

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0605712.06

dwilliams ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 5/4/2022 1:29 PM Fee Receipt: \$20.00

ASN

Division of Business Filings Certificate of Assumed Name Business Filings (Domestic or Foreign Business Entity) P.O. Box 718,

Authorized Party Signature	Printed Name	Title	Date	
White to	Christopher J. Wilson	General Counsel		
I declare under penalty of perjury und	er the laws of Kentucky that the fo	orgoing is true and correc	ot.	
Street Address or Post Office Box Num	ibeis City	State	Zip	
Street Address or Post Office Box Num				
221 E. 4th Street, 10th Floor	Cincinnati	ОН	45202	
5. The mailing address is:				
4. The entity is organized and existing	g in the state or country of Ohio			
a Domestic Limited Code	pperative Association ated Non-profit Association		operative Association rated Non-profit Association	
a Domestic Statutory T		a Foreign Statutory T		
a Domestic Limited Lia		a Foreign Limited Lia		
a Domestic Corporation		a Foreign Business i		
a Domestic Limited Partnership a Domestic Business Trust a Foreign Limited Partnership a Foreign Business Trust			•	
	a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership	
	a Domestic General Partnership a Foreign General Partnership			
3. The entity type is (you must check or		_		
Name must be identical to the real nam		tate.)		
assumed name: Cincinnati Bell Telephone Com	pany LLC			
2. The real name of the business enti	ty (and in the case of general par	nership, the partners) th	at is/are adopting the	
The assumed name is: altafiber No.	etwork Solutions			
Pursuant to the provisions of KRS 365 following statement:	5.015, the undersigned applies to	assume a name and, for	that purpose, submits the	
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov				
Frankfort, KY 40602				