

State of Missouri

Robin Carnahan, Secretary of State

Corporations Division PO Box 2050 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102 File Number:

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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: Correction X Amendment New Registration Renewal X Charter number The undersigned is doing business under the following name and at the following address: Business name to be registered: DISH Network Phone & Internet Business Address: 2460 W. 26th Ave., Suite 380-C (PO Box may only be used in addition to a physical street address) City. State and Zip Code: Denver, CO 80211 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: If Listed, Percentage of Ownership Name of Owners. Charter# Must Equal Individual or Required If 100% City and State Zip Code Street and Number **Business Entity Business Entity** 80211 2460 W. 26th Ave., Suite 380-C, Denver, CO Liberty Bell Telecom, L.L.C. All owners must affirm by signing below In Affigmation thereof, the facts stated above are true and correct: (The understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo) Nigel Alexander, Manager Printed Name Signature or Authorized Signature of Business Entity Date Owner's Signature or Authorized Signature of Business Entity Printed Name Owner's Signature or Authorized Signature of Business Entity Printed Name Name and address to return filed document: State of Missouri Address: __ Fictitious Creation 1 Page(s) City, State, and Zip Cc



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