Lance J.M. Steinhart, P.C.

Attorneys At Law 1725 Windward Concourse Suite 150 Alpharetta, Georgia 30005

Also Admitted in New York Telephone: (770) 232-9200 Email: info@telecomcounsel.com Facsimile: (770) 232-9208

September 19, 2023

VIA E-FILING

Oregon Public Utilities Commission 3930 Fairview Industrial Dr. SE Salem, Oregon 97302-1166

Re: Network Innovations, LLC f/k/a Network Innovations, Inc.

CP-1399

Dear Sir/Madam:

Network Innovations, Inc. has converted from an Illinois corporation to a Delaware limited liability company and is now known as Network Innovations, LLC ("Network Innovations"). Network Innovations has processed this conversion with the Oregon Secretary of State, attached. Network Innovations is currently certified to provide local and long-distance service. Please update Public Utilities Commission records to reflect this change.

Attached please find a copy of the updated Certificate of Authority issued by the Oregon Secretary of State.

If you have any questions or if I may provide you with additional information, please do not hesitate to contact our office at info@telecomcounsel.com or (770) 232-9200.

Sincerely,

/s/ Lance J.M. Steinhart

Lance J.M. Steinhart, Esq.
Managing Attorney
Lance J.M. Steinhart, P.C.
Attorneys for Network Innovations, LLC

Attachments



Secretary of State Corporation Division 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327

Phone: (503) 986-2200 FAX: (503) 378-4381 sos.oregon.gov/business REGISTRY NUMBER: 206378499

TYPE: FOREIGN LIMITED LIABILITY COMPANY

Next Renewal Date: 1/23/2024

NETWORK INNOVATIONS, LLC 350 N ORLEANS ST SUITE 1300N CHICAGO IL 60654

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

DOCUMENT

APPLICATION FOR AUTHORITY

FILED ON

STATUS

1/23/2023

ACTIVE

NAME

NETWORK INNOVATIONS, LLC

JURISDICTION

DELAWARE

REGISTERED AGENT

INCORP SERVICES, INC. 5305 RIVER ROAD NORTH SUITE B1

KEIZER, OR 97303

PRINCIPAL PLACE OF BUSINESS 350 N ORLEANS ST SUITE 1300N

CHICAGO, IL 60654

MAILING ADDRESS

350 N ORLEANS ST SUITE 1300N CHICAGO, IL 60654

REGISTRY NUMBER:

Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St, NE, Suite 151 - 51 - 50 07310 1327 - ses prenon gov/business - Phone: (503) 986-2200

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.



NETWORK INNOVATIONS, LLC

We must release this information to all parties upon request and it will be posted on our website. For office use only Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary. 1) NAME: NETWORK INNOVATIONS, LLC NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction. 2) REGISTRY NUMBER IN HOME JURISDICTION 7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's OR: CERTIFICATE OF EXISTENCE (ATTACHED) (Please provide a web-verifiable registry number from the entity's home 5305 River Road North, Suite B1 jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an Keizer, OR 97303 official certificate of existence, current within 60 days of delivery to this office.) 8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS: 3) DATE OF ORGANIZATION: DURATION, IF NOT PERPETUAL: 12/21/2021 350 N Orleans Street, Suite 1300N Chicago, IL 60654 9) Address Where the Division May Mail Notices: 4) STATE OR COUNTRY OF ORGANIZATION: Delaware 350 N Orleans Street, Suite 1300N Chicago, IL 60654

11)	Execution: (At least one member or manager must sign.)
	I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure,
	fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited
	liability compa <u>ny.</u> This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete.
	Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature Printed Name: Title: Lisa Taranto Chief Accounting Officer

CONTACT NAME: (To resolve questions with this filing.) Victoria Martin PHONE NUMBER: (Include area code.)

THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE

REQUIREMENTS OF ORS 63.714(3). 6) Name of Oregon Registered Agent:

Incorp Services, Inc.

(770) 232-9200

FEE3

Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

10) How WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

This LLC will be member-managed by one or more members.

This LLC will be manager-managed by one or more managers.

Free copies are available at sos.oregon.gov/business, using the Business Name Search program.



Secretary of State Corporation Division 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327

Phone: (503) 986-2200 FAX: (503) 378-4381 sos.oregon.gov/business REGISTRY NUMBER: 44750396
TYPE: FOREIGN BUSINESS CORPORATION

NETWORK INNOVATIONS, INC. 1725 WINDWARD CONCOURSE SUITE 150 ALPHARETTA GA 30005

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

DOCUMENT

WITHDRAWAL OF AUTHORITY

FILED ON 1/24/2023

STATUS INACTIVE

NAME

NETWORK INNOVATIONS, INC.

JURISDICTION

ILLINOIS

PRINCIPAL PLACE OF BUSINESS

350 N ORLEANS ST SUITE 1300N CHICAGO, IL 60654

MAILING ADDRESS

1725 WINDWARD CONCOURSE SUITE 150 ALPHARETTA, GA 30005

SECRETARY

RICK STERN 350 N ORLEANS ST SUITE 1300N CHICAGO, IL 60654 REGISTERED AGENT

INCORP SERVICES, INC. 2355 STATE ST STE 101B SALEM, OR 97301

PRESIDENT

RONALD GRASON 350 N ORLEANS ST SUITE 1300N CHICAGO, IL 60654

Application for Amendment/Withdrawal - Foreign Business/Professional

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

 $\label{thm:constraints} Free \ copies \ are \ available \ at \ \underline{sos.oregon.gov/business}, using \ the \ Business \ Name \ Search \ program.$

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Saler

Check the appropriate box below:

MENDMENT TO APPLICATION FOR AUTHORITY

(Complete only 1, 2, 8)

■ WITHDRAWAL OF AUTHORITY TO TRANSACT



(Complete only 3, 4, 5, 6, 7, 8)	44750396-24358481			
REGISTRY NUMBER: 447503-96	NETWORK INNOVATIONS, INC.	VWD		
In accordance with Oregon Revised Statute 192.410-192.490, the information on				
We must release this information to all parties upon request and it will be posted Please Type or Print Legibly in Black Ink. Attach Additional Sheet if N		For office use only		
	MENT TO APPLICATION ONLY			
	* AFFEIGATION ONLY			
1) ENTITY NAME:				
2) AMENDMENT: (The amendment is as follows.)				

Withdrawal of Au	THORITY TO TRANSACT BUSINESS ONLY	A		
3) NAME: NETWORK INNOVATIONS, INC.				
4) STATE OR COUNTRY OF INCORPORATION: Illinois				
	THIS CORPORATION IS NOT TRANSACTING BUSINESS IN OREGON, AND SURRENDERS ITS AUTHORITY TO TRANSACT BUSINESS IN OREGON.			
6) THIS CORPORATION REVOKES THE AUTHORITY OF ITS REGISTER STATE AS ITS AGENT FOR SERVICE OF PROCESS IN ANY PROCEED TO TRANSACT BUSINESS IN OREGON.	ED AGENT TO ACCEPT SERVICE ON ITS BEHALF AND APPOINTS TH	E SECRETARY OF		
7) MAILING ADDRESS: (The address to which the person initiating any pro- Corporation will notify the Corporation Division, Business Registry of any ch	ceeding may mail to this Corporation a copy of any process served on the S lange in this mailing address for a period of five years from the date of this v	ecretary of State. The withdrawal.)		
350 N Orleans Street, Suite 1300N, Chicago, IL 60654				
EXECUTION: (Must be signed by at least one officer or director.) I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporati This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the laward may be penalized by fines, imprisonment or both.				
Signature: Printe	ed Name: Title:			
X Lisa	a Taranto Chief Accou	nting Officer		
CONTACT NAME: (To resolve questions with this filing.)	FEES			
Victoria Martin	Required Processing Fee \$275	u o garte u do set traditi full		

PHONE NUMBER: (Include area code.)

(770) 232-9200