

5. PROOF OF AUTHORITY TO CONDUCT BUSINESS IN UTAH

See Attached



State of Utah This form must be type written or computer generated.
 Department of Commerce
 Division of Corporations & Commercial Code
 Application for Authority to Transact Business for a Foreign Limited Liability Company

A Certificate of Good Standing/Existence from the state of organization dated no earlier than ninety (90) days prior to filing with the Division is attached.

Non-Refundable Processing Fee: <input checked="" type="checkbox"/> Foreign LLC \$70.00 <input type="checkbox"/> Series LLC \$70.00 <input type="checkbox"/> Tribal LLC \$70.00					
1. Exact Name of Foreign Limited Liability Company:		GC Pivotal, LLC			
2. This limited liability company of the state/country/tribal nation of:		Delaware			
3. Date of formation/organization in home state:		May 20, 2010	4. Duration:		Perpetual (Expected Duration)
5. Who/What is the name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent)? Incorp Services, Inc.					
The address must be listed if you have a non-commercial registered agent. What is a commercial registered agent? Address of the Registered Agent: _____ Utah Street Address Required, PO Boxes can be listed after the Street Address					
6. Principal place of business:		3200 East Camelback Road		State: UT Zip: _____	
		Street Address		Ste. 295	
		City: Phoenix		State: AZ Zip: 85018	
7. The nature of the business or purpose(s) to be conducted or promoted in Utah:			Provide Telecommunication Services		
8. The limited liability company shall use as its name in Utah: GC Pivotal, LLC					
(The limited liability company shall use its name as set forth at the top of this form unless the name is not available for use in Utah.)					
9. Clear indication of who is managing the company is required.					
10a. Is this foreign limited liability company manager-managed? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No If YES, you must list the name and business or residence street address of each manager.					
10b. Is this foreign limited liability company member-managed? <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No If YES, you must list the name and business or residence street address of each member.					
Position	Name	Address		City	State Zip
MANAGER:					
MANAGER:					
MEMBER:	See Attached	GC Pivotal, LLC			
MEMBER:		By: Pivotal Global Capacity, LLC / Sole Member			
MEMBER:		By: F. Farhads Najafi, Member			
Please list additional managers/members (if any) on an attachment Under penalties of perjury, I declare as a manager or member with management authority of this limited liability company having authority to sign hereto, that this application for authority to transact business has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Authorized Signer Signature: _____					
11. If a foreign entity is a member or manager, you must list the home state where the entity is registered:				Delaware	
12. The date the limited liability company intends to first transact business in Utah:				Upon Qualification	
Under GRAMA (63-2-201), all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.					
Optional Inclusion of Ownership Information: This information is not required.					
Is this a female owned business?		<input type="radio"/> Yes <input type="radio"/> No			
Is this a minority owned business?		<input type="radio"/> Yes <input type="radio"/> No		If yes, please specify: Select/Type the race of the owner here.	

Mailing/Faxing Information: www.corporations.utah.gov/contactus.html Division's Website: www.corporatic

Department of Commerce
 Division of Corporations and Commercial Code
 I hereby certified that the foregoing has been filed
 and approved on this 12 day of Jun 2010
 in this office of this Division and hereby issued
 This Certificate thereof.

Examined: RT Date 6/14/10



Kathy Berg
 Kathy Berg
 Division Director

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06-01-10P03:27 RCVD

Date: 05/12/2010
 Receipt Number: 3222985
 Amount Paid: \$70.00