STATE OF MISSOURI



Robin Carnahan Secretary of State

CERTIFICATE OF REGISTRATION FOREIGN LIMITED PARTNERSHIP

WHEREAS,

CEBRIDGE ACQUISITION, L.P. LF0703187

Using in Missouri the name

CEBRIDGE ACQUISITION, L.P.

and existing under the laws of the State of Delaware has filed with this office its Application for Registration and whereas this Application for Registration conforms to the Missouri Revised Uniform Limited Partnership Act.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, by virtue of authority vested in me by law, do certify and declare that on the 14th day of December, 2005, the above Foreign Limited Partnership is duly authorized to transact business in the State of Missouri and is entitled to any rights granted Limited Partnerships under the Missouri Revised Uniform Limited Partnership Act.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 14th day of December, 2005.

Recretary of State



State of Missouri Robin Carnahan, Secretary of State

Corporations Division P.O. Box 778 / 600 W. Main Street, Rm 322 Jefferson City, MO 65102

File Number: 200534912102 LF0703187 Date Filed: 12/14/2005 Robin Carnahan Secretary of State

Application for Registration Of a Foreign Limited Partnership in Missouri (Submit with filing fee of \$105)

1. The maine of the foreign lif	-				
	Cebridge Acquis	ition, L.P.			
2. If different from the name ! include "L.P.", "LP", or "lin	isted above, the name under which the nited partnership" in name):	foreign limited partnership will transac	et business in Missouri is (must		
10 to graporae ou herbe		Delaware on the date of	December 5, 2005		
	s/day/year, event, or perpetual	· · · · · · · · · · · · · · · · · · ·			
4. The name and address of the	limited partnership's registered agent i	in Missouri is (this line were he compl	atad).		
- Pression System	120 South Central Avenue		Clayton, Missouri 63105		
Name P.O. may only be used in addition to physical street addi		tress CincStantZin	The state of the s		
The Secretary of St	ate is appointed agent for service of process if the	e foreign limited partnership fails to maintain a	Feristered mont		
 The address of the office requaddress of the principal office Cebridge Aquisition, L.P. 	uired to be maintained in the state of its e of the foreign limited partnership:				
Name P.O. m.	ry only be used in addition to physical street add	ress City/State/Zip			
6. List all general partners (with		Спунации			
Cebridge General, LLC	1209 Orange	Street Wilmin	ton, DE 1980		
lame (Please Print) P.O. may	only be used in addition to physical street addre	255 City/State/Zip			
2444 Powerscourt Drive, Suite 4	uich a list of the names and addresses at 50, St. Louis, Missouri 63131	nd capital contributions of limited part	ners is kept:		
ame P.O. may	only be used in addition to physical street addre	33 City/State/Zip			
The application shall include a of the records in the state or cocation	certificate of existence or document of puntry where it is registered Such down	f similar import duly authenticated by the state of Missouri Creation - LLC/LP 3 Page(s)	the official having custody		
Name and address to return filed Name: Address:	document:	T0534957401			
City, State, and Zip Code:		P _ T0534716702	I P 42 (01/05)		
•			LP 42 (01/05)		

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 provided under Section 575.040, RSMo) Craig L. Rosenthal , Manager Cebridge General, LLC by:

General Partner Signature



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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CEBRIDGE ACQUISITION, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CEBRIDGE ACQUISITION, L.P." WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4071144 8300 051000590 Flarriet Smith Windson
Harriec Smith Windson, Secretary of State

AUTHENTICATION: 4354828

DATE: 12-08-05



P.O. Box 778 / 600 W. Main Street, Rm 322 Jefferson City, MO 65102

File Number: 200612422404 X00736317 Date Filed: 05/03/2006 Expiration Date: 05/03/2011 Robin Carnahan **Secretary of State**

Registration of Fictitious Name

(Submit with filing fee of \$7) (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)

The undersigned is doing business under the following name, and at the following address:

Suddenlink Communications

Business name to be re	gistered: Suddenime Com	Suddenlink Communications				
Business Address:	12444 Powersco	12444 Powerscourt Drive, Suite 450				
	n addition to a physical street addres	s)				
City, State and Zip Cod	le: St. Louis, Misso	uri 63131				
The parties having an interest in percentage owned. If all parties Name of Owners,	the business, and the percentare jointly and severally liable	age they own are (If a busine e, percentage of ownership n	ss entity is owner, indiceed not be listed.):	rate business name and If listed, Percentage of ownership must equal		
Individual or Business Entity	Street and Number	City and State	Zip Code	100%		
Cebridge Acquisition, L.P.	12444 Powerscourt Drive	Suite 450, St. Louis	Missouri 63131	100%		
In Affirmation thereof, the face (The undersigned understands that false			Section 575.060 RSMo)			
Authorized Signature				April 27, 2006		
iumorizeu Signature				April <u>27</u> , 2006		
Authorized Signature		Printed Name		April <u>27</u> , 2006		
Authorized Signature				,		
		Printed Name		Date		
		Printed Name Printed Name		Date Date Date		
Name and address to return file	ed document:	Printed Name Printed Name		Date Date		
		Printed Name Printed Name		Date Date Date		
Name:		Printed Name Printed Name Printed Name	Fictitious Cr	Date Date Date		
Name:		Printed Name Printed Name Printed Name	Fictitious Cr	Date Date Date Of Missouri eation 1 Page(s)		