

EXHIBIT B

CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN UTAH



State of Utah
 Department of Commerce
 Division of Corporations & Commercial Code
 Foreign Registration Statement (Foreign Limited Liability Company)

Date: 12/02/2022
 Receipt Number: 9763604
 Amount Paid: \$866.00

RECEIVED
 DEC 02 2022

Utah Div. of Corp. & Comm. Code

Important: Read instructions before completing form

Non-Refundable Processing Fee: \$54.00

1. Exact Name of Foreign Limited Liability Company:		CNS Networks LLC			
2. Jurisdiction of Formation:		Delaware			
3. Principal office address: Street Address Required		2595 Canyon Blvd, Suite 400	Boulder	CO	80302
		Address	City	State	Zip
4. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent): C T Corporation System ID# 7140008-0250					
<i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i>					
Address of the Registered Agent: 1108 E. South Union Ave					
Utah Street Address Required, PO Boxes can be listed after the Street Address					
City: Midvale		State UT		Zip: 84047	
5. If the name is not available in Utah the LLC shall use as it's name: Must be the same as number (1) unless the name is not available or permitted in Utah.					
6. Purpose of the Limited Liability Company: (optional) Broadband network construction and engineering					
7. Managers/Members of the Limited Liability Company: (optional)					
Position	Name	Address	City	State	Zip
MANAGER:					
MANAGER:					
MEMBER:					
MEMBER:					
Under penalties of perjury, I declare 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 Signature:		Name & Title: William Beans, Jr., CEO			
Under GRAMA {63G-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="checkbox"/> Yes <input type="checkbox"/> No					
Is this a minority owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:					

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