Company ID: 00128101

CSI Corp

12835 E. Arapahoe Road, Tower 1, Fifth Floor

Englewood, CO 80112

BEFORE THE TENNESSEE REGULATORY AUTHORITY Nashville, TN July 2, 1998

IN RE: CASE NUMBER: 98-00079

Application for Authority to Provide Operator Services and/or Resell Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.

---ORDER---

This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The TRA considered this application at a Conference held on May 5, 1998 and concluded that the applicant has met all the requirements for certification and should be authorized to provide operator services and/or resell telecommunications services on an intrastate basis.

IT IS THEREFORE ORDERED:

- 1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
- 2. That said company shall comply with all applicable state laws and TRA rules and regulations.
- 3. That this order shall be retained as proof of certification with this Authority, and may be used to obtain appropriately tariffed service and billing arrangements from Authority authorized telecommunications service providers.

Chairman

Director

ATTEST:

Executive Secretary

TENNESSEE REGULATORY AUTHORITY

Application for Certificate to Provide Operator Services and/or Resell Telecommunication Services in Tennessee

RECEIVED
TELEGOMMUNICATIONS DIVISION
TENNESSEE REGULATORY AUTHORITY

FEB 1 1 1998

Part 1: General Information.

A. Name of Applicant:

CSI Corp

trade name - Comm Source International Corporation

Address: 12835 E. Arapahoe Road, Tower 1, Fifth Floor

Englewood, CO 80112

Phone: (303) 708-1000

B. Owner, Partners, or Corporate Officer.

Ray B. Ramirez, President and Director CSI Corp 12835 E. Arapahoe Road, Fifth Floor Englewood, CO 80112 (303) 708-1000

Ramon P. Ramirez, Secretary/Treasurer and Director CSI Corp 12835 E. Arapahoe Road, Fifth Floor Englewood, CO 80112 (303) 708-1000

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

Ray B. Ramirez (303) 708-1000 (303) 708-1010 (Fax)

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

1-800-864-4306

Co.ID 128101 Docket # 98-00079

E.	Check the type of telecommunication services you plan to provide in Tennessee.
	Resell Interexchange long distance services Resell Local Exchange services Operator Services Other
F.	If providing operator services, list company name, address and contact person for all resell carriers you serve in Tennessee. Provide the above information on Appendix I.
	N/A
G.	List the state(s) you are authorized to operate in at this time.
	Arkansas, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, ana, Michigan, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Jersey, Oregon, Pennsylvania, Texas, Utah, Virginia, Wisconsin, Wyoming
Н.	List any states that you have been denied authority to provide service.
	None.
I.	Areas in Tennessee to be served.
	Entire state.
J.	What type of customers will the company serve?
	a. Business X b. Residential X c. Aggregators d. Other (specify)
K.	Do you allow a property imposed fee (PIF) to be added to the price of Intrastate telephone calls over your network? If yes, specify amount - N/A .
	No.
L.	Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services?
	Yes. Less than.

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

Please see Appendix II, attached hereto.

- N. What is the applicant's 10XXX or 800 access code? 10-444
- O. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee?

No.

P. What facility-based network will the applicant be reselling?

Frontier Communications, Inc.

Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct?

Bill customers directly.

R. Describe briefly how the applicant plans to market its services in Tennessee? If any independent telemarketer is going to be used, state company name and address.

CSI markets through authorized agents who sell directly to customers. CSI does not telemarket.

S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service.

In order to assure that customers affirmatively select the Applicant, the Applicant requires a signed "Letter of Authorization" for each user wishing to subscribe to its long distance services. Upon receipt of each sales order, a customer service representative contacts the new subscriber to validate the service and pricing that subscriber is to receive. If there are concerns regarding the validity of the charge, the Company will not process the order until such concerns are clarified. To date, the Company as had no complaints for "slamming" or illegally changing a customer's long-distance carrier. In the event an incorrect telephone number is provided to the Company and the Company changes the subscriber's preferred carrier by mistake, the Company immediately notifies the owner of the telephone number and promptly assists in converting the telephone number back to the original carrier, absorbing any costs therefor.

T. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with its telephone company. Yes X No ____

U.	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 No
Part 1	II: Organization Structure
A.	Type of Organization

A. Type of Organization

	Individual
	Partnership
<u>X</u>	Corporation

- ____ Other (Explain on separate sheet)
- B. If partnership and/or Non-resident
 - (1) Attach a copy of Articles of Incorporation and current by-laws.
 - (2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

Attached hereto as Appendix III.

Part III: Financial Information

A. Attach a current financial statement showing 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 as Appendix IV.

Part IV: Display Card

Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule (1220-4-2.57, B), which includes a toll-free number consumers can call for service problems and refunds.

N/A

Part V: Rule Compliance Agreement

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

- * Has received, read and understands the Tennessee Regulatory Authority (TRA; formerly TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
- * Understands the penalties for non-compliance, and all associated fees to provide such service.
- * Will comply with the TRA Interexchange Reseller Rules and all other applicable Authority Rules and state laws, including T.C.A. Section 65-5-206 (Appendix IV).

	IV).		
*	That all information provided in best of my knowledge.	the attached registration docur	ment is true to the
		CSI Corp	1/22/9F Date
		Ray B. Ramirez, Presiden	ıt
	COLORADO)) ss F Arapanol)		
Subsc Ramirez, Pre	eribed and sworn to before me this esident, CSI Corp.	22 day of January	, 1998, by Ray B.
My Commiss	sion Expires:	Notary Public) <u>uy</u>
		LINDA L. PERRY NOTARY PUBLIC STATE OF COLORADO My Commission Expires 9-25-2	*****
		LINDA L. PERRY NOTARY PUBLIC STATE OF COLORADO	*****

SUBMIT ORIGINAL OCR AND ONE COPY PROFIT CORPORATION NAME AND PRINCIPAL

ARTICLES OF INCORPORATION

STREET X 3000 S. Jamacía Ct Suite 280 CITY X AUTORA THIS DOCUMENT MUST BE TYPED IN SLACK SECRETARY OF STATE 1:100 BROADWAY 700. DONVER, CO 80002 COMMULATIVE VOTING SHARES OF STOCK IS AUTHORIZED. YES X NO	ADDRESS						
THIS DOCUMENT MUST BE TYPED IN BLACK SECRETARY OF STATE - 1500 AROADWAY FOOL DENVER, CO 60202 CUMULATIVE YOTING SHARES OF STOCK IS AUTHORIZED. YES [X] NO	NAME	x CSI Corp					
SECRETARY OF STATE - 1590 BROADWAY FOOD, DENVER, CO 800002 CUMULATIVE VOTING SHARES OF STOCK IS ALTHORIZED. YES [X] NO [] IF DURATION IS LESS THAN PERPETUAL ENTER NUMBER OF YEARS X. THERE ARE: ROVISIONAL BUTTINGS OF DENVIR'S TO SHAREHOLDERS THE PRECENTIVE WITH THE STATE ALTON TREASURY SHAREHOLDERS OF THE CORPORATION. STOCK INFORMATION: (if additional spaces is needed, continue and separate 8½ x 11 sheet of paper). STOCK CLASS X. COMMON AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STOCK CLASS X. AUTHORIZED SHARES X. 1000 PAR VALUE X. NO. Par. Value STATE X. O. ZIP.X. RODOLE STATE X. O. ZIP.X. RODOLE STATE X. C. ZIP.X. RODOLE NAME X. RAY B. RAMI PEZ STATE X. C. ZIP.X. RODOLE STATE X. C. ZIP.X. RODOLE NAME X. RAY B. RAMI PEZ STATE X. C. ZIP.X. RODOLE STATE X. C. ZIP.X. RODOLE NAME X. RAY B. RAMI PEZ STATE X. C. ZIP.X. RODOLE ADDRESS 3000 S. Jamacia Ct. Suite 280, Aurora, Co. 80014	STREET	$_{ m x}$ 3000 S. Jamacia Ct	Suite 280	спу <u>х Aurora</u>	81	ATE x Co	0206 <u>80014</u>
SECRETARY OF STATE - 1550 BROADWAY \$200, DENVER, CO 50002 CUMULATIVE VOTING SHARES OF STOCK IS ALTHORIZED. YES [X] NO [] IF DURATION IS LESS THAN PERFETUAL ENTER NUMBER OF YEARS X. THERE ARE : ROVISIONS LIMITING OR DENYING TO SHAREHOLDERS THE PRESMPTIVE YES [] NO [X] IF YES! state provisions on a separate 50% x 11 sheet of paper). STOCK INFORMATION: (If additional appace) is needed, continue and apparate 50% x 11 sheet of paper). STOCK CLASS X. COMMON AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. AUTHORIZED SHARES X. 1000 PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. COMMON PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. COMMON PARVALUE X. NO . Par. Va Tup. STOCK CLASS X. COMMON PARVALUE X. 11 shoot Operations use LAST NAME Expansion Parvalue X. Ramon P. STATE X. CO. ZIP X. RO114 STATE X. CO. ZIP X. RO123 LAST NAME X. RAMITEZ STREET X. 10290 M. BUP quindy Ave CITY X. Littleton STATE X. CO. ZIP X. RO123 LAST NAME X. RAMITEZ STREET X. 11904 E. Temple St. CITY X. AUTORA STATE X. CO. ZIP X. RO123 LAST NAME X. RAMITEZ STATE X. CO. ZIP X. RO123 LAST NAME X. RAMITEZ STATE X. CO. ZIP X. RO123 LAST NAME X. RAMITEZ STATE X. CO. ZIP X.			_ •		.07 4797	(200 AE	0-05
SECRETARY OF STATE 1500 BROADWAY 7000, DENVER, CO 500002 (003) 543-2251 COMMULATIVE VOTING SHARES STOCK IS AUTHORIZED. YES X NO IF DURATION IS LESS THAN PERFETUAL ENTER NUMBER OF YEARS X. THERE ARE / AOVISIONS LIMITING OR DENVIROR TO SHAREHOLDERS THE REBEMPTIVE YES X NO X STOCK CLASS X DOTTONAL OR TREASURY SHARES OF THE CORPORATION. YES NO X 11 sheet of paper). STOCK INFORMATION: (If additional spaces is needed, continue and separate 8 t/x x 11 sheet of paper). STOCK CLASS X COMMON AUTHORIZED SHARES X 1000 PAR VALUE X NO PAT VATUE STOCK CLASS X AUTHORIZED SHARES X PARVALUE X THE NAME OF THE INITIAL REGISTERAD AGENT AND THE ADDRESS OF THE REGISTERAD OFFICE IS: (corporations use LAST NAME space) LAST NAME X RAMITY CZ FIRST A MIDDLE NAME X RAMON PARVALUE X DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATIONY X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS DUTIT. THE IST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than three, continue on a 8/x x 11 sheet of paper) LAST NAME X RAMITY CZ FIRST A MIDDLE NAME X RAMON PARVALUE X STREET X 10290 W BUYGUNDY AVE CITY X LITERARY RAMONLE NAME X RAMITY CZ LAST NAME X RAMITY CZ FIRST A MIDDLE NAME X RAMON PARVALUE X CITY X LITERAD STATE X CO ZIP X 80123. LAST NAME X RAMITY CZ FIRST A MIDDLE NAME X RAY R STREET X 1999 S, Prince Ct #102 CITY X LITERAD STATE X CO ZIP X 800123. LAST NAME X RAMITY CZ FIRST A MIDDLE NAME X LIBRES A STATE X CO ZIP X 800124. NAME X RAY B RAMITY CZ SIANCE AND ADDRESSES: (if more than two, continue on a separate 6 t/x 11 sheet 6 paper) NAME X RAY B RAMITY CZ SIANCE A SOURCE CX SIANCE CX X SIATE Z CO 80014		BE TYPED IN BLACK	•		73104) 509	12UY \$3 104-19-93	U.UU ∏9•∡8
THEREARE / AOVISIONS LIMITING OR DENYPKS TO SHAREHOLDERS THE PREEMPTIVE RICHT TO ACQUIRS ADDITIONAL OR TREASURY SHARES OF THE CORPORATION. STOCK INFORMATION: (if additional space) is needed, continue and separate 8½x 11 sheet of paper). STOCK CLASS X COMMON AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No. Par Value STOCK CLASS X NAME & Ramin Par STATE X 1000 PAR VALUE X No. Par Value STOCK CLASS X NAME & RAMIN PAR VALUE X No. Par Value STOCK CLASS X NAME & RAMIN PAR VALUE X No. Par Value STOCK CLASS X NAME & RAMIN PAR VALUE X No. Par Value STOCK CLASS X NAME & RAMIN PAR VALUE X No. Par Value STATE X Co. ZIP X 80114 THE NAME X PAR VALUE X No. Par Value STATE X Co. ZIP X 80127 LAST NAME X RAMIN PAR VALUE X No. Par Value STATE X Co. ZIP X 80123 LAST NAME X PAR VALUE X No. Par Value STATE X Co. ZIP X 80123 LAST NAME X PAR VALUE X No. Par Value STATE X Co. ZIP X 80015 NAME X RAY B RAMIN PAR X RAMIN PAR X RAMIN PAR X RAMIN PAR	SECRETAR		DENVER, CO 80202				. 37140
THEREARE FROVISIONS LIMITING OR DENYING TO SHAREHOLDERS THE PREEMPTIVE PRICH TO ACQUIRS ADDITIONAL OR TREASURY SHARES OF THE CORPORATION. STOCK INFORMATION: (If additional space) is needed, constitute and separate 8½x 11 sheet of paper). STOCK CLASS X COMMON AUTHORIZED SHARES X 1000 PARVALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PARVALUE X No. Par Value STOCK CLASS X AUTHORIZED SHARES X 1000 PARVALUE X No. Par Value THE NAME OF THE INITIAL REGISTERED AGENT AND THE ADDRESS OF THE REGISTERED OFFICE IS: (corporations use LAST NAME space) LAST NAME X Raminez FIRST & MIDDLE NAME X RAMON P STREET X 3000 S. Jamacia Ct., Suite 280 CITY X AUTORA STATE X Co. ZIP X R0014 DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION? X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE IST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE EUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than drives, continue on a 8½x 11 sheet of paper) LAST NAME X RAMINEZ STREET X 10290 W Burgundy Ave CITY X I LITTLETON STATE X CO. ZIP X 80123 LAST NAME X RAMINEZ FIRST & MIDDLE NAME X RAY R STREET X 1994 E Temple St. CITY X 11 sheet & Paper) NAME X RAY B RAMINEZ 3000 S Jamacia Ct., Suite 280, Aurora, Co. 80014	CUMULATIVE VO	OTING SHARES OF STOCK IS AUTHO	RIZED. YES X NO	IF DURATION IS LESS TH	IAN PERPETUA	LENTER NUMBI	ER OF YEARS X
STOCK CLASS X AUTHORIZED SHARES X 1000 PAR VALUE X No Par Vatue STOCK CLASS X AUTHORIZED SHARES X PARVALUE X THE NAME OF THE INITIAL REGISTERED AGENT AND THE ADDRESS OF THE REGISTERED OFFICE IS: (corporations use LAST NAME space) LAST NAME X Raminez FIRST & MIDDLE NAME X RAMON P STREET X 3000 S. Jamacía Ct, Suite 280 CITY X Aurora STATE X.Co. 27 X 80014 DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE IST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than three, continue on a 8½x 11 sheet of paper) LAST NAME X RAMÍTEZ FIRST & MIDDLE NAME X RAMON P STREET X 10290 W Burqundy Ave CITY X LITTLETON STATE X.Co. 27 X 80127 LAST NAME X RAMÍTEZ FIRST & MIDDLE NAME X RAW R STREET X 4999 S. Prince Ct #102 CITY X LITTLETON STATE X.Co. 27 X 80123 LAST NAME X JANUS FIRST & MIDDLE NAME X JAMES A STREET X 11904 E Temple St CITY X Aurora STATE X.Co. 27 X 80123 NAME ADDRESS NAME ADDRESS 3000 S Jamacía Ct, Suite 280, Aurora, Co. 80014				EEMPTIVE	. F	YES! state provis	ions on a separate
THE NAME OF THE INITIAL REGISTERED AGENT AND THE ADDRESS OF THE REGISTERED OFFICE IS: (corporations use LAST NAME space) LAST NAME X Raminez FIRST & MIDDLE NAME X RAMON P STREET X 3000 S. Jamacia Ct., Suite 280 city X Aurora state X.Co., ZIP X 80014 DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION? X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE 1ST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED AME: (If nore than three, confinue on a 8½ x 11 sheet of paper) LAST NAME X RAMINEZ FIRST & MIDDLE NAME X RAMON P STREET X 10290 W Burquindy Aye city X Littleton STATE X.Co. ZIP X 80127. LAST NAME X RAMINEZ FIRST & MIDDLE NAME X RAY, R STREET X 4999 S. Prince Ct #102 city X Littleton STATE X.Co. ZIP X 80123. LAST NAME X JANUS FIRST & MIDDLE NAME X JANUS STREET X 11904 E Temple St city X Aurora STATE X Co. ZIP X 80015. INCORPORATORS: NAMES AND ADDRESSES: (If more than two, continue on a separate 8½ x 11 sheet 4 paper) NAME ADDRESS 3000 S Jamacia Ct, Suite 280, Aurora, Co. 80014	STOCK INFORM.	LTION: (if additional space is needed, o	ontinue and separate 8½ x				
THE NAME OF THE INITIAL REGISTERED AGENT AND THE ADDRESS OF THE REGISTERED OFFICE IS: (corporations use LAST NAME space) LAST NAME X Raminez FIRST & MIDDLE NAME X Ramon P STREET X 3000 S. Jamacia Ct., Suite 280 city X Aurora STATE X.Co. zip X 80014 DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION? X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE 1ST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than three, continue on a 8½x 11 sheet of paper) LAST NAME X Raminez FIRST & MIDDLE NAME X RAMON P STREET X 10290 W Burqundy Ave city X Littleton STATE X Co. zip X 80127. LAST NAME X Raminez FIRST & MIDDLE NAME X RAY B STREET X 11904 E Temple St city X Littleton STATE X Co. zip X 80123. LAST NAME X Janus FIRST & MIDDLE NAME X Janus ATTACH X CO. zip X 80015. INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½x 11 sheet X path X 1 sheet X 280. Aurora Co. 80014	STOCK CLASS	x Common Au	THORIZED SHARES X	1000	PAR VALUE X	No Par	Value
THE NAME OF THE INITIAL REGISTERED AGENT AND THE ADDRESS OF THE REGISTERED OFFICE IS: (corporations use LAST NAME space) LAST NAME X Raminez FIRST & MIDDLE NAME X RAMON P STREET X 3000 S. Jamacia Ct., Suite 280 CITY X Aurora STATE X.Co., ZIP X 80014 DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION? X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE 1ST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than three, continue on a 8½x 11 sheet of paper) LAST NAME X Raminez FIRST & MIDDLE NAME X RAMON P STREET X 10290 W Burgundy Ave CITY X Littleton STATE X Co., ZIP X 80127. LAST NAME X Raminez FIRST & MIDDLE NAME X RAY B STREET X 11904 E Temple St CITY X LITTLETON STATE X Co., ZIP X 80123. LAST NAME X Janus FIRST & MIDDLE NAME X Janus ATTACH X CO., ZIP X 80015. INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½x 11 sheet & path) T. P. A. ADDRESS X Ray B Raminez 3000 S Jamacia Ct., Suite 280, Aurora, Co. 80014	STOCK CLASS	ν ΔΙΠ	THORIZED SHARES Y	* * *	DAD VALUE Y		
STREET X 3000 S. Jamacia Ct., Suite 280 CITY X AUYORA STATE X.Co. ZIP X 80014 DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION? X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE 1ST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (If more than three, continue on a 8/2 x 11 sheet of paper) LAST NAME X Ramirez FIRST & MIDDLE NAME X RAMON P STREET X 10290 W Burgundy Ave CITY X 1 ittleton STATE X Co. ZIP X 80127 LAST NAME X RAMIREZ FIRST & MIDDLE NAME X RAY R STREET X 4999 S. Prince Ct #102 CITY X 1 ittleton STATE X Co. ZIP X 80123 LAST NAME X Janus FIRST & MIDDLE NAME X JAMES A STREET X 11904 E Temple St CITY X Aurora STATE X Co. ZIP X 80015 INCORPORATORS: NAMES AND ADDRESSES: (If more than two, continue on a separate 8½ x 11 sheet 4 paper)			X.		, w. v		
DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION? X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE 1ST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than three, continue on a 8½x 11 sheet of paper) LAST NAME X Ramirez FIRST & MIDDLE NAME X RAMON P STREET X 10290 W Burqundy Ave CITY X Littleton STATE X Co ZIP X 80127 LAST NAME X RAMIREZ FIRST & MIDDLE NAME X RAY B STREET X 4999 S. Prince Ct #102 CITY X Littleton STATE X Co ZIP X 80123 LAST NAME X JANUS FIRST & MIDDLE NAME X JANUS A STREET X 11904 E Temple St CITY X AUrora STATE X Co ZIP X 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½x 11 sheet & paper) NAME ADDRESS X Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014	THE NAME OF 11	HE INITIAL REGISTERED AGENT AND	THE ADDRESS OF THE F	REGISTERED OFFICE IS: (corpo	rations use LAS	(NAME space)	······································
DIRECTORS: HOW MANY DIRECTORS CONSTITUTE THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION? X 3 THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE 1ST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than three, continue on a 8½x 11 sheet of paper) LAST NAME X Ramirez FIRST & MIDDLE NAME X RAMON P STREET X 10290 W Burqundy Ave CITY X Littleton STATE X CO. ZIP X 80127 LAST NAME X RAMIREZ FIRST & MIDDLE NAME X RAY B STREET X 4999 S. Prince Ct #102 CITY X Littleton STATE X CO. ZIP X 80123 LAST NAME X Janus FIRST & MIDDLE NAME X James A STREET X 11904 E Temple St CITY X Aurora STATE X CO. ZIP X 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 6½x 11 sheet 6 paper) NAME ADDRESS X Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co. 80014	LAST NAME	x Ramirez	·	FIRST & MIDDLE NAME X	Ramon P		
THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE 1ST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than three, continue on a 8½ x 11 sheet of paper) LAST NAME RAMINEZ FIRST & MIDDLE NAME RAMINEZ FIRST & MIDDLE NAME RAY R STREET A 4999 S. Prince Ct #102 CITY **Littleton STATE **Co ZIP ** 80123 LAST NAME A 11904 E Temple St CITY **Aurora STATE **Co ZIP ** 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet & paper) NAME A ADDRESS X Ray B Raminez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014	STREET	x 3000 S. Jamacia Ct,	Suite 280	city x -Aurora	sı	ATE X.Co	. ZIP.X 80014
THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE 1ST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THE SUCCESSORS ARE ELECTED AND QUALIFIED ARE: (if more than three, continue on a 8½ x 11 sheet of paper) LAST NAME X Raminez FIRST & MIDDLE NAME X RAMON P STREET X 10290 W Burqundy Ave CITY X Littleton STATE X CO. ZIP X 80127 LAST NAME X RAMINEZ FIRST & MIDDLE NAME X RAY R STREET X 4999 S. Prince Ct #102 CITY X Littleton STATE X CO. ZIP X 80123 LAST NAME X Janus FIRST & MIDDLE NAME X James A STREET X 11904 E Temple St CITY X Aurora STATE X CO. ZIP X 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet & paper) NAME ADDRESS X Ray B Raminez 3000 S Jamacia Ct, Suite 280, Aurora, Co. 80014							
LAST NAME X Raminez LAST NAME X Janus LAST NAME X Janus STREET X 1904 E Temple St LAST NAME X Janus STREET X 11904 E Temple St LAST NAME X Janus STREET X 11904 E Temple St LAST NAME X JANUS STREET X 11904 E Temple St NAME ADDRESS X Ray B Raminez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014				,			
STREET X 10290 W Burqundy Ave CITY X Littleton STATE X Co ZIP X 80127 LAST NAME X Ramirez FIRST & MIDDLE NAME X Ray B STREET X 4999 S. Prince Ct #102 CITY X Littleton STATE X Co ZIP X 80123 LAST NAME X Janus FIRST & MIDDLE NAME X James A STREET X 11904 E Temple St CITY X Aurora STATE X Co ZIP X 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet & paper) NAME ADDRESS x Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014					JAL MEETING C	F SHAREHOLDE	ERS OR UNTIL THEI
STREET X 10290 W Burqundy Ave CITY X LITTLETON STATE X CO ZIP X 80127 LAST NAME X Ramirez FIRST & MIDDLE NAME X Ray B STREET X 4999 S. Prince Ct #102 CITY X LITTLETON STATE X CO ZIP X 80123 LAST NAME X Janus FIRST & MIDDLE NAME X James A STREET X 11904 E Temple St CITY X Aurora STATE X CO ZIP X 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet 6 paper) NAME ADDRESS x Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014	LAST NAME	x Ramirez	` .	FIRST & MIDDLE NAME X	Ramon P		
STREET X 4999 S. Prince Ct #102 CITY X 1 ittleton STATE X CO ZIP X 80123 LAST NAME X Janus FIRST & MIDDLE NAME X James A STREET X 11904 E Temple St CITY X Aurora STATE X CO ZIP X 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet & paper) NAME ADDRESS x Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014					1	3.	
STREET X 4999 S. Prince Ct #102 LAST NAME X Janus FIRST & MIDDLE NAME X James A STREET X 11904 E Temple St INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet & path) NAME X Ray B Ramirez ADDRESS X Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014	STREET	x 10290 W Burgundy Av	<u>e</u>	_ cmy <u>xlittleton</u>	ST	ATE X CO	ZIP X 80127
STREET X 11904 E Temple St CITY X Aurora STATE X CO ZIFLX 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet & pepth) NAME X Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014	LASTNAME	x Ramirez		FIRST & MIDDLE NAME X	Ray R	<u> </u>	
STREET X 11904 E Temple St CITY X Aurora STATE X CO ZIFLX 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet & pepth) NAME X Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014		x 4999 S - Prince Ct #	102	XI ittloton	**	. X Ca	X-001.22
STREET X 11904 E Temple St CITY X Aurora STATE X CO ZIF. X 80015 INCORPORATORS: NAMES AND ADDRESSES: (if more than two, continue on a separate 8½ x 11 sheet 6 paper) NAME X Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014	STREET				\$"	AIE TLU	ZIP
NAME RAY B Raminez NAME NAME ADDRESS x Ray B Raminez 3000 S Jamacia Ct., Suite 280, Aurora, Co. 80014	LAST NAME	x Janus		- FIRST & MIDDLE NAME X	James A		
NAME ADDRESS x Ray B Ramirez 3000 S Jamacia Ct. Suite 280, Aurora, Co 80014	STREET	x 11904 E Temple St		спу ХАнгога	S1	ATE X CO	: д .д. <u>X: 80015</u>
NAME ADDRESS x Ray B Ramirez 3000 S Jamacia Ct. Suite 280, Aurora, Co 80014	INCORPORATO	RS: NAMES AND ADDRESSES; (if mor	e trian two, continue on a se	parate 8½ x 11 sheet of paper)	1.1	. N.	
x Ray B Ramirez 3000 S Jamacia Ct, Suite 280, Aurora, Co 80014						4	
• •			30	00 S Jam <mark>acia Ct,</mark>	Suite 280	Aurora	Co 80014
WE THE UNDERSIGNED PERSON(S) OF THE AGE OF 18 YEARS OR MORE, ACTING AS INCORPORATOR(S) OF A CORPORATION UNDER THE COLORADO CO		X		TINO AO INOCORDO ATORIO	OE 4 000000	TOOM (WINCE TO	UE COLORADO COS
	POSE MAX BE S				*	a di	
POSE MAY BE STATED ON A DEPARATE 81/2 x 11 SHEET OF PAPER.		1918 1 100 -	freite t				

PLEASE READ REVERSE SIDE BEFORE COMPLETING

SIGNATURE

SIGNATURE

- 3 LOUIN CHANGE

MUST BE TYPED FILING FEE: \$25.00 MUST SUBMIT <u>TWO</u> COPIES

Please include a typed self-addressed envelope

Mail To: Secretary of State Corporations Section 1530 Broadway, Suite 200 Denver, CO 80202 (303) 894-2251 Fax (300) 894-2242

991109624 M \$25.00 BECRETARY OF STATE 107-01-75 13:45

01931041209

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION

	provisions of the Colorado Business Corporation Act, the undersigned corporation adopts the soft Amendment to its Articles of Incorporation:
FIRST: The nar	me of the corporation isCSI Corp.W
	following amendment to the Articles of Incorporation was adopted on <u>December 9th 1994</u> , y the Colorado Business Corporation Act, in the manner marked with an X below:
N	lo shares have been issued or Directors Elected - Action by Incorporators
N	lo shares have been issued but Director Elected - Action by Directors
XX S	CSI issued 250 additional shares on 12/9/94 bringing total shares of common stock to 1250 shares.
	such amendment was adopted by a vote of the shareholders. The numbers of shares-voted or the amendment was sufficient for approval.
	nanner, if not set forth in such amendment, in which any exchange, reclassification, or ssued shares provided for in the amendment shall be effected, is as follows:
If these amendo	nents are to have a delayed effective date, please list that date: (Not to exceed ninety (90) days from the date of filing)
	By Jan D Males
	Title (1) (1) (1) (1) (2)

Notary Public

My Commission expires

STATE OF COLORADO DEPARTMENT OF STATE

I hereby certify that this is a true and complete copy of the document filed in this office and admitted to record in File 95/109024



Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 08/22/97 REQUEST NUMBER: 3379-3070 TELEPHONE CONTACT: (615) 741-0537 FILE DATE/TIME: 08/22/97 1009 EFFECTIVE DATE/TIME: 08/22/97 1009 CONTROL NUMBER: 0336318

TO: CSI CORP. 12835 E.ARAPAHOE RD TWR 1,SUITE 500 ENGLEWOOD, CO 80112

RE:
CSI CORP
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

FROM: CSI CORP. SUITE 150 3000 S JAMAICA CT AURORA, CA 80014-0000 ON DATE: 07/24/97

FEES \$300.00

\$300.00

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$600.00

RECEIPT NUMBER: 00002161578 ACCOUNT NUMBER: 00265818

aley & Darnell

RILEY C. DARNELL

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 08/25/97 REQUEST NUMBER: 3379-3075 TELEPHONE CONTACT: (615) 741-0537 FILE DATE/TIME: 08/22/97 1009 EFFECTIVE DATE/TIME: CONTROL NUMBER: 0336318

TO: CSI CORP 12835 E.ARAPAHOE RD TOWER 1, SUITE 500 ENGLEWOOD, CO 80112

RE: COMM SOURCE INTERNATIONAL CORP ASSUMED NAME REGISTRATION

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED ASSUMED NAME REGISTRATION FOR A FIVE YEAR PERIOD BEGINNING WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

THE CORPORATION MAY RENEW THE RIGHT TO USE THIS NAME WITHIN TWO (2) MONTHS PRECEDING THE EXPIRATION OF SUCH RIGHT, FOR A PERIOD OF FIVE (5) YEARS, BY FILING AN APPLICATION WITH THE SECRETARY OF STATE.

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

FOR: ASSUMED NAME REGISTRATION

FROM: CSI CORP. SUITE 150 3000 S JAMAICA CT AURORA, CA 80014-0000 ON DATE: 08/22/97

RECEIVED:

FEES \$10.00

\$10.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002174799 ACCOUNT NUMBER: 00265818

AGRICULTURE TO MEET 1798

RILEY C. DARNELL SECRETARY OF STATE