

**State of Mississippi**  
**Office of the Secretary of State**  
**C. Delbert Hosemann, Jr., Secretary of State**  
**Jackson, Mississippi**

**CERTIFICATE**

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

NEW WAVE, LLC

Formed November 28, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

3450 MCCRACKEN RD  
HERNANDO MS 38632

and that the registered agent at that address is:

THOMPSON, W. RHODES, JR.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand  
and seal of office  
January 10, 2012

*C. Delbert Hosemann, Jr.*

C. Delbert Hosemann, Jr.  
Secretary of State

3046871

## Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth:  
(fields marked with an asterisks are required)

1. Name of the Limited Liability Company: (The name must include the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

⇒ \* NewWave, LLC

2. The future effective date is  
(Complete if Applicable)

Business Email Address: Rhodes@thompsonwireless.com

3. Federal Tax ID if available (Do not put Social Security Number in the box)

⇒

4. Name and Street Address of the Registered Agent and Registered Office is (must be in Mississippi)

⇒ \*Name W. Rhodes Thompson, Jr.

⇒ \*Physical Address 3450 McCracken Rd.

⇒ P.O. Box

\*City Hernando

MS

38632

\* State \* Zip5 - Zip4

5. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which the Limited Liability Company is to dissolve is

⇒

6. Is full or partial management of the Limited Liability Company vested in a manager or managers? (Mark Appropriate box)

⇒ \* ☐ Yes☒ No

7. Other matters the managers or members elect to include: (Attach additional pages if necessary)

⇒

⇒

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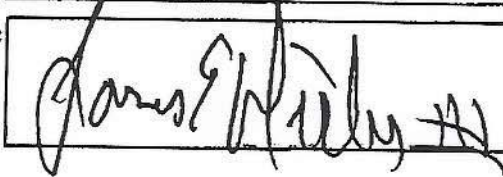
## Certificate of Formation

8. Signatures: This certificate must be signed by at least one member, manager, or organizer. (If signed by "manager" box 6 on page one 1 should be marked "yes".) The name, title, and address of each signer should be included in the spaces indicated. This page may be duplicated for additional signatures.

\* Printed Name James E. Hicks, III

\* Title Member

\* By: Signature



(please keep writing within blocks)

Street and  
Mailing Address

⇒ \* Physical Address 97 Directors Row

⇒ P. O. Box

⇒ \* City

Jackson

TN

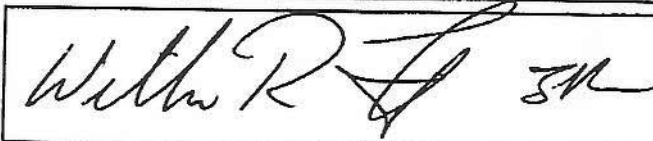
38305

State Zip5 - Zip4

Printed Name W. Rhodes Thompson, Jr

Title Member

By: Signature



(please keep writing within blocks)

Street and  
Mailing Address

⇒ Physical Address 1 Boone Drive North

⇒ P. O. Box

⇒ City

Hernando

MS

38632

State Zip5 - Zip4