

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 0290 (-2615 401.222 3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

(A.A.G.E. 7-10-00 (001)) 1	s subject to a penalty fee of w	25.00.				
1 II) No	2. Exact name of the limi	ted liability company				
158,287	Azteca Mobile, L.I	L. <b>C</b> .				
3. State of Formation			ness which is actually conducted in Rhoo	de Island		
Del Telecommunications						
5. Principal office address			City	State	Zip	
9300 W. 110th St. Suite 160			Overland Park	KS	66210	
6. MAILING ADDRE	SS OF LIMITED LIAB	HLITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	•	
Contact Name			Contact Title			
David Balke			REGULATORY SPECIALIST			
Street Address			CHy .	State	Zip	
9300 W. 110th St. Suite 160			Overland Park	KS	66210	
7. NAME AND ADDI		AGER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF APPL G ATTACHMENTS ("X" BOX FO	LICABLE - <u>DO NOT</u> DR ATTACHMENT)		
Manager Name			Manager Name			
Daniel Dow						
Street Address			Street Address			
9300 W. 110th St.	Suite 160					
City	State	Zip	City	State	Zip	
Overland Park	KS	66210	<u>;</u>			
Manager Name			Manager Name			
Street Address			Street Address			
СИу	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is cu		Office of the Secretary of	: State. Changes require filing of F	ı Form 642 - R.I.G.L. 7-1	6-11	

This report must be executed by an authorized person pursu int to R.I.G.L. 7-16-66 (b).

File Date	FILED		
Check No.	NOV 03 2008		
<i>B</i> y:	By 1542		
F	OR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true-and correct.

Signature of Authorizedi Person Date

Date

Date

Print or Type Name of Authorized Person