

ATTACHMENT I

Wide Voice, LLC

Certificate of Authority to
Transact Business in South Dakota
From the Secretary of State

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

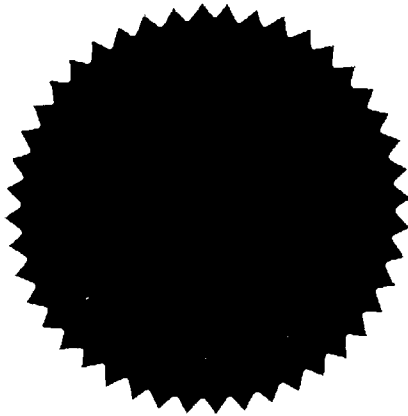
Certificate of Authority Limited Liability Company

ORGANIZATIONAL ID #: FL005856

I, **Jason M. Gant**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Application for a Certificate of Authority of **WIDE VOICE, LLC (NV)** to transact business in this state duly signed and verified pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the application for certificate of authority.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this September 6, 2011.



Jason M. Gant
Secretary of State

CertAuthLLC Merge



ROSS MILLER
 Secretary of State
 206 North Carson Street
 Carson City, Nevada 89701-4290
 (775) 684 5709
 Website: secretaryofstate.biz

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Ross Miller Secretary of State State of Nevada	Filing Date and Time 08/27/2007 1:05 PM
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**Articles of Organization
 Limited-Liability Company**
 (PURSUANT TO NRS 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: <i>(Must contain word "limited liability company" or "llc" and instructions)</i>	Wide Voice, LLC		Check box if a Series Limited-Liability Company <input type="checkbox"/>
2. Resident Agent Name and Street Address: <i>(Must be a Nevada address where service may be served)</i>	The Corporation Trust Company of Nevada Name		
	6100 Neil Road, Suite 500	Reno	Nevada 89511
	(MANDATORY) Physical Street Address	City	State Zip Code
	(OPTIONAL) Mailing Address	City	State Zip Code
3. Dissolution Date: <i>(OPTIONAL - see instructions)</i>	Latest date upon which the company is to dissolve (if existence is not perpetual): <u>perpetual</u>		
4. Management:	Company shall be managed by <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Members <i>(check only one box)</i>		
5. Name and Address of each Member or Manager: <i>(Attach additional copies to each additional name.)</i>	David Erickson Name		
	110 West Ocean Boulevard, Suite C	Long Beach	CA 90802
	Address	City	State Zip Code
	Name	City	State Zip Code
	Name	City	State Zip Code
	Name	City	State Zip Code
6. Name, Address and Signature of Organizer: <i>(Attach additional copies to each additional copy.)</i>	Kristopher E. Twomey Name		
	1425 Leimert Blvd., Suite 404	Oakland	CA 94602
	Address	City	State Zip Code
7. Certificate of Acceptance of Appointment of Resident Agent:	I hereby accept appointment as Resident Agent for the above named limited liability company. <u>Naseem A. Conde</u> 08-27-07 Authorized Signature of R.A. or On Behalf of R.A. Company Date		

This form must be accompanied by appropriate fees.

Nevada Secretary of State Form LLC-002
 Revised on 05/11/07

**NASEEM A. CONDE
 SPECIAL ASST. SECRETARY**