

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1404658.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

10/28/2024 2:35 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Filings	Cer (For	tificate of Authority eign Business Entity)		FBE
Pursuant to the provisi and, for that purpose,	ions of KRS 14A - 03 submits the following :	0 the undersigned he statements:	reby applies for authority to transact to	business in Kentucky on b	ehalf of the entity named belo
1. The entity is a:	profit corporation		nonprofit corporation professional limited liability company		
	business trust	×	limited liability company	statutory trust	
limited partn		р	Itd cooperative association	public benefit corporation	
	non-profit llc		professional service corporation	paration corporation	
2. The name of the en	tity is AT&T Wireli	ne Holdings, LLC		VII.C.	
	(The nam	e must be identical	to the name on record with the Seci	retary of State.)	
3. The name of the en				· ····································	
	,	act) to (ii applicable)	(Only provide if "real name" is u	navailable for use: other	rwise leave blank \
4. The state or country	under whose law the	entity is organized is	Delaware		moo, loave mank.)
5. The date of organiza	ation is 05/08/2015		and the period of duratio	n is	
6 The mailing address	af the entitudeii-	-1 - 6		(If left blank, duration is	considered perpetual.)
The mailing address 208 S. Akard St.	s of trie entity's princip	al office is	Delle	T7.	
Street Address			Dallas City	TX	75202
7. The street address	of the entity's register	ed office in Kentucky	is	State	Zip Code
306 W. Main Street Street Address (No P.			Frankfort	KY	40601
		0.77.0	City	State	Zip Code
and the name of the re					
The names and bus	iness addresses of the	e entity's representati	ves (secretary, officers and directors,	managers, trustees or ger	eral partners):
Jeffery S. McElfresl		S. Akard St.	Dallas		
Name		et or P.O. Box	City	TX State	75202 Zip Code
William A. Ryan		S. Akard St.	Dallas	TX	75202
Name	Stre	et or P.O. Box	City	State	Zip Code
Name	Stre	et or P.O. Box	City	State	Zip Code
statement of purposes	of the corporation.	tes or terniones or the	ers, not less than one half (1/2) of the e United States or District of Columbia named entity validly exists under the la	i to render a professional s	service described in the
					formation.
i i. ii a simileu partifersi	mp, it elects to be a lin	illed liability limited p	artnership. Check the box if applicab	le:	
12. If a limited liability		-	d: X		
13. This application will	be effective upon figh	g.			
	1		William A Brown Manner	10/0	
Signature of Authorized 1	epresentative		William A. Ryan, Manager	10/24	1/2024 Date
C T Corporation S			consent to serve as the regist	ered agent on behalf of the	Date e business entity.
By:	ration System		Terrie Bates, Asst. Secy		10.25.2024
Signature of Registered A	gent	Printe	d Name TH	tle .	D-4: