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September 12, 2023

VIA E-FILEReceived
Records Management
Sep 12, 2023Amanda Maxwell, Executive Director
Washington Utilities and Transportation Commission
621 Woodland Square Loop SE
Lacey, WA 98503
records@wutc.wa.gov

Re: Advice Letter Regarding the Name Change from Mobilitie, LLC to Boldyn Networks US LLC

Dear Ms. Maxwell:

By this Advice Letter, Mobilitie, LLC (the "Company") notifies the Commission of a change to the Company name to Boldyn Networks US LLC. The Company is registered in Washington as a Competitive Telecommunications Company.¹ The Company respectfully requests that the Commission issue an updated certificate, if applicable, to reflect the Company's name as "Boldyn Networks US LLC" and update the Company's name in all Commission records. Furthermore, the Company requests that the Commission update its records to reflect the Company's new office address and regulatory contact information, as follows:

Office Address:
Boldyn Networks US LLC
121 Innovation Drive
Suite 200
Irvine, CA 92617-3094

Regulatory Contact Information:
Kirstie Rickett
Chief Legal Officer
1400 Broadway, 17th Floor
New York, NY 10018
Tel: (212) 931-9020
Email: krickett@mobilitie.com

¹ See Docket No. UT-070510 (Effective Date Apr. 13, 2007).

A copy of the Company's Amendment of Foreign Registration Statement on file with the Washington Office of Secretary of State is attached hereto as Attachment A.

The Company has changed its name as part of a recent rebranding and marketing campaign by its ultimate parent company, BAI Communication Group. The Company's name change does not entail any restructuring, merger or other transaction impacting the corporate existence or management of the Company and it will not affect the services or rates provided to customers of the Company. Furthermore, the Company does not currently provide regulated services in Washington to any customers. Therefore, no notice to customers is being submitted with this notice.

Please acknowledge receipt and acceptance of this filing. Please do not hesitate to contact the undersigned with any questions regarding this Advice Letter.

Respectfully submitted,

/s/ Phillip R. Marchesiello

Phillip R. Marchesiello

Wilkinson Barker Knauer, LLP

1800 M Street, N.W., Suite 800N

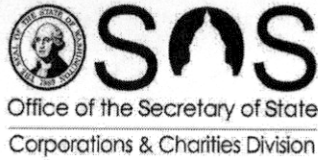
Washington, D.C. 20036

Tel: (202) 783-4141

pmarchesiello@wbklaw.com

*Counsel for Mobilitie, LLC (n/k/a Boldyn Networks
US LLC)*

Attachment A



Physical/Overnight address Mailing Address
 801 Capitol Way S PO Box 40234
 Olympia, WA 98501-1226 Olympia, WA 98504-0234
 Tel: 360.725.0377 www.sos.wa.gov/corps

This Box For Office Use Only

FILED
Secretary of State
State of Washington
Date Filed: 08/23/2023
Effective Date: 08/23/2023
UBI No: 602 690 245

- Nonprofit Filing Fee \$20
- All Other Entity Types Filing Fee \$30
- To Expedite Filing, Add \$50

AMENDMENT OF FOREIGN REGISTRATION STATEMENT

RCW 23.95

All fields required unless otherwise specified

(1) UBI No.: 602 690 245

(2) NAME OF FOREIGN BUSINESS: (as currently recorded with the Office of the Secretary of State)
Mobilitie, LLC

(3) BUSINESS TYPE CHANGE:

Are you changing your business type? (Check one) Yes No

If Yes, select the change being made:

- | | |
|---|---|
| <input type="checkbox"/> PROFIT CORPORATION | <input type="checkbox"/> CREDIT UNION |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> COOPERATIVE ASSOCIATION |
| <input type="checkbox"/> NONPROFIT CORPORATION | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> INSURANCE COMPANY |
| <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | |
| <input type="checkbox"/> LIMITED LIABILITY LIMITED PARTNERSHIP | |
| <input type="checkbox"/> PROFESSIONAL SERVICE CORPORATION | |
| <input type="checkbox"/> PROFESSIONAL LIMITED LIABILITY COMPANY | |
| <input type="checkbox"/> NONPROFIT PROFESSIONAL SERVICE CORPORATION | |
| <input type="checkbox"/> PROFESSIONAL LIMITED LIABILITY PARTNERSHIP | |
| <input type="checkbox"/> BANK CORPORATION | |
| <input type="checkbox"/> BANK LIMITED LIABILITY COMPANY | |

(4) BUSINESS NAME CHANGE: Are you changing your business name? (Check one) Yes No

New Name: Boldyn Networks US LLC

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

If Yes, provide the Name Reservation Number and Name

Reservation Number: _____

Reserved Name: _____

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

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

(6) JURISDICTION: *Required only if changed*

Country: _____ State: _____

(7) PRINCIPAL OFFICE: *Required only if changed*

Principal Office Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address (optional)

Check if mailing address is the same as street address

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Phone: _____ Email: _____

(8) GOVERNOR(S): *Required only if changed*

List at least one. Attach additional pages if necessary. NOTE: A business cannot serve as its own Governor.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

(9) PERIOD OF DURATION IN HOME JURISDICTION: *Required only if changed* Check ONE of the following

This Company shall have a perpetual duration This Company shall have a duration of _____ years.

This Company shall expire on _____

(10) Has your registered agent changed? (Check one) YES NO If Yes, complete page 3

NEW REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT

A Commercial Registered Agent is a business 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 address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) Yes No

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

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

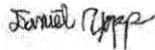
NON-COMMERCIAL REGISTERED AGENT

Please complete ONE type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> Individual: _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Business: _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Office or Position: _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
<p align="center">Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB)</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : <u>MC-CSC1</u> <u>300 Deschutes Way SW, Suite 208</u></p> <p>Zip: <u>98501</u> City: <u>Tumwater</u></p>	<p align="center">Registered Agent Mailing Address (optional) <input checked="" type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>Zip: _____ City: _____</p>

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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

	Daniel Yopp/Assistant Secretary	08/22/2023
Signature of Registered Agent	Printed Name/Title	Date

(11) NATURE OF BUSINESS: *Required only if changed*

Briefly describe the type of business your business conducts in the state of Washington:

(12) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

Date of filing Specify a Date _____ (cannot be more than 90 days following received date)

(13) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ Email: _____

Address: _____

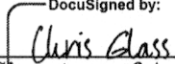
City: _____ State: _____ Zip: _____

(14) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications

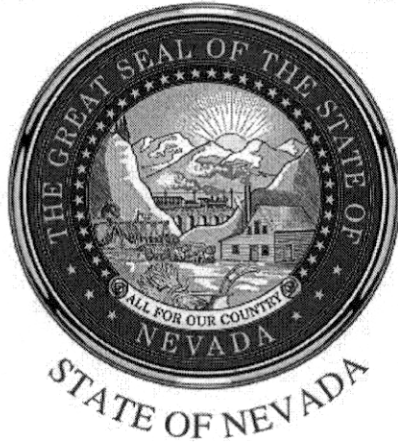
The business wants to receive **all** notifications to the Registered Agent by postal mail

(15) AUTHORIZED PERSON:

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

DocuSigned by: 	Chris Glass, Authorized Person	8/2/2023
Signature of Authorized Person	Printed Name/Title	Date

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected 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, corporations sole, 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, **Boldyn Networks US LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/18/2003, 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 08/09/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202308093865812

You may verify this certificate
online at <http://www.nvsos.gov>