



SOS

Office of the Secretary of State
Corporations & Charities Division

- Filing Fee, non-profit corp: \$20
- Filing Fee, all others: \$30
- With Expedited Service: add an additional \$50

04/13/16 3153554-001
<div style="border: 2px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">FILED \$80.00 K</p> <p style="margin: 0;">SECRETARY OF STATE</p> <p style="margin: 0;">id: 3222915</p> <p style="margin: 0;">April 13, 2016</p> <p style="margin: 0;">STATE OF WASHINGTON</p> <p style="margin: 0; font-size: small;">For office use only</p> </div>

FOREIGN REGISTRATION AMENDMENT

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

1. Entity Information

Entity Name (as recorded with WA Sec. of State): tw telccom of washington llc		UBI# (if applicable): 602065237
New Entity Name (if different than above): Level 3 Telecom of Washington, LLC		
If above name not available, name to be used in WA:		
Current Jurisdiction of Formation (State or Country): DE	New Jurisdiction of Formation:	
Current Entity Type (if LP, indicate whether entity is an LLLP): LLC	New Entity Type (if LP, indicate whether entity is an LLLP):	

2. Effective Date

EffectiveDate: <input checked="" type="checkbox"/> Upon Filing, or <input type="checkbox"/> SpecificDate:	Enter Specific Date:	(Effective date must be within 90 days AFTER the Certificate of Authority has been filed by Secretary of State)
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3. Principal Office Information (must be completed if changed from current)

Street Address of Principal Office:		
City:	State:	Zip:
Mailing Address of Principal Office (if different than above):		
City:	State:	Zip:
Street Address of Required Office in Home Jurisdiction (if applicable):		
City:	State:	Zip:
Mailing Address of Required Office in Home Jurisdiction (if different than above):		
City:	State:	Zip:

REQUIRED: if a change is made to the Entity Name, Entity Type or Jurisdiction, a Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

CORPORATIONS INFORMATION AND ASSISTANCE - (360) 725-0377



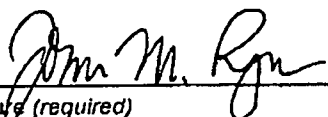
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4. Registered Agent Information (must be completed if amending Registered Agent information):

Registered Agent is a: <input type="checkbox"/> Commercial Registered Agent <input type="checkbox"/> Non-Commercial Registered Agent (must select one)			
Current or New Registered Agent Name:			
Physical Address in WA (required if non-commercial registered agent):			
City:	State: WA	Zip:	
Mailing Address in WA (optional):			
City:	State: WA	Zip:	
CONSENT TO SERVE AS REGISTERED AGENT:			
I consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept Service of Process 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 my address.			
Signature (required if agent has changed)	Print Name	Title	Date

5. Executor Information

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
	John M Ryan	Manager	4/1/16
Signature (required)	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:

801 Capitol Way S
PO Box 40234
Olympia, WA 98504

All fees are non-refundable.
All payments must be in US currency or
drawn on a US bank.
Make checks and Money Orders payable to:
Secretary of State

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEVEL 3 TELECOM OF WASHINGTON, 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 TWELFTH DAY OF APRIL, A.D. 2016.

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



3284421 8300

SR# 20162246945

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

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

Authentication: 202135388

Date: 04-12-16

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TW TELECOM OF WASHINGTON LLC", CHANGING ITS NAME FROM "TW TELECOM OF WASHINGTON LLC" TO "LEVEL 3 TELECOM OF WASHINGTON, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2016, AT 12:35 O`CLOCK P.M.



3284421 8100
SR# 20160496327

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

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

Authentication: 201764542
Date: 02-02-16

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: _____
tw telecom of washington llc

2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

The name of the limited liability company is Level 3 Telecom of Washington, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 1st day of February, A.D. 2016.

By: _____
Authorized Person(s)

Name: John M. Ryan, Manager
Print or Type