

Exhibit A

Gallatin's Certificate of Formation



STATE OF MONTANA

ARTICLES of ORGANIZATION for DOMESTIC LIMITED LIABILITY COMPANY 35-8-202, MCA

MAIL: LINDA McCULLOCH Secretary of State P.O. Box 202801 Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Prepare, sign, and submit with an original signature and filing fee. This is the minimum information required.

(This space for Secretary of State use only)

Required Filing Fee: \$70.00
[] 24 Hour Priority Handling check box and Add \$20.00
[] 1 Hour Expedite Handling check box and Add \$100.00

Make checks payable to Secretary of State. If the document is hand written, please print legibly or the application may be denied.

Check One Box:

- [x] Limited Liability Company
[] Professional Limited Liability Company

1. The name of the Limited Liability Company: Gallatin Wireless Internet, LLC
(Must contain "limited liability company," "limited company" or if Professional, "professional limited liability company," or an abbreviation.)

2. The Limited Liability Company is (check one):
[x] At Will [] Term If Term, the latest date on which the LLC is to dissolve:

3. The business mailing address of its principal office: 1601 S. Park Drive
City: Cody, Wyoming Zip Code: 82414

4. The name of the entity's Commercial Registered Agent for service of process in Montana:
(A list of Commercial Registered Agents is available at: http://sos.mt.gov/Business/Agents/index.asp.)
Name: Lawco, 2115 11th. Street West, Billings, MT 59102

Or, the name and address of the entity's Noncommercial Registered Agent for service of process in Montana:
Name:
Actual Street Address or Rural Route Box Number in Montana: (Must be an actual geographic location.)
City: Zip Code:

And, a mailing address in Montana, if different:
City: Zip Code:
Appointment of a Registered Agent is affirmation of the Registered Agent's consent to serve as Registered Agent.

5. The Limited Liability Company will be managed by (check one): [x] Manager(s) [] Member(s)

6. The names and business mailing addresses of the Managers or Members: For additional names and addresses attach a separate sheet of paper.

Chris Davidson 1601 S. Park Drive, Cody, Wyoming 82414

Name Business Mailing Address

Name Business Mailing Address

Name Business Mailing Address

7. If one or more members of the company are liable for the LLC's debts and obligations under 35-8-304(3), MCA, please attach a list of liable members and written consents of each.
8. If a Professional Limited Liability Company, the services to be provided (35-8-1301, MCA):

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9. I, **HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Managing Member/Managing Manager

Date

Chris Davidson

Manager

Printed Name

Title

10. Daytime Contact: Phone 307-568-3357

Email chris.davidson@tctstaff.com