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State of Missouri

John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

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:

Trease enter one box.

X	New Registration	Renewal	[]	Amendment	Charter number	Correction	Charter number
			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:	260 West First Street PO Box 398
-	(PO Box may only be used in addition to a physical street address)
City, State and Zip C	ode: Peculiar, MO 64078

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:

Name of Owners, Individual or Business Entity FairPoint	Charter # Requircd If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
Communications Missouri, Inc.	00709242	521 E Morehead Street, Suite 500	Charlotte, NC	28202	100.00

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)

FairPoint Communications Missouri, Inc Susan L.	FAIRPOINT COMMUNICATIONS MISSOURI,	
Sowell	INC SUSAN L. SOWELL	12/28/2017
Owner's Signature or Authorized Signature of Business Entity	Printed Name	Date

Name and address to return filed document:				
Name:	Susan L. Sowell			
Address:	Email: ssowell@fairpoint.com			
City, State, and Zip Code:				