Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
www.filinginoregon.com

**Assumed Business Name Reactivation**
**Registry Number: 105562995**
**Date of Registration: 10/21/2014**

AT&T MOBILITY 11/04/2016 2:14PM 000001 #9584
0010
BUSINESS REG $100.00
CHECK $100.00

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit $100 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation is 10/22/2016

FILED
NOV 04 2016
OREGON
SECRETARY OF STATE

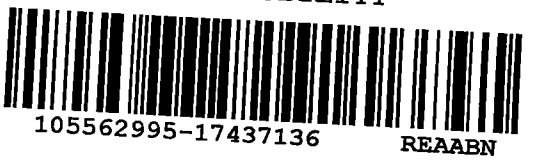
The reason(s) for administrative cancellation has been eliminated or did not exist.

By: _____ Date: 11/4/16
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200

AT&T MOBILITY



105562995-17437136 REAABN

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AT&T MOBILITY

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form.

**Principal Place of Business:** (Physical Street Address) 1025 LENOX PARK BLVD NE ATLANTA GA 30319

**Authorized Representative:** JACKIE BEGUE
**Mailing Address:** 675 W PEACHTREE STREET NW ATLANTA GA 30308

**Registrant(s) - Name(s) and Physical Address(es):**
NEW CINGULAR WIRELESS PCS, LLC
AT&T MOBILITY LLC

**Counties:**

| | | | | | |
|---|---|---|---|---|---|
| ☒ BAKER | ☒ CROOK | ☒ HARNEY | ☒ LAKE | ☒ MORROW | ☒ UNION |
| ☒ BENTON | ☒ CURRY | ☒ HOOD RIVER | ☒ LANE | ☒ MULTNOMAH | ☒ WALLOWA |
| ☒ CLACKAMAS | ☒ DESCHUTES | ☒ JACKSON | ☒ LINCOLN | ☒ POLK | ☒ WASCO |
| ☒ CLATSOP | ☒ DOUGLAS | ☒ JEFFERSON | ☒ LINN | ☒ SHERMAN | ☒ WASHINGTON |
| ☒ COLUMBIA | ☒ GILLIAM | ☒ JOSEPHINE | ☒ MALHEUR | ☒ TILLAMOOK | ☒ WHEELER |
| ☒ COOS | ☒ GRANT | ☒ KLAMATH | ☒ MARION | ☒ UMATILLA | ☒ YAMHILL |

**Business Description:** (Primary business activity) _____

**Signatures:** New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing 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.

**Signature:** _____ **Signature:** _____

**Contact Name:** Lai Buckley **Phone Number:** (908) 234-4246

**Make check payable to "Corporation Division" and mail completed form with payment to the address above.**
Note: Filing fees may be paid with a major credit card.
Submit the card number and expiration date on a separate page for your protection.