



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Application for Amended Certificate of Authority**  
FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <u>1071096</u>	2. The name of the corporation is: Dex Media, Inc.
3. It is incorporated under the laws of:  Delaware	4. List the date the Certificate of Authority was issued by the RI Department of State:  02/17/2017
5. If the entity's name has changed, state the new name: Thryv, Inc. <div style="text-align: right;">Check box to indicate no change <input type="checkbox"/></div>	
6. The name, if different, which it elects to use in Rhode Island is:  (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:	
7. If the entity's purpose is changing complete the following section: <i>*The now purpose should include ALL activity to be transacted in the State of Rhode Island.</i>  <div>Check the box to indicate an attachment <input type="checkbox"/></div> <div style="text-align: right;">Check box to indicate no change <input checked="" type="checkbox"/></div>	

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

STAMP  
2019 AUG 26 AM 11:37

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

FILED  
AUG 26 2019  
BY [Signature] BOHM  
11:37  
FORM 151 - Revised: 12/2017

8. If there has been an increase in the authorized shares of the corporation complete the following section:

**\*List ALL authorized shares as of this amendment.**

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the box to indicate an attachment ☐

Check box to indicate no change ☒

8a. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located.

(Note: Percentage obtained from worksheet.)

0 %

8b. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

9. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.

10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

11. Date when the Amended Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Name of Authorized Officer of the Corporation  
Jennifer Kurz.

Date  
8/23/2019

Signature of Authorized Officer

 SIGN DOCUMENT HERE

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FORM 151 - Revised 12/2017

## **POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** Thryv, Inc. f/k/a Dex Media, Inc., incorporated under the laws of the state of Delaware, does hereby appoint Jennifer Kurz, Lisa Dubois and Tricia Belanger, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for Thryv, Inc. f/k/a Dex Media, Inc. for the limited purposes authorized herein.

The Corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to withdraw, dissolve, change the name, convert the subsidiary and qualify the converted Corporation in any state, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jennifer Kurz, Lisa Dubois and Tricia Belanger, shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 31st of July 2019.

Thryv, Inc. f/k/a Dex Media, Inc.  
A Delaware Corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

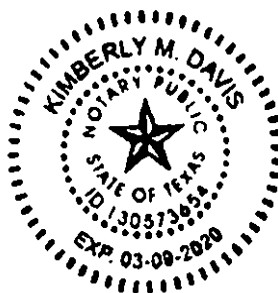
Title: \_\_\_\_\_

State of Texas  
County of Tarrant

On July 31, 2019 before me, the undersigned, a Notary Public in and for said State, personally appeared Lesley Bolger, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public





State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

August 26, 2019 11:37 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

