

Matthew A. Brown, Secretary of . ite Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

(FORM MUST BE T	TI LD ON FRI	THE DEN	ich)			
1. ID No.			nited liabilty company			
113386			unications Group,			
3. State of Formation	ľ	4. Brief descrip	tion of the character of	the husiness which is actually conducted is	n Rhode Island	
Oklahoma		Resale of	long distance	telecommunications service	:е	
5. Principal office a			-	City	State	Zip
312 SE Dela	ware Ave	nue		Bartlesville	ок	74003
6. MAILING AL	DRESS OF	FLIMITED	LIABILITY COM	PANY AND NAME OR TITLE C		
Civilact Itami			ELIZOTEIT COM	*Contact Title	JF CONTACT	PERSON:
Carla Dimond	i			.Accounting Super	cvisor	
Street Address				City	State	12:
P.O. Box 936				Bartlesville	OK	<i>Zip</i> 74005
7. NAME AND A	DDRESS O	FFACH M	ANACEROETRE	LIMITED LIABILITY COMP.		74005
		FOI INCE	ANAGER OF THE	CIMITED LIABILITY COMP.	ANY, IF APPI	JI <u>C</u> ABLE
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Manager Name	. ANY MO	DIFICATIONS	TO MANAGERS REC	NG ATTACHMENTS ("X" BOX FO QUIRES FILING OF AMENDMENT. R.I Manager Name	R ATTACHMEN .G.L 7-16-12 (a)	カロ (2) / 7-16-52
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Street Address City Manager Name Street Address City	SENT IN RHO	DIFICATIONS State ODE ISLANI	Zip	Manager Name Street Address City Manager Name Street Address City Address	State State	Zip Zip L. 7-16-11

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	8/25/05
Check No	6032
B <u>y:</u>	DA
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Alphorized Prison

Jeff Holley, Member

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations 1 doi: 100 North Main reet Providence, RI 02903-1385

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

401 222 3040 **2004**

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OKLAHOMA		RESALE OF LO	ING DISTANCE TEL	ECOMMUNICATIONS SERVICE		
5 Principal office at	_	^		City	State	Zip
312 58	Delau	lare Hu	ن	Bartlesville	I CK	74/003
6. MAILING AD	DRESS OF LI		TY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	1 77003
Contact Name	17	ρ_{1}		Contact Title		
	ûr l	Kohinson		(',FO		
Street Address		\wedge		(A)	State	Zip
312 SE	Delaux		-	Oarelesville		74003
7. NAME AND A	DDRESS OF	EACH MANAGE	R OF THE LIMITED	LIABILITY COMPANY, IF AP	PLICABLE	1 7 7005
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lgent Name				Address	042 - K.I.G.I., 7-10-11	
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NATIONAL REGIST	ITVĖN NOENI	<u> </u>				
NATIONAL REGIST Address				Cit;	Zip	
NATIONAL REGIS Iddress 222 JEFFERSON B		NITE OO		WARWICK	1	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations () sont 199 North Main Street Providence, RI 02993-1,335 491-222 30 to

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

(FORM MUST BE TYPED (OR PRINTED IN BLACK)	Filing Fee: \$50.00			
1 //2 No. 113386	2 EXACT traine of the limited Labor ENHANCED COMMUNIC	ATIONS GROUP, L.L.C			
3 State of Formation	4 Price description of th	e character of the business ii	but is actually conducted or Rh.	who labored	
OKLAHOMA	RESALE OF LONG	DISTANCE TELECOMM	UNICATIONS SERVICE	an ruang	
312 SE De 6. MAILING ADDRES	elquare Ave	COMPANY AND NAMI	Bartlesvill	PERSON:	1 74003
Earl Robi	n.son		Comace Tale (FO		
3/2 5E DE	Plaware Ave		Bustlesville	e Sure	14003
ANY	ESS OF EACH MANAGER (FILL IN SPACES MODIFICATIONS TO MAN	BEFORE USING ATTA	CHMERTS //// BOY -	a a . a = a	7) [] a) (2) / 7-16-52
Street Address	immers		Manager Name Jeff	ble	Arcidons
312 SE De	laware Ave	T	Since Address SE De	elaware	AUR.
Bartlesvill	e / OK	74003	Bastlesville	State	1 74003
Street Address 2	Kohinson,	CFO_	Manager Name	. -	
3/2 SC De	laware Ave		Street Addiess		
Bustlesulle 8. RESIDENT AGENT	- (//)	14003	City	Siaro	Zip
Agent Name	IN RHODE ISLAND - DO N	OT ALTER - Changes	require filing of Form (642 - R.I.G.L. 7-1	6-11
NATIONAL REGISTERED	AGENTS, INC.				
222 JEFFERSON BOULE	VARD, SUITE 200		City: WARWICK		Σφ 02888-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 1 1 3 3 8 6 *	
File Date	10-14-03	
Check No	<i>3255</i>	
ну:	<u>@</u>	
f-	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury. I declare and affirm including any accompanying schedules and contained herein are true and correct	in that I have examined this report, statements, and that all statements.
Earl & Lotins	9-12-03
Signature of Authorized Person Kas Robinson Pent or Type Name of Authorized Person	Date



Edward S. Inman, III, Secretary of Corporations D 100 North Main Street, Providence, RI 0290, 401-22

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u> Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No 2 Exact name of the limited liabilty company 113386 ENHANCED COMMUNICATIONS GROUP, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RESALE OF LONG DISTANCE TELECOMMUNICATIONS SERVICE **OKLAHOMA** 5 Principal office address State Rartlesville Delaware Ave OK 7400 6.MAILING ADDRE Contact Name Contact Title Delaware 74 OO. Manager Name Street Address Street Address Citv State Zip City State Manager Name Manager Name Street Address Street Address Cin State Zip State 8 RESIDENT Helder Claric Deale are as eliminated and day like Agent Name Address NATIONAL REGISTERED AGENTS, INC. Address City Zip 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK 02888-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File I	Date 117-03	
Check	4013/	
В <u>у. </u>	QC.	
FOR	SECRETARY OF STATE-USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

9-19-0

Date

Earl PRobinson

rint or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

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ID Number	FLLC 1	113386
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ı	Number FLLC 113300	Annual Report for the year 2001
1.	The name of the limited liability compa	any is:
	ENHANCED COMMUNICATIONS GR	ROUP, L.L.C.
2.	The address of the principal office of t	he limited liability company is:
	312 SE DELAWARU	
3.	The state or other jurisdiction under th	e laws of which it is formed is OKLAHOMA
4.		agent is: NATIONAL REGISTERED AGENTS, INC.
	222 JEFFERSON BOULEVARD, SUI	
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications
	may be directed are: <u>Jeff Hol</u> OK 74003	ley, 312 SE Delaware Ave. Bartlesville,
	state: Resale of long dist	the business in which the limited liability company is actually engaged in this tank telecontantications. Sunce
ile I	ed	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. ENHANCED (UMNICATIONS GROVE LUCE) Exact Name of Limited Liability Company By Jah Holly Pausident
Зу:	k No.: 9754	Title Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING