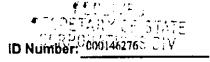
No Filling Fee (See Instructions)





2020 JAN 14 AN 11: 07 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

APPLICATION FOR TRANSFER OF AUTHORITY

Securus Technologies, Inc.		
(Insert full name of the entity following the transfer)		
SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY		
Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duqualified foreign (check one box only):		
Non-Profit Corporation or Business Corporation or Limited Liability Company or		
Limited Partnership or Limited Liability Partnership		
submits the following Application for the purpose of transferring its authority to a (check one box only):		
Limited Partnership or Limited Liability Company or Business Corporation or		
Limited Liability Partnership or Non-Profit Corporation		
The name of the entity filing this application for transfer is: Securus Technologies, Inc.		
b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 3/4/2005		
c. The jurisdiction upon transfer of authority: Delaware		
d. The name of the entity following the transfer of authority is:		
Securus Technologies. LLC		
e. The application for transfer is filed as an accompanying certificate to the certificate of registration for a limit partnership or application for registration for a limited liability company or application for certificate authority for a business corporation or application for certificate of authority for a non-profit corporation notice of registration for a registered limited liability partnership (check one box only).		
The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.		

FILED

Form 612

05/12

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury. I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 1/9/20		
Print Name of Other Entity	<u>or</u>	Print Name of Partnership
By: Signature of Authorized Person		Ву:
		Signature of Partner
Signature of Authorized Person		By:Signature of Partner
		Pos.
		Signature of Partner
Securus Technologies, Inc.		
Print Name of Corporation	<u>or</u>	Print Name of Limited Liability Company
B y:		By:
Signature of Authorized Person Justin Maroldi		Signature of Authorized Person
By: Signature of Authorized Person		By:Signature of Authorized Person
Signature of Authorized Person		Signature of Authorized Person