

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM514405

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Allstream Business US, Inc.		02/02/2018	Corporation: OREGON
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Allstream Business US, LLC		
<b>Street Address:</b>	1805 29th Street, Suite 2050		
<b>City:</b>	Boulder		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80301		
<b>Entity Type:</b>	Limited Liability Company: OREGON		
<b>PROPERTY NUMBERS Total: 9</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5073880		
<b>Registration Number:</b>	2372325	ELECTRIC LIGHTWAVE	
<b>Registration Number:</b>	1716539	ELECTRIC LIGHTWAVE	
<b>Registration Number:</b>	4552538		
<b>Registration Number:</b>	2694680	INTEGRA TELECOM	
<b>Registration Number:</b>	3590367	INTEGRA	
<b>Registration Number:</b>	3686558	INTEGRACARE	
<b>Registration Number:</b>	5198159	OPTICACCESS	
<b>Registration Number:</b>	4548494	TECHNOLOGY YOU TRUST. PEOPLE YOU KNOW.	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3038630223		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	3038632967		
<b>Email:</b>	phirschman@sheridanross.com		
<b>Correspondent Name:</b>	Pamela Hirschman - Sheridan Ross P.C.		
<b>Address Line 1:</b>	1560 Broadway, Suite 1200		
<b>Address Line 4:</b>	Denver, COLORADO 80202		
<b>ATTORNEY DOCKET NUMBER:</b>	5778A-22		

CH \$240.00 5073880

<b>NAME OF SUBMITTER:</b>	Pamela N. Hirschman
<b>SIGNATURE:</b>	/Pamela N. Hirschman/
<b>DATE SIGNED:</b>	03/14/2019
<b>Total Attachments: 2</b> source=SOS - Corporation - Business Entity Filing Records - 72723381#page1.tif source=SOS - Corporation - Business Entity Filing Records - 72723381#page2.tif	



Articles of Conversion - Business Entities

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED
FEB 02 2018

OREGON
SECRETARY OF STATE

For office use only

REGISTRY NUMBER: 727233-81

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

- 1. Name of Business Entity Prior to Conversion: ALLSTREAM BUSINESS US, INC.
2. Type of Business Entity Prior to Conversion: DBC
3. Name of Business Entity After Conversion: ALLSTREAM BUSINESS US, LLC
4. Type of Business Entity After Conversion: DLLC
5. Will the converted entity have continued existence in Oregon? Yes [X] No [ ]
6. If no, where will the jurisdiction be?

7. Select one of the following:

- [ ] A copy of the plan of conversion is attached.
[X] Address where the plan of conversion is on file.

Address 1805 29TH STREET, SUITE 2050
City BOULDER State CO Zip Code 80301

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

8. Provide additional information required for new entity type. (Required)

Allstream Business US, LLC (the "Company") has been converted from a corporation to a limited liability company.
The registered agent is CT Corporation System (388 State St., Ste. 420, Marion County, Salem, OR 97301)
The Company shall be manager-managed. The Company shall have perpetual existence.

9. Execution: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of the person, any officers, directors, employees, or agents of the corporation, or any members, managers, employees, or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: [Handwritten Signature] Printed Name: LAURA LITTMAN Title: ASSISTANT SECRETARY

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

ALLSTREAM BUSINESS US, LLC



72723381-18742986

CNV

gram.



Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER: 727233-81

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Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

ALLSTREAM BUSINESS US, LLC

2. DURATION: (Please check one.)
[checked] Duration shall be perpetual.
[ ] Latest date upon which the Limited Liability Company is to dissolve is

3. PRINCIPAL OFFICE: (Must be a physical street address)
1805 29th Street, Suite 2050

Boulder, CO 80301

4. REGISTERED AGENT: (Individual or entity that will accept legal service for this business)
CT Corporation System

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's office.)
388 State Street, Suite 420, Marion County
Salem, OR 97301

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:
1120 NW Couch Street, 10th Floor
Portland, OR 97209

7. HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?
[ ] This LLC will be member-managed by one or more members.
[checked] This LLC will be manager-managed by one or more managers.

8. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: ORS 58.015(5)(m)

9. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)
[ ] BENEFIT COMPANY: The Limited Liability Company is a benefit company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013. (additional requirements apply)
[ ] INDEMNIFICATION: The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 - 63.170.
[ ] SEE ATTACHED

10. NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)
Zayo Group, LLC
1805 29th St., Ste 2050, Boulder, CO 80301

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)
11. OWNERS: (MEMBERS) (Names and Addresses)
Zayo Group, LLC
1805 29th St., Ste 2050, Boulder, CO 80301

12. MANAGERS: (MANAGERS) (Names and Addresses)
Wendy Cassity, Manager
Matthew Steinfort, Manager
1805 29th St., Ste 2050, Boulder, CO 80301

13. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address) List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.
Wendy Cassity
1805 29th St., Ste 2050, Boulder, CO 80301

14. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

SIGNATURE:

[Handwritten signature]

PRINTED NAME:

Wendy Cassity

TITLE:

Manager & Secretary

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

Articles of Organization - Limited Liability Company 11/17

FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.