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| No. W 133903 | | Due no later than Feb 28, 2015 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. AT&T MOBILITY SUPPLY, LLC 1025 LENOX PARK BLVD NE ATLANTA GA 30319 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705 | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country |
| MANAGER | AT&T MOBILITY CORPORATION | 1025 LENOX PARK BLVD NE | ATLANTA | GA | USA |
| Postal Code 30319 | | | | | |
| 5. Organized Under the Laws of: DE W 133903 | | 6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 01/17/2015 Title: POA | | | |
| Processed 01/17/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |