State of Idaho

Office of the Secretary of State

AMENDED CERTIFICATE OF AUTHORITY OF

EXTREME MEDIA TECHNOLOGIES, INC.

File Number C 156427

I, BEN YSURSA, Secretary of the State, hereby certify that an Application for Amended Certificate of Authority, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to reflect the name change from EXTREME MEDIA TECHNOLOGIES, INC. to CLEAR VOICE TELECOM, INC. and attach hereto a duplicate of the application for such amended certificate.

Dated: May 15, 2008



Ben youra

By Meny Delhies



APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(Instructions on back of application)

08 MAY 15 PM 4: 28

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-1504, **Idaho Code**, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement. Complete only applicable items.

SECRETARY OF STATE STATE OF IDAHO

| A Certificate | e of Authority was issued | to the corporat | ion by your | office on: | September | 14, 2004 | |
|---|------------------------------|-------------------|--------------|------------|-------------------|--------------|-----|
| authorizing i | it to transact business in t | the State of Ida | iho under th | e name of | | | |
| Extreme M | Media Technologies, Inc. | | • | | | | |
| | | | | | | | • |
| 2. Its corporate | name has been changed | d to Clear Vo | ice Telecon | n. Inc. | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | • · |
| 3. The name w | hich it shall use hereafte | r in the State of | i Idaha ia | | | | |
| | e Telecom, Inc. | ini ule State Of | iuano is. | | | | |
| Olcar Volc | o reicoom, aic. | · | | | | | |
| | | | | . • | • | | |
| l. It has chang | ed its jurisdiction of incor | poration, witho | ut a change | of corpora | ite identity t | o: | |
| | | | | · · | | • . | |
| | | : | | | | | |
| Dated: May 15, | 2008 | Corporation Na | ıme: Clear | Voice Tel | ecom, Inc. | | |
| | | | | | _ | | |
| | Signature: | 3 | lui (| . 5 | | | |
| | olgilatore. | E TECHY - | | | 7) | | |
| | 7 | anklin C. Toylo | .= | | | | |
| | Typed Name: Fr | ankini C. Taylo | л | | | | |
| | | | | • | | | |
| | Capacity: Pr | esident | | | | | |
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| | | | ı | <u> </u> | | | |
| • | | | | Customer | Acct #: | | |
| | | | 1 | (if using | pre-paid account) | | |

Secretary of State use only

ended cart of authority p65 Review 07/2/2/2 IDAHO SECRETARY OF STATE 05/16/2008 05:00 CK: 112028 CT: 172099 BH: 1115358 1 0 30.00 = 30.00 AMEND CERT # 2

C156427

Web Form

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF NAME CHANGE

Current Name: Clear Voice Telecom, Inc.
Old Name: Extreme Media Technologies, Inc.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 15th day of November, 2007.



Filed Date: 11/13/2007

| Max | Maffield cretary of State |
|-------|---------------------------|
| [/Sec | retary of State |

| Ву: | Jenny Kline |
|-----|-------------|
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| | |
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INSTRUCTIONS

Optional: If the document is incorrect where can you be reached for corrections? 208-287-5514

Note: Complete and submit the application in duplicate.

- 1. Line 1 Enter the date the original application for certificate of authority was filed with this office and the name of the corporation as it currently is filed with the Office of the Idaho Secretary of State.
- 2. Line 2 If the amendment is a change of name you must list the new name of the corporation. The application must be accompanied by an original certificate from the proper filing officer in the jurisdiction of incorporation evidencing the name change. Please note that the certificate required is a one page document. A certified copy of the articles of amendment or merger would not be acceptable.
- 3. Line 3 Complete item 3 only if: (1) the corporation must adopt a fictitious name to avoid a conflict with an existing name on the records of the Secretary of State, or (2) the corporation's true name does not include one of the words of incorporation required by section 30-1-401, Idaho Code, and such word is added to the true name in item 3. A corporate name must include corporation, incorporated, company, limited, or any abbreviation thereof. If a fictitious name is adopted to avoid a conflict, attach a resolution of the board of directors adopting the assumed name.
- 4. Line 4 -If the amendment is a change of jurisdiction of incorporation, the change must not involve a change of identity, e.g. a change by merger into a shell in the new jurisdiction. If the change is by merger, the surviving corporation must file a new application for certificate of authority. Item 4 on the application applies only to a change of jurisdiction pursuant to a statute of the new jurisdiction which permits redomestication. In such case, the application must be accompanied by an original certificate from the proper filing officer in the new jurisdiction of incorporation evidencing the re-domestication.
- 5. The application must be signed by an officer of the corporation. Please identify the name of the signer by typing his/her name below the signature and indicate in what capacity he/she signs. (For example: President, Secretary, etc.)
- 6. Enclose the appropriate fee:
 - a. If the form is typed, the filing fee is \$30.00
 - b. If the form is not typed, the fee is \$50.00
 - c. If expedited service is requested, add \$20.00 to the filing fee.
 - d. If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

7. Mail or deliver to:

Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080

8. If you have questions or need help, call the Secretary of State's office at (208) 334-2301.