



CORPORATIONS DIVISION
James M. Dolliver Building
801 Capitol Way South • PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
Fax: 360.664.8781
www.sos.wa.gov/corps

Congratulations:

You have completed the initial filing to create a new business entity. **The next step in opening your new business is to complete a Business License Application.** You may have completed this step already. The Business license Application can be completed online or downloaded at: <http://www.bls.dor.wa.gov/>

If you have any questions about the Business License application, or would like a Business License application package mailed to you, please call the Department of Revenue at 1-800-451-7985.

If you have questions about report and registered agent requirements, please contact the Corporations Division at 360-725-0377 or visit our website at: <http://www.sos.wa.gov/corps>.

IMPORTANT

To keep your filing status active and avoid administrative dissolution, you must:

1. **File an Initial Annual Report** within 120 days of the date your corporation or limited liability company (LLC) was filed. The date of filing is stated on your certificate. Please complete and return the enclosed Initial Annual Report, together with the \$10 filing fee.
2. **File an Annual Report** and pay the annual license fee each year before the anniversary of the filing date for the entity. The registered agent will be sent notice of the Annual Report requirement. But it is the corporation or LLC's responsibility to file the report even if no notice is received.
3. **Maintain a Registered Agent** and registered office in this state. You must notify the Corporations Division if there are any changes in your registered agent, agent's address, or registered office address. Failure to notify the Corporations Division of changes will result in misrouted mail, and possibly administrative dissolution.

If you have questions about report and registered agent requirements, please contact the Corporations Division at 360-725-0377 or visit our website at: <http://www.sos.wa.gov/corps>.

CT CORPORATION SYSTEM
1801 WEST BAY DR NW STE 206
OLYMPIA, WA 98502



INITIAL ANNUAL REPORT
FEE: \$10.00

RETURN COMPLETED FORM AND PAYMENT TO:
 (Checks made payable to "Secretary of State")

Corporations Division
 801 Capitol Way South
 PO Box 40234
 Olympia, WA 98504-0234

Entity Name: **IMPACT TELECOM, INC.**
 Payment Due By: **12/23/2011**
 Unified Business Identifier: **603-139-178**
 State of Incorporation: **NV**
 Inc./Qual. Date: **8/25/2011**

TO AVOID DISSOLUTION/REVOICATION, AN INITIAL ANNUAL REPORT MUST BE FILED AND PROCESSED PRIOR TO: 12/23/2011

<p>Current Registered Agent/Office</p> <p>C T Corporation System 1801 West Bay Dr Nw Ste 206</p> <p>Olympia, WA98502</p>	<p>Registered Agent/Office Changes <i>(Changes must be approved by the Board of Directors)</i></p> <p>New Registered Agent Name _____</p> <p>Consent to Appointment _____ <i>Signature of New Registered Agent</i></p> <p>Required Street Address _____</p> <p>City _____ State WA Zip Code _____</p> <p>Optional Mailing Address _____</p> <p>City _____ State WA Zip Code _____</p>
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INITIAL ANNUAL REPORT SECTION MUST BE FILLED IN COMPLETELY – TYPE OR PRINT IN BLACK INK

Principal place of business in WA _____ WA _____
Address City Zip

Telephone (____) _____ Email _____ Nature of Business _____

Foreign Entities - Principal office address in state/country of Origin

Address City State Zip Country

CORPORATION: Print or type names and addresses of corporate officers and directors including President, Vice President, Secretary, and Treasurer. If applicable the Chair of the Board of Directors and Directors. **LLC:** Print or type names and addresses of Members or Managers. *(attach additional list if necessary)*

Name	Title	Address	City	State	Zip

SIGNATURE _____ Signature of Chairman of the Board, Officer, Member or Manager listed above _____ Type or Print Name and Title _____ Date

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF AUTHORITY

to

IMPACT TELECOM, INC.

a/an NV Profit Corporation. Charter documents are effective on the date indicated below.

Date: 8/25/2011

UBI Number: 603-139-178

APPID: 2137989



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



Foreign Profit Corporation
See attached detailed instructions

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

08/25/11 2013557-001
\$230.00 K #431781
ud. 2160025

FILED
SECRETARY OF STATE
SAM REED

AUGUST 25, 2011
STATE OF WASHINGTON

UBI Number 603 139 178

CERTIFICATE OF AUTHORITY
Chapter 23B.15 RCW

SECTION 1

NAME OF CORPORATION:
Impact Telecom, Inc
(Must contain one of the following corporate designations: Corporation, Incorporated, Limited or Company, or an abbreviation Corp., Inc., Ltd, or Co - See instructions page for use of names)

NAME TO BE USED IN WASHINGTON STATE: *(If different than above, resolution must be attached)*

SECTION 2

STATE OR COUNTRY WHERE ORIGINALLY INCORPORATED: Nevada

DATE OF ORIGINAL INCORPORATION: 05/25/2005
(Certificate of Existence or similar import (not more than 60 days old) from original state must be attached)

SECTION 3

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address 9250 E Costilla Ave., Ste. 400 City Greenwood Village State/Country CO Zip 80112

PO Box _____ City _____ State/Country _____ Zip _____

SECTION 4

EFFECTIVE DATE OF CERTIFICATE OF AUTHORITY: *(Please check one of the following)*

Upon filing by the Secretary of State

Specific Date _____ *(Specified effective date must be within 90 days AFTER the Certificate of Authority has been filed by the Office of the Secretary of State)*

SECTION 5

TENURE: (Please check one of the following and indicate the date if applicable)

- Perpetual existence
- Specific term of existence _____ (Number of years or date of termination)

SECTION 6

DATE CORPORATION BEGAN DOING BUSINESS IN WASHINGTON STATE: 11/14/2011

SECTION 7

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: C T Corporation System

Physical Location Address (required).

1801 West Bay Drive NW, Suite 206

City Olympia WA Zip Code 98502

Mailing or Postal Address (optional)

City _____ WA Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address

Registered Office Address

C T Corporation System

X By Katherine Lockett Katherine Lockett, Asst Sec. 8-24-11
 Signature of Registered Agent Printed Name Date

SECTION 8

NAME AND ADDRESS OF EACH DIRECTOR AND OFFICER: SEE ATTACHMENT
(If necessary, attach additional names and addresses)

Name: Robert Beaty **Title:** President / Director

Address: 9250 E Costilla Ave., Ste 400

City Greenwood Village State CO Zip Code 80112

Name: Jim Hart **Title:** Vice President of Operations

Address: 9250 E Costilla Ave., Ste. 400

City Greenwood Village State CO Zip Code 80112

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct

X Robert M. Beaty Robert Beaty/President 8-17-11 303-779-5700
 Signature of Officer or Chairman Printed Name/Title Date Phone Number

**Attachment to Washington
Officers & Directors**

1	Full Name:	Jason McKesson
	Officer/Director:	Officer
	Officer's Title:	Vice President of Wholesale
	Business Address:	9250 E Costilla Ave., Ste. 400
	City:	Greenwood Village
	State:	CO
	ZIP Code:	80112
2	Full Name:	Chuck Griffin
	Officer/Director:	Officer
	Officer's Title:	Vice President of Retail
	Business Address:	9250 E Costilla Ave., Ste. 400
	City:	Greenwood Village
	State:	CO
	ZIP Code:	80112

SECRETARY OF STATE




CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **IMPACT TELECOM, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 25, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 24, 2011




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number. C20110824-0364
You may verify this electronic certificate
online at <http://www.nvsos.gov/>