APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Jun 29, 2012
OREGON SECRETARY OF STATE

REGISTRY NUMBER

86675098

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

OTC CONNECTIONS

BUSINESS ACTIVITY

TELECOMMUNICATIONS, ALL OTHER

PRINCIPAL PLACE OF BUSINESS

155 W MAIN STREET
JOHN DAY OR 97845 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

GARRIN BOTT

PO BOX 609
MOUNT VERNON OR 97865 USA

REGISTRANT/OWNER

GARRIN BOTT

ONE TELEPHONE DRIVE
MOUNT VERNON OR 97865 USA

COUNTIES

GRANT

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

GARRIN BOTT