

EXHIBIT A

Certificate of Formation for TNCl-OpCo

Delaware

PAGE 1

The First State

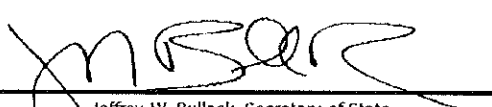
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "TNCI OPERATING COMPANY LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF JANUARY, A.D. 2013, AT 4 O'CLOCK P.M.



5272302 8100

130030762

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0134267

DATE: 01-10-13

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

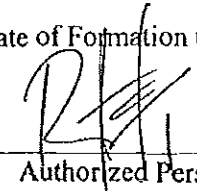
First: The name of the limited liability company is _____
TNCI Operating Company LLC

Second: The address of its registered office in the State of Delaware is _____
2711 Centerville Road, Suite 400 in the City of Wilmington.
Zip code 19808. The name of its Registered agent at such address is
Corporation Service Company

Third: (Use this paragraph only if the company is to have a specific effective date of
dissolution: "The latest date on which the limited liability company is to dissolve is
_____".)

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
9th day of January, 2013.

By: 
Authorized Person (s)

Name: Robert Feaney