1D Number: 133

Filing Fee: \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

MASTEC SERVICES COMPANY, INC.	orporation, limited liability company or limited partnership is:
The fictitious business name to be used is	SERVICE COMPANY OF MNA
The state or territory under the laws of which	h it is incorporated, diganized or is.
The date of incorporation, organization or fo	
If a business corporation, the address of its	registered office within Rhode Island is 170 Westminster Street,
Suite 900, Providence, RI 02903	
	management employment, and business
If a business corporation, the business in w	which it is engaged Various management, employment, and business ion infrastructure maintenance. To engage in any act or maintenance, to engage in any act or maintenance.
services related to telecommunicat activity for which corporations ma	ay be organized.
Applicant is otherwise authorized to do bus	siness in the state of Rhode Island.
Approxime	
	Under penalty of perjury, I declare that the information containe herein is true and correct.
7 70 02	MASTEC SERVICE COMPANY, INC.
ate: 7.28.03	MASTEC SERVICE COMPANY, INC. Name of Applicant Corporation, Limited Liability Company or Limited
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	Name of Applicant Corporation, Limited Liability Company of Climed Partnership By Signature of Officer for the Corporation Title or Signature of Authorized Person for the Limited Liability Companion or
FILED	Name of Applicant Corporation, Limited Liability Company of Limited Partnership By Signature of Officer for the Corporation Title or Signature of Authorized Person for the Limited Liability Company or Signature of Authorized Person for the Limited Partnership
FILED AUG 01 2003 Form No. 624 Revised. 01/99 By Aug 17	Name of Applicant Corporation, Limited Liability Company of Limited Partnership By Signature of Officer for the Corporation Title or Signature of Authorized Person for the Limited Liability Company or Signature of Authorized Person for the Limited Partnership