

ARTICLES OF ENTITY CONVERSION UBI No: 313 013 420
OF
FRONTIER COMMUNICATIONS NORTHWEST INC.,
a Washington Corporation,
converting to
FRONTIER COMMUNICATIONS NORTHWEST LLC,
a Delaware Limited Liability Company

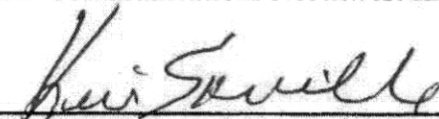
Pursuant to RCW 23B.09.040 of the Washington Business Corporation Act, the undersigned, on behalf of Frontier Communications Northwest Inc., a Washington corporation, does hereby submit these Articles of Entity Conversion for the purpose of converting Frontier Communications Northwest Inc. to a Delaware limited liability company.

1. Frontier Communications Northwest Inc., a Washington corporation, is being converted to Frontier Communications Northwest LLC, a Delaware limited liability company.
2. The name and form of the converting entity before being converted is Frontier Communications Northwest Inc., a Washington corporation.
3. The name and form of the converted entity after being converted is Frontier Communications Northwest LLC, a Delaware limited liability company.
4. The plan of entity conversion was duly approved by the sole shareholder of the converting entity pursuant to RCW 23B.09.030 on April 1, 2020.
5. Frontier Communications Northwest LLC hereby consents to service of process pursuant to RCW 23.95.450 in a proceeding to enforce any obligation or the rights of dissenting shareholders of Frontier Communications Northwest Inc.
6. The street and mailing address of the entity's principal office that may be used for service of process pursuant to RCW 23.95.450 are 1800 41st Street, Everett, Washington 98201.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned, being duly authorized to sign on behalf of Frontier Communications Northwest Inc. has executed this certificate on the 30th day of March, 2020.

Frontier Communications Northwest Inc.,

By: 
Kevin Saville, as Vice President, General
Counsel and Assistant Secretary of Frontier
Communications Northwest Inc.



Office of the Secretary of State
Corporations & Charities Division

This Box For Office Use Only

Physical/Overnight address

801 Capitol Way S
Olympia, WA 98501-1226

Mailing Address

PO Box 40234
Olympia, WA 98504-0234

- Nonprofit \$30
- All Other Entity Types \$180
- To Expedite Filing Add \$50

FOREIGN REGISTRATION STATEMENT

RCW 23.95

All fields required unless otherwise specified

(1) REQUALIFICATION:

Has this entity previously registered with the Office of the Secretary of State? (Check one) Yes No

If Yes, provide UBI # and Expiration date, then continue: UBI #: _____ Expiration: _____
If No, please continue.

(2) Do you already have a UBI Number? (Check one) Yes No If Yes, provide UBI # _____

If No, a new UBI # will be issued to you upon successful completion of the filing.

(3) ENTITY NAME: Frontier Communications Northwest LLC

Name must match the name listed on the Certificate of Existence/Good Standing

Does the entity have a name reserved? (Check one) Yes No

If Yes, provide the Name Reservation Number and Name . If No, provide only the name above.

Reservation Number: _____

For name requirements, please see the following RCW(s) as shown below.

Profit Corporation - RCW 23.95.305 (1), Nonprofit Corporation - RCW 23.95.305 (2), Limited Partnership - RCW 23.95.305 (3),
Limited Liability Partnership - RCW 23.95.305 (4), Limited Liability Company - RCW 23.95.305 (5)

(4) DOING BUSINESS AS (DBA) NAME: RCW 23.95.525

If above name is not available, enter a name to be used in Washington State. _____
Frontier Communications Northwest

(5) JURISDICTION:

Country: United States State: Delaware

(6) ENTITY TYPE IN HOME JURISDICTION: (Check one)

- Profit Corporation Limited Liability Company Nonprofit Corporation Limited Partnership
- Limited Liability Partnership Professional Profit Corporation Professional Limited Liability Company

(7) REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: Corporation Service Company

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below. Be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual _____ First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Entity _____ Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Office or Position _____ List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
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Phone: _____ Email: _____

Registered Agent Street Address (required) (Must be a physical address. No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ Zip: _____ City: _____	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address : _____ Zip: _____ City: _____
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CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.
Corporation Service Company

By: Charlene Sati _____ Charlene Sati, Assistant Secretary _____ 04/13/2020
Signature of Registered Agent Printed Name/Title Date

(8) PRINCIPAL OFFICE: *The place where the entity's records are kept

Street Address (Must be a physical address; No PO Box or PMB)	Mailing Address (optional)
Address: 1800 41st Street	<input checked="" type="checkbox"/> Check if mailing address is the same as street address. Address: _____
Zip: 98201 City: Everett	Zip: _____ City: _____
State: WA Country: United States	State: _____ Country: _____

Phone: (optional) _____ Email: (optional) _____

(9) GOVERNORS: *An entity cannot serve as its own Governor

List at least one, attach additional pages if necessary

Name: Kevin Saville	Name: Anne Meyer
Name: John Lass	Name: Mark Nielsen
Name: _____	Name: _____

(10) DATE OF FORMATION IN HOME JURISDICTION: _____

(11) PERIOD OF DURATION IN HOME JURISDICTION: Please check ONE of the following

This Company has a perpetual duration This Company has a duration of _____ years.

This Company expires on _____

(12) NATURE OF BUSINESS: *Briefly describe the type of business your entity conducts in Washington State

Telecommunications

(13) DATE BEGAN DOING BUSINESS IN WASHINGTON: Please check ONE of the following:

Date of filing Specify a date _____

(14) EFFECTIVE DATE:

Date of filing Specify a date _____ cannot be more than 90 days from received date

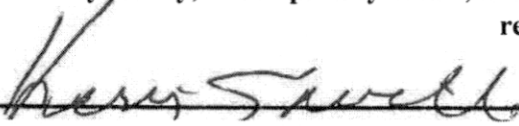
(15) RETURN ADDRESS FOR THIS FILING: (Optional)

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/ mailing address.

Attention to: Kevin Saville Email: KS9458@FTR.com
Address: 1800 41st Street
City Everett State WA Zip 98201

(16) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

 Kevin Saville, VP, General Counsel 4/8/2020
Signature of Authorized Person Printed Name/Title Date

REQUIRED: A Certificate of Existence/Good Standing or document of similar import from the home jurisdiction issued no more than 60 days before the date of submission must be attached to this filing. Failure to do so will result in the Foreign Registration Statement being returned for correction. Contact your Secretary of State or your keeper of corporate records for instructions on obtaining this document.

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRONTIER COMMUNICATIONS NORTHWEST LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRONTIER COMMUNICATIONS NORTHWEST LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7933645 8300

SR# 20202766511

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK". Below the signature is a horizontal line, and underneath the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202755178

Date: 04-13-20

Work Order #: 2020041500207873 - 1

Received Date: 04/15/2020

Amount Received: \$240.00



COVER SHEET FOR CONVERSION OF BUSINESS ENTITY

The undersigned, under penalties of perjury, do hereby attest to the conversion and/or domestication of the specified entity by virtue of the selections and information provided below.

Converting from: (current domicile and entity type)

↓ Choose 1 domicile (required)

<input checked="" type="checkbox"/>	Domestic (Washington)
<input type="checkbox"/>	Foreign (list domicile below)

↓ Choose 1 entity type (required) Governing statute

<input checked="" type="checkbox"/>	Profit Corporation	RCW 23.B
<input type="checkbox"/>	Limited Liability Company (LLC)	RCW 25.15
<input type="checkbox"/>	Limited Partnership (LP or LLLP)	RCW 25.10
<input type="checkbox"/>	Limited Liability Partnership (LLP)	RCW 25.05
<input type="checkbox"/>	unincorporated entity	
<input type="checkbox"/>	Other: (list below)	

Converting to: (new domicile and entity type)

↓ Choose 1 domicile (required)

<input type="checkbox"/>	Domestic (Washington)
<input checked="" type="checkbox"/>	Foreign (list domicile below)
	Delaware

↓ Choose 1 entity type (required) Governing statute

<input type="checkbox"/>	Profit Corporation	RCW 23.B
<input checked="" type="checkbox"/>	Limited Liability Company (LLC)	RCW 25.15
<input type="checkbox"/>	Limited Partnership (LP or LLLP)	RCW 25.10
<input type="checkbox"/>	Limited Liability Partnership (LLP)	RCW 25.05
<input type="checkbox"/>	unincorporated entity	
<input type="checkbox"/>	Other: (list below)	

- Current name of entity: Frontier Communications Northwest Inc.
- UBI# (if available): 313 013 420
- Name of new entity: Frontier Communications Northwest LLC
- Date conversion is to be effective: _____
- Street and mailing address for service of process if converted organization is foreign: _____
MC-CSC1, 300 Deschutes Way, SW Suite 201

City Tumwater State or Country WA Postal Code 98512

*Attach required documents per RCW _____

X Kevin Saville Kevin Saville VP, General Counsel 3/30/2020 2036145030
 Signature Printed Name Title Date Phone Number

Front Desk Transaction Request Form

Front Desk (\$50) Routine Expedite (\$50)
 (Wait/ Immediate Service) (Drop Off - 10 business days) (Drop off - 2-3 Business Days)

260090

ACCUFACTS RESEARCH CORP¹
PO BOX 514
OLYMPIA WA 98507-0514
(360)956-3990
cynthia@accufactsresearch.com

UBI Number	Entity Name	Type of Request
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FRONTIER COMMUNICATIONS NORTHWEST LLC

C

Type of Transactions:

- A. Formation/Articles/Registration
- B. Amendment
- C. Merger or Conversion
- D. Annual Report, Amended Report, Reinstatement
- E. Apostile or Authentication
- F. Other
- G. Long Form Certificate of Existence
- H. Short Form Certificate of Existence
- I. Photo Copies
- J. Certified Copies

Country: _____

- Charter Docs Other: _____
- Charter Docs Other: _____

SERVICE TYPE	FEE
Filing	
Filing	
Apo	
Certificates	
Records	
Other	
Other	
Expedite Fee	
TOTAL DUE:	

NOTES