

Telecommunications
E Commerce
Technology
Corporate & Finance
Trademarks
Proprietary Rights
Complex Litigation
General Business Law

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T.R.A. DOCKET ROOM

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November 10, 2004

Office of the Secretary
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505

**Re: United American Technology, Inc.
Application for Certificate to Provide Resold
Interexchange Services in Tennessee**

04-00400

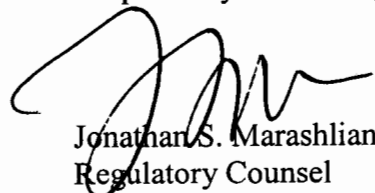
Ladies and Gentlemen:

On behalf of United American Technology, Inc. ("UAT"), transmitted herewith is an original plus thirteen (13) copies of its Application for Certificate to Provide Resold Interexchange Services in Tennessee and Surety Bond. Also enclosed is a check in the amount of \$50.00 for the fee associated with this filing.

An additional copy of this filing is also enclosed, to be date-stamped and returned in the postage-prepaid envelope provided.

Should there be any questions regarding this filing, kindly contact the undersigned.

Respectfully submitted,



Jonathan S. Marashlian
Regulatory Counsel

JSM/sr
Enclosures

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TN REGULATORY AUTHORITY
TELECOMMUNICATIONS DIVISION

**APPLICATION FOR CERTIFICATE
TO PROVIDE OPERATOR SERVICES AND/OR
RESELL TELECOMMUNICATION SERVICES IN TENNESSEE**

Co. ID
#28922

SECTION A

Application is hereby made for a certificate of authority pursuant to Rule 1220-4-2-.57 to provide telecommunications services in the State of Tennessee.

Part 1: General Information

A. Name of Applicant:

United American Technology, Inc.

(Full exact name of person, corporation, partnership, sole proprietorship, or other entity for which application is made).

(Legal name of applicant, if different from above.)

Tenn. Secretary of State Certificate of Authority ID – **Control Number: 0476956**

Federal Taxpayer ID Number: **77-0611780**

Social Security Number for Applicants Applying as Individuals: _____

Any trade names(s), assumed name(s), or fictitious name(s) used by applicant: **N/A**

If applicant has affiliate(s) engaged in provide telecommunications services, provide the above requested information for the affiliate(s) as well as for the applicant. **N/A**

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

***** IMPORTANT INFORMATION*****

If applicant has affiliates or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name, or fictitious name used by the above, provide the above request information on all parts of this application as well as for the applicant. Provide this information on a certain attachment, if necessary.

THIS SECTION FOR TRA USE ONLY

Docket Number: _____ Company ID Number: _____

Date Approved: _____

Evaluator: _____

- B. Describe other businesses or business transactions, if any, at the same location as the principal business address: **None**
- C. Provide the name, business, and home address of and a chronological summary of the employment history and business experience over the preceding eight years of:
- (a) The proprietor, if the applicant is an individual;
 - (b) Every member, if the applicant is a partnership;
 - (c) Each executive Officer, Director and each Key Stockholder, if the applicant is a joint stock association or a corporation. (Note: If the applicant is a publicly traded corporation it does not need to provide this information).
 - (d) Any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.

Applicant is a privately-held corporation. Therefore, the information provided in ATTACHMENT 1 hereto pertains to Applicant's executive officers and directors.

Information to be included:

NAME	TITLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
BUSINESS ADDRESS			PHONE NO.
HOME ADDRESS			PHONE NO.
EMPLOYMENT HISTORY			

Provide the above requested information on separate attachments.

- D. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five (5%) percent more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked, or suspended by a state or federal regulatory or law enforcement entity?

☐ Yes ☒ No If yes, please explain fully.

- E. Has the Tennessee Regulatory Authority, or any other agency of the State of Tennessee, any federal agency or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five (5%) percent more shareholders or beneficiaries (of a trust)?

☐ Yes ☒ No If yes, please explain fully.

Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five (5%) percent more shareholders or beneficiaries (of a trust), been enjoined or restrained by order by any court or state or federal regulatory or law enforcement entity from engaging in any conduct or practice related to the telecommunications business?

☐ Yes ☒ No If yes, please explain fully.

- F. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five (5%) percent more shareholders or beneficiaries (of a trust) been associated with a business who has ceased providing telecommunications services in any state, describe the circumstances. (Use additional pages if necessary.)

No.

- G. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five (5%) percent more shareholders or beneficiaries (of a trust) been convicted of any crime or crimes, or charged in court with any fraudulent or dishonest acts in any transaction of any kind, or confined in any penal institution? If so, list such persons, give details, state results and final outcome. (Use additional pages if necessary.)

No.

Has the applicant or any of its parent's companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five (5%) percent more shareholders or beneficiaries (of a trust) been indicted, convicted, pled guilty, or pled nolo contendere to a felony in Tennessee or elsewhere?

___ Yes X No If yes, please explain fully.

- H. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.

<u>Tom Anderson, CEO</u>	<u>(405) 418-0340</u>	<u>(405) 840-9002</u>
Name	Phone No.	Fax No.

(800) 394-2611 e-mail address: tom@uatnow.com

Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.

Primary Contact:

<u>Jonathan S. Marashlian, Regulatory Counsel</u>	<u>(703) 714-1313</u>	<u>(703) 714-1330</u>
Name	Phone No.	Fax No.

e-mail address: jsm@thlglaw.com

Secondary Contact:

<u>Tom Anderson, CEO</u>	<u>(405) 418-0340</u>	<u>(405) 840-90025</u>
Name	Phone No.	Fax No.

(800) 394-2611 e-mail address: tom@uatnow.com

- I. List a toll-free telephone number and mailing address that consumers can call or write to report service problems and/or request refunds or adjustments.

Toll-Free Customer Service: **800-394-2611**

Customer Mailing Address:

**United American Technology, Inc.
900 N.E. 63rd Street, Suite 100
Oklahoma City, OK 73105**

- J. Provide the name and address of the registered agent for service of process:

**National Registered Agents, Inc.
1900 Church Street, Suite 400
Nashville, Tennessee 37203**

- K. Identify all authorized agents in the state, if any, by name, address, business, and home phone numbers and any other businesses conducted by the agent at the same location. (Use additional sheets if necessary.)

N/A

PART II

- A. Check the type of telecommunications services you plan to provide in Tennessee.

☒ Resell interexchange long distance services
☐ Operator Services
☐ Resell local services
☐ Other (describe) _____

- B. If providing operator services, list company name, address, and contact person for all reseller carriers you serve in Tennessee. Provide the above information on Appendix 1.

N/A

- C. List the state(s) where the applicant, its parent company, and all affiliates is authorized to operate in at this time. For each such state, describe applicant's current activities along with a history of operations there. (Use additional sheets if necessary.)

UAT is registered, licensed or otherwise authorized to provide long distance services in the following states: AL, AZ, CA, CO, DE, FL, GA, IL, IN, KS, KY, MD, MI, MT, NV, NH, NJ, NY, OH, OR, PA, SC, SD, UT, VA, WA, WV, and WI. UAT is in the process of obtaining registrations and licenses in the remaining continental U.S. Included in UAT's long distance service offerings are direct dial 1+, 800/888/877, and travel cards.

For the above states, list the number and types of complaint(s) filed against applicant and the complaint(s)' current status. Provide this information on a separate attachment, if necessary.

No complaints have been filed against UAT in any of the above-listed states.

If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name, or fictitious name used by the above, provide the above requested information for all as well as for the applicant. Provide this information on a separate attachment, if necessary.

N/A

- D. List any states that the applicant or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service. (Use additional pages if necessary)

None.

- E. _____
Areas in Tennessee to be served.

Statewide

- F. What type of customers will the applicant serve?

- a. Business _____
b. Residential _____
c. Aggregators (e.g. Hotels, Payphones)
d. Other (specify) _____

Applicant will offer services to both residential and small business customers.

- G. Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over its network? If yes, specify amount. _____

No.

- H. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes _____ No _____

N/A

- I. Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix 11¹.

Direct dial 1+ long distance, toll-free 800/888/877 and travel cards

- J. What is the applicant's 10XXX or 800 access code, if applicable? _____

N/A

¹ Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

- K. Does the applicant now have or plan to have any telecommunication's facilities (e.g., switches, fiber lines) in Tennessee?

No.

- L. What facility-based network(s) will the applicant be reselling?

Qwest and PowerNet Global

- M. Will the applicant be utilizing the local telephone company's billing system or billing customers directly²?

Applicant bills its customers through a combination of Direct and LEC Billing. A sample invoice for a direct-billed customer is included at ATTACHMENT 2.

- N. Describe briefly how the applicant plans to market their services in Tennessee?

Applicant will market its long distance services in Tennessee through independent telemarketers and the Internet.

- O. If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company.

Applicant will not use independent telemarketers.

- P. Describe the methods and procedures by which the applicant will use to switch a consumer's preferred interexchange service, if applicable. Use additional pages if necessary. If you have written procedures or company guidelines, attach copies.

Applicant and its agents strictly adhere to all federal and state specific anti-slamming rules. Customers signing up for long distance service over the Internet must complete a Letter of Authorization ("LOA") which complies with Federal Communications Commission ("FCC") rules and requirements associated with the content of such LOAs. See 47 C.F.R. §64.1160. Customers solicited by independent telemarketers must confirm their selection of preferred carriers in strict compliance with the FCC's rules and requirements regarding independent third-party verifications. See 47 C.F.R. §64.1100, et seq.

- Q. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company. Yes X No

- R. Applicant gives permission to the local telephone company to provide the Authority a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates. Yes X No

² A copy of a bill is required if the applicant is going to bill the customer directly.

X Corporation

_____ Subsidiary of a Publicly Traded Corporation

Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization form Tennessee Secretary of State

_____ Other Form of Corporation

List type S Corp. (Example S Corporation)
Attach a copy of the charter, bylaws and/or certificate of incorporation.

Certificate of Incorporation attached hereto at ATTACHMENT 3.

Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State

Attach a copy of the charter, bylaws and/or certificate of incorporation. and Letter of Authorization from Tennessee Secretary of State.

Attach a copy of the trust agreement and Letter of Authorization from Tennessee Secretary of State.

Attach a copy of the Letter of Authorization from Tennessee Secretary of State

SECTION (a)-(g) is to be completed if applicant is a Corporation, Association or Trust

(a) The date and state of formation/incorporation: **10/28/03**

(1) Parent Company, if applicable _____

(b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed.

See ATTACHMENT 4.

(c) The date admitted into Tennessee, if a foreign corporation: **9/3/04**

(1) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

See ATTACHMENT 5.

(d) Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is

publicly traded on any stock exchange.

Applicant is a privately-held S Corp. It has no affiliates or subsidiaries.

- (e) Provide the history of material litigation and criminal convictions of every current director, executive officer, or key shareholder of the applicant for the ten-year period prior to the date of this application.

None.

- (f) If applicable, attach a copy of the instrument creating the trust and all amendments thereto:

B. ☐ Proprietorship

☐ Partnership

☐ General

Attach a copy of the partnership agreement along with any amendments.

☐ Limited

Attach a copy of the certificate of limited partnership and the partnership agreement along with any amendments.

☐ Other (Explain on separate sheet)

All of the above will be required to submit a valid business license.

- (a) Identify the place and date of the applicant's qualifications to provide telecommunications services in this state.
- (b) List the full name, social security number and address of the owners, if a sole proprietorship, or all partners identifying the percentage of ownership:
ATTACH ADDITIONAL PAGES AS NECESSARY

C. Number of employees: **Less than 10.**

Employer Identification Number (E.I.N.): **77-0611780**

Part IV: Financial Information

A. Address where business records are kept: _____

**United American Technology, Inc.
900 N.E. 63rd Street, Suite 100
Oklahoma City, OK 73105
Tel: (405) 418-0340
Fax: (405) 840-9002**

B. Attach a copy of the applicant's unconsolidated and consolidated audited financial statements for the current year and if available, for the immediately preceding three-year period. Provide in detail the applicant's financial condition, including balance sheet and

income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company's 10K and/or stockholder reports.

Attached hereto at ATTACHMENT 6 are Applicant's financial statements.

- (1) Fiscal Year end: Month: December Day: 31
- (2) Date of most recent audited, unconsolidated financial statement of Applicant:
N/A
- (3) If applicable, name and address of independent certified public accountant:

C. Does the applicant currently have an internal auditor and/or internal audit program?

No.

If so, Name of internal auditor

_____.

D. If applicable, provide a history of applicant's material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined as any litigation that, according to generally accepted accounting principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents.

None.

Part VI: Rule Compliance Agreement

A. Have you received, read, and understand the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III) in its entirety?

X Yes ____ No

B. Do you understand the penalties for non-compliance, and all associated fees to provide such service?

X Yes ____ No

Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Authority, P.O.Box 198907, Nashville, TN 37219-8907. Should you have any questions, call (615) 741-7489, ext. 163.

The Reseller or Operator Service Provider applicant, hereby, affirms the following:

Will comply with the TRA Reseller Rules and all other applicable Authority Rules and state laws, including T.C.A. Section 65-5-206 (Appendix IV)

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this RESELLER APPLICATION and all attachments and appendices are true and correct to the best of my knowledge and belief. I further understand that omissions or inaccuracies may result in denial of the APPLICATION and grounds for revocation of Certificate of Authority.

UNITED AMERICAN TECHNOLOGY, INC.

BY: [Signature]
Signature

Tom Anderson
Printed Name

CEO
Title

ATTEST: Tom Anderson
Title CEO

On this the 15 day of September - 2004 before me, a Notary Public of Oklahoma

known to me to be the person(s) named in, and who executed the foregoing application, being duly sworn according to law, deposes and says that the statements and representations set forth in the above application are true and correct to the best of his/her knowledge and belief.

Notary Public

seal



Sandi K. McClure

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

NAME OF ENTITY
UNITED AMERICAN TECHNOLOGY, INC.

DOCUMENT TYPE
Certificate of Incorporation

DOCUMENT FILING DATE
October 28, 2003



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 13th day of April, 2004.

Secretary Of State

10/28/2003 02:31 PM

OKLAHOMA SECRETARY OF STATE



SOS



606470001

CERTIFICATE OF INCORPORATION

TO: OKLAHOMA SECRETARY OF STATE
 2300 N. Lincoln Blvd., Room 101, State Capitol Building
 Oklahoma City, Oklahoma 73105-4897
 (405) 522-4560

The undersigned, for the purpose of forming an Oklahoma profit corporation pursuant to the provisions of Title 18, Section 1001, do hereby execute the following certificate of incorporation:

1. The name of the corporation is:

United American Technology, Inc.

(NOTE: Please refer to procedure sheet for statutory words required to be included in the corporate name.)

2. The name of the registered agent and the street address of the registered office in the State of Oklahoma is:

<u>John Bachman</u>	<u>900 NE 63, Ste. 100</u>	<u>OKC</u>	<u>OK</u>	<u>73105</u>
Name	Street Address	City	County	Zip Code

(P.O. BOXES ARE NOT ACCEPTABLE)

3. The duration of the corporation is:

Perpetual

(Perpetual unless otherwise stated)

4. The purpose or purposes for which the corporation is formed are:

To pursue business in the telecommunications field any other lawful purpose.

5. The aggregate number of shares which the corporation shall have the authority to issue, the designation of each class, the number of shares of each class, and the par value of the shares of each class are as follows:

NUMBER OF SHARES	SERIES (If any)	PAR VALUE PER SHARE (Or, if without par value, so state)
COMMON <u>200,000,000</u>		<u>\$.0001</u>
PREFERRED <u>4,500,000</u>		<u>\$.0001</u>

6. If the powers of the incorporator(s) are to terminate upon the filing of the certificate of incorporation, the names and mailing addresses of the persons who are to serve as director(s):

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
John Bachman	900 NE 63, Ste. 100	OKC	OK	73105

7. The name and mailing address of the undersigned incorporator(s):

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
John Bachman	900 NE 63, Ste. 100	OKC	OK	73105

Signed and dated this 28 day of Oct

SIGNATURE OF ALL INCORPORATORS



SIGNATURE

SIGNATURE

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF INCORPORATION

WHEREAS, the Certificate of Incorporation of

UNITED AMERICAN TECHNOLOGY, INC.

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
28th day of October, 2003.*

M. Susan Savage

Secretary of State

Secretary of State

Division of Business Services

312 Eighth Avenue North

6th Floor, William R. Snodgrass Tower

Nashville, Tennessee 37243

DATE: 09/07/04

REQUEST NUMBER: 5226-0400

TELEPHONE CONTACT: (615) 741-2286

FILE DATE/TIME: 09/03/04 1007

EFFECTIVE DATE/TIME: 09/03/04 1007

CONTROL NUMBER: 0476956

TO:
THE HELEIN LAW GROUP, LLP
8180 GREENSBORO DR
STE 700
MCLEAN, VA 22102

RE:
UNITED AMERICAN TECHNOLOGY, INC.
APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF
AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE
ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE
CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN
NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE
REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE
ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS
OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED
AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION
OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

ON DATE: 09/03/04

FROM:
UNITED AMERICAN TECHNOLOGY, INC.
900 N.E. 63RD STREET
STE 100
OKLAHOMA CITY, TN 73105-0000

RECEIVED: FEES \$600.00 \$0.00
TOTAL PAYMENT RECEIVED: \$600.00

RECEIPT NUMBER: 00003580173
ACCOUNT NUMBER: 00469368



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

State of Tennessee



Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR
CERTIFICATE OF AUTHORITY
(FOR PROFIT)

RECEIVED
STATE OF TENNESSEE
For Office Use Only
2004 SEP -3 AM 10:07
RILEY DARNELL
SECRETARY OF STATE

Pursuant to the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned corporation hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the corporation is United American Technology, Inc.

*If different, the name under which the certificate of authority is to be obtained is _____

[NOTES: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation for profit if its name does not comply with the requirements of Section 48-14-101 of the Tennessee Business Corporation Act. *If obtaining a certificate of authority under a different corporate name, an application for registration of an assumed corporate name must be filed pursuant to Section 48-14-101(d) with an additional \$20.00 fee.]

2. The state or country under whose law it is incorporated is Oklahoma

3. The date of its incorporation is October 28, 2003 (must be month, day, and year), and the period of duration, if other than perpetual, is _____

4. The complete street address (including zip code) of its principal office is
900 N.E. 63rd Street, Suite 100, Oklahoma City, Oklahoma 73105

Street City State/County Zip Code

5. The complete street address (including the county and the zip code) of its registered office in Tennessee and the name of its registered agent is
1900 Church Street, Suite 400, Nashville, Tennessee 37203

Street City State/County Zip Code

Registered Agent National Registered Agents, Inc.

6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.)

John Bachman, President, 900 N.E. 63rd Street, Suite 100, Oklahoma City, Oklahoma 73105

Tom Anderson, CEO, 900 N.E. 63rd Street, Suite 100, Oklahoma City, Oklahoma 73105

7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.)

John Bachman, Chairman, 900 N.E. 63rd Street, Suite 100, Oklahoma City, Oklahoma 73105

8. If the corporation commenced doing business in Tennessee prior to the approval of this application, the date of commencement (month, day and year) _____

9. The corporation is a corporation for profit.

10. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is _____ (date), _____ (time).

[NOTE: A delayed effective date shall not be later than the 90th day after the date this document is filed by the Secretary of State.]

[NOTE: This application must be accompanied by a certificate of existence (or a document of similar import) duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is incorporated. The certificate shall not bear a date of more than two (2) months prior to the date the application is filed in this state.]

8/30/2004

Signature Date

CEO

Signer's Capacity

United American Technology, Inc.

Name of Corporation

Tom Anderson

Signature

Tom Anderson

Name (typed or printed)