

**Attachment B**

**Authorization to Transact Business**

**0935415.06**kbmcdowell  
AMD

**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Amended Certificate of Authority**  
**(Foreign Business Entity)**

**FCA**

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:

|                                                                                                                                                                                                                                          |                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <p>profit corporation</p> <p>professional service corporation</p> <p><input checked="" type="checkbox"/> limited liability company</p> <p>professional limited liability company</p> <p>limited cooperative association</p> <p>other</p> | <p>nonprofit corporation.</p> <p>business trust</p> <p>limited partnership</p> <p>statutory trust</p> <p>non-profit LLC</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
2. The name of the company is: Crown Castle Fiber LLC  
(The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of New York
4. The entity received authority to transact business in Kentucky on 10/26/2015
5. The entity has changed its (check all that apply)

|   |                                 |                                                                                             |
|---|---------------------------------|---------------------------------------------------------------------------------------------|
| x | Domicile name to                | <u>Arium Networks LLC</u>                                                                   |
| x | Name to be used in Kentucky to  | <u>Arium Networks LLC</u>                                                                   |
|   | Jurisdiction of organization to | _____                                                                                       |
|   | Period of duration              | _____                                                                                       |
|   | Form of organization            | _____                                                                                       |
|   | Management type:                | <input checked="" type="checkbox"/> Member managed                          Manager managed |
6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

|                                                                                               |                             |                                   |             |
|-----------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|-------------|
| <p><small>Signed by</small><br/> <u>Jerry Karnick</u><br/> <small>0508A33AF48B4C7</small></p> | <p><u>Jerry Karnick</u></p> | <p><u>Chief Legal Officer</u></p> |             |
| <b>Signature of Authorized Representative</b>                                                 | <b>Printed Name</b>         | <b>Title</b>                      | <b>Date</b> |

FRANKLIN COUNTY  
A186 PG1820935415.06 kbmcdowell  
AMDMichael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
7/28/2026 8:53 AM  
Fee Receipt: \$40.00COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATEDivision of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.govAmended Certificate of Authority  
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- |                                                               |                        |
|---------------------------------------------------------------|------------------------|
| profit corporation                                            | nonprofit corporation. |
| professional service corporation                              | business trust         |
| <input checked="" type="checkbox"/> limited liability company | limited partnership    |
| professional limited liability company                        | statutory trust        |
| limited cooperative association                               | non-profit LLC         |
| other                                                         |                        |

2. The name of the company is: Crown Castle Fiber LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of New York

4. The entity received authority to transact business in Kentucky on 10/26/2015

5. The entity has changed its (check all that apply)

☒ Domicile name to Arium Networks LLC

☒ Name to be used in Kentucky to Arium Networks LLC

Jurisdiction of organization to \_\_\_\_\_

Period of duration \_\_\_\_\_

Form of organization \_\_\_\_\_

Management type: ☒ Member managed ☐ Manager managed

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signed by  
Jerry Karnick

Jerry Karnick

Chief Legal Officer

Signature of Authorized Representative

Printed Name

Title

Date

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