee - \$5.00.** Please make your check or money order payable to the State of Michigan. The statement must be filed on or before February 15, 2001.
- Return this signed form with fee to:
 MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
 BUREAU OF COMMERCIAL SERVICES
 CORPORATION DIVISION
 P.O. BOX 30057
 LANSING MI 48909-7557
 (517) 241-6460

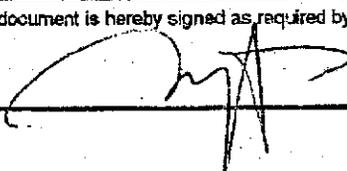


**BUREAU OF COMMERCIAL SERVICES
CORPORATION DIVISION
2001 LIMITED LIABILITY COMPANY ANNUAL STATEMENT**
Required by Section 207(4), Act 23, Public Acts of 1993

BCS/CO-2700 (12/00)

FOR BUREAU USE ONLY		
Identification Number B15556	Limited Liability Company Name LCR TELECOMMUNICATIONS, L.L.C.	FILED BY DEPARTMENT 2001 FEB -9 AM 9:33
Resident agent name and mailing address of the registered office MARTIN TIBBITTS 21 KERCHEVAL AVE STE 280 GROSSE POINTE MI 48236		Tran Info: 2 3366026-1 01/11/01 Chk#: 2560 ID: AMT \$5.00 B15556
The address of the registered office 21 KERCHEVAL AVE STE 280 GROSSE POINTE MI 48236		

Report changes in mailing address of registered office, resident agent or registered office address below:

1. Mailing address of registered office in Michigan (may be a P.O. Box) 20439 MACK AVE GROSSE POINTE WOODS, MI 48236	2. Resident Agent Chg filed 1-17-01		
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office) 20439 MACK AVE GROSSE POINTE WOODS, MI 48236			
4. The document is hereby signed as required by the Act. 	Managed by MARTIN J. TIBBITTS	Date 1-3-01	Phone (Optional) 313-882-7800

INFORMATION & INSTRUCTIONS

- Item 1 - Complete if the mailing address of the registered office has changed.
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MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF COMMERCIAL SERVICES
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P.O. BOX 30057
LANSING MI 48909-7557
(517) 241-6460