

EXHIBIT A

Formation Documents

Delaware

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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 "BIF IV INTREPID OPCO LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2021, AT 4:32 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6345257 8100
SR# 20213644684

Authentication: 204545544
Date: 10-29-21

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

CERTIFICATE OF FORMATION

OF

BIF IV INTREPID OPCO LLC

This Certificate of Formation of BIF IV Intrepid OpCo LLC is being duly executed and filed by Fred Day, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. § 18-101, et seq.).

FIRST: The name of the limited liability company formed hereby is “BIF IV Intrepid OpCo LLC”.

SECOND: The address of the registered office of BIF IV Intrepid OpCo LLC in the State of Delaware and the name and address of the registered agent for service of process on BIF IV Intrepid OpCo LLC in the State of Delaware are: Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808, USA.

THIRD: This Certificate of Formation shall be effective on the date of filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on October 28, 2021.

By: /s/Fred Day
Name: Fred Day
Title: Authorized Person

EXHIBIT B

Certificate of Authority to Transact Business in Kentucky



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1202022.06

dwilliams
ADD

Michael G. Adams
 Kentucky Secretary of State
 Received and Filed:
 4/11/2022 3:09 PM
 Fee Receipt: \$90.00

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

Certificate of Authority
 (Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

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

2. The name of the entity is BIF IV INTREPID OPCO LLC
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 10/28/2021 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
250 Vesey Street New York NY 10281-1023
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512, Frankfort KY 40601
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>Fred Day</u>	<u>1200 Smith Street</u>	<u>Houston</u>	<u>Texas</u>	<u>77002</u>
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Fred Day Fred Day, President April 4, 2022
 Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent

By: C T Corporation System, Stephanie Hencz Stephanie Hencz Assistant Secretary 4/11/2022
 Signature of Registered Agent Printed Name Title Date

EXHIBIT C

Notarized Statement

STATE OF NEW YORK
COUNTY OF NEW YORK

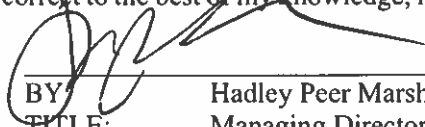
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NOTARIZED STATEMENT

I, Hadley Peer Marshall, being duly sworn, deposes and states that:

1. I am Managing Director of BIF IV Intrepid OpCo LLC (the "Company") and I am authorized to make this statement on behalf of the Company.
2. The Company has not provided nor collected for intrastate telecommunications service in Kentucky prior to filing this Notice of Intent.
3. The Company does not seek to provide operator assisted services to traffic aggregators.

The foregoing statements are true and correct to the best of my knowledge, information and belief.


BY: Hadley Peer Marshall
TITLE: Managing Director

Subscribed and sworn to (or affirmed) before me this 20 day of June, 2022.


Notary Public

TAMIKA BENITEZ
Notary Public - State of New York
No. 01BE6380422
Qualified in New York County
My Commission Expires Sept. 04, 2022

My Commission Expires: 9-4-22

EXHIBIT D

Sample Customer Bill

CUSTOMER INVOICE

BIF IV Intrepid OpCo LLC

[date]

Remit payment to:
 BIF IV Intrepid OpCo LLC
 2033 11th Street,
 Suite 5,
 Boulder, CO 80302

Phone: (866) 371-1860

INVOICE

Bill To	Service Date	Due Before	Invoice #	Account #
[Customer name] [Address 1] [Address 2]	[period start date] – [period end date]	[date]	[invoice #]	[account #]

Service Summary

[name of service]	\$[69.99]
Previous Balance	\$[0]
Current Balance as of [invoice date]	\$[69.99]

You are on auto deduction, please do not remit a check. Your payment will be auto deducted from your account on [date].

EXHIBIT E

Information Form for Telephone Utilities