State of Rhode Island and Providence Plantations Fee: Office of the Secretary of State				
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
(401) 222-3040				
Limited Liability Company				
Annual Report Filing Period: September 1 - November 1				
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.				
ANNUAL REPORT YEAR: 2014				
1. ID No. <u>000542603</u>				
2. Exact Name of the Limited Liability Company <u>CenturyTel Long Distance, LLC</u>				
3. State of Formation				
State: LA				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Telecommunications				
5. Principal Office Address				
3. Thicipal Onice Address				
No. and Street: <u>100 CENTURY LINK DRIVE</u>				
City or Town: MONI	<u>ROE</u> St	ate: <u>LA</u> Zip: <u>71203</u> Cou	ntry: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title:				
No. and Street: 100 CENTURY LINK DRIVE				
City or Town: MONR	<u>.OE</u> Sta	te: <u>LA</u> Zip: <u>71203</u> Cou	ntry: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip (Code, Country	
MANAGER	KAREN A PUCKETT	100 CENTURY LINK MONROE, LA 71203 U		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST				
	PROVIDENCE, RI 02914			

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

Signed this 11 Day of February, 2015 at 11:28:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KAY C. BUCHART

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2015 State of Rhode Island and Providence Plantations All Rights Reserved