

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

subject to a penalty fee of \$25.00.			
1. Corporate ID No. 2. Name of Corporation ASC Telecovi, Inc.			
3. Street Address Principal Busin os Office 6500 Sprint PKWY, HL-5ASTX	Overland Par	K K5	12 to 12 25 1
4. Business Phone No.   5. State of Incorporation   913 - 315 - 5820   WWGA5			
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name	Vice President Name		
Street Address	Mark Beshears Street Address		
6200 Sprint Pkwy	GEON Sprint PKWY		
Overland Park State K5   2106251	Overland Par	k 5	46251
Timothy O'Grady	Grea Block		
Street Address J 6200 Sprint Pkwu	6200 Sprint Pkwy		
City State Zip	City Charles of Ch.	State	Zip (66257
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS			
Scott Andreaser	Director Name Timothy O'Grady		
Street Address	Street Address		
City State Zip	City State Zip		
Overland Park K6 UC251	Overland Park 1 75 16251		
Charles Wunsch			
Street Address  ADA Davint DV 1111	Street Address		
City State K5 21p	City	State	Zip
9. SHARES AUTHORIZED	10. SHARES ISSUED (	 "X" BOX FOR ATTACHM	VENT)
1,000	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of	Number of Sbares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.	100	Common	\$1,00
This report must be executed on behalf of the corporation by an authorize		poration is in the hands o	f a receiver or trustee,
this report must be executed on behalf of the corporation by the receiver of	or trustee.		
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement			
contained herein are true and correct.			
File Date Signature Date			
Check No. 1/290/80			
By: Print or Type Name			
FOR SECRETARY OF STATE USE ONLY	Title	tresinen	
			Form 630 Rev. 08/08