

City, State, and Zip Code:

State of Missouri

John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

X001308429 Date Filed: 12/28/2017 Expiration Date: 12/28/2022 John R. Ashcroft Missouri Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00) (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box: New X Renewal Registration Amendment Correction Charter number Charter number Charter number The undersigned is doing business under the following name and at the following address: Business name to be registered: Consolidated Communications Business Address: _303 N. Jefferson (PO Box may only be used in addition to a physical street address) City, State and Zip Code: Kearney, MO 64060 Owner Information: If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are: Charter # Name of Owners, Required If If Listed, Percentage Individual or Business Business of Ownership Must Entity Entity Street and Number City and State Zip Code **Equal 100%** EXOP OF MISSOURI, 00429604 303 N. Jefferson Kearney, MO 64060 100.00 INC. All owners must affirm by signing below In Affirmation thereof, the facts stated above are true and correct: (The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo) EXOP OF MISSOURI, INC. - SUSAN L. EXOP OF MISSOURI, INC. - Susan L. Sowell SOWELL 12/28/2017 Owner's Signature or Authorized Signature of Business Entity Printed Name Date Name and address to return filed document: Susan L. Sowell Name: Address: Email: ssowell@fairpoint.com