EXHIBIT A

ARTICLES OF INCORPORATION (Attached)

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Document processing fee If document is filed on paper If document is filed electronically Fees & forms/cover sheets are subject to change. To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit <u>www.sos.state.co.us</u> and select Business Center. Paper documents must be typewritten or m	E-Filed \$125.00 \$ 25.00	Colorado Secreta Date and Time: 1 Id Number: 2007 Document numb	2/21/2007 11:04 AM /1588101		
A filed pursuant to §7-90-301, et se	Articles of Incorpo		Statutes (C.R.S)		
		Long Distance,			
1. Entity name:	(The name of a corporation "incorporated", "company corporation is a profession	must contain the term or ab ", "limited", "corp.", inc."	breviation "corporation", , "co." or "ltd"; If the tain the term or abbreviation		
2. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):	"credit union"	1st" or any derivative t " [] "savings and 'casualty", "mutual", c	d loan"		
3. Principal office street address:	102 South Tejon Street (Street name and number)				
	11th Floor				
	Colorado Spring	<u>s</u> <u>CO</u> <u>(State)</u>	80503 (Postal/Zip Code)		
		United S	tates		
	(Province – if application of the second sec	able) (Country – if	not USJ		
4. Principal office mailing address: (if different from above):	(Street name and number or Post Office Box information)				
	(City)	(State)	(Postal/Zip Code)		
	(Province – if applic				
5. Registered agent: (if an individual):					
	(Last)	(First)	(Middle) (Suffix)		
OR (if a business organization):	National Registe	ered Agents, Inc.			
6. The person appointed as registered age	nt in the document has	s consented to being s	o appointed.		
7. Registered agent street address:	1535 Grant Street				
	(Street name and number)				
	Denver	<u></u> <u></u> <u>CO</u>	80203		
	(City)	(State)	(Postal/Zip Code)		

 Registered agent mailing address: (LEAVE BLANK if same as above) 	(Street name and number or Post Office Box information)				
	(City)	(State)	(Postal/Zip C	ode)	
	(Province – if applicable)	(Country – if not U	US)		
9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:					
1	(mm/dd/yyyy)				
10. (OPTIONAL) Delayed effective date:	(mm/dd/yyyy)				
11. Name(s) and address(es) of incorporator(s): (if an individual)	(Last)	(First)	(Middle)	(Suffix)	
	Central Telecom Long			(Bujjin)	
OR (if a business organization)					
	102 South Tejon Street (Street name and number or Post Office Box information)				
	11th Floor				
	Colorado Springs (City)	$\frac{\text{CO}}{(\text{State})} = \frac{80}{2}$)503 (Postal/Zip C	(ode)	
		United State	es	.0407	
	(Province – if applicable)	(Country – if not b	US)		
(if an individual)					
· · · · · · · · · · · · · · · · · · ·	(Last)	(First)	(Middle)	(Suffix)	
OR (if a business organization)					
	(Street name and m	umber or Post Office Bo	ox information)		
	(City)	(State) United State	(Postal/Zip C	Code)	
	(Province – if applicable)	(Country – if not			
(if an individual)	(Last)	(First)	(Middle)	(Suffix)	
	(2.465 6)	(2 1134)	(111111111)	(Dig)in)	
OR (if a business organization)		<u></u>			
	(Street name and m	umber or Post Office Bo	ox information)		
	(City)	(State) United State	(Postal/Zip (es	Code)	
	(Province – if applicable)	(Country – if not			

(If there are more than three incorporators, mark this box 🗌 and include an attachment stating the true names and mailing addresses of all additional incorporators.)

12. The corporation is authorized to issue 25,000 shares of common stock. *(number)*

(Additional classes of capital stock may be authorized and additional information regarding the corporation's stock may be stated, mark this box and include an attachment stating pertinent information.)

13. Additional information may be included pursuant to §7-102-102, C.R.S. and other organic statutes such as title 12, C.R.S. If applicable, mark this box 📋 and include an attachment stating the additional information.

Notice:

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This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

14. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Isar	Andrew		
(Last)	(First)	(Middle)	(Suffix)
Miller Isar, Inc.			
7901 Skansie Ave	and number or Post O	ffice Box information)	
7901 Skansle Ave	nue, Suite 24	-0	
Gig Harbor	nue, Suite 24 WA	98335	
		98335	Code)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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