



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0629513.09

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ASN

Michael G. Adams
 Kentucky Secretary of State
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Division of Business Filings
Business Filings
 P.O. Box 718,
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: altafiber
2. The real name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
Cincinnati Bell Inc.

Name must be identical to the real name on record with the Secretary of State.)

3. The entity type is (you must check one):

- | | |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input type="checkbox"/> a Domestic Corporation | <input checked="" type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |
| <input type="checkbox"/> a Domestic Statutory Trust | <input type="checkbox"/> a Foreign Statutory Trust |
| <input type="checkbox"/> a Domestic Limited Cooperative Association | <input type="checkbox"/> a Foreign Limited Cooperative Association |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

4. The entity is organized and existing in the state or country of Ohio
5. The mailing address is:

221 E. 4th Street, 10th Floor Cincinnati OH 45202

Street Address or Post Office Box Numbers **City** **State** **Zip**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.


 Authorized Party Signature

Christopher J. Wilson
 Printed Name

General Counsel
 Title

 Date