#### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT	# M02000002926
----------	----------------

t. Entity Name NRTC LLC

CITY-ST-ZIP

TITLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:



Principal Place of Business

Mailing Address

2121 COOPERATIVE WAY HERNDON, VA 20171-4542

2121 COOPERATIVE WAY HERNDON, VA 20171-4542



 $\Box$ 

DO NOT WRITE IN THIS SPACE

03192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-1900389

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET, SUITE 200 MIAMI, FL 33139

HERNDON, VA 201714542

### DO NOT WRITE IN THIS SPACE

			•
	named entity submits this statement for the purpose of chains of registered agent.	inging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2004		U00000128527 04/26/04-80046-006 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	NATIONAL RURAL TELECOMMUNICATIONS CO	OPERAT	
STREET ADDRESS	2121 COOPERATIVE WAY		

# NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

#### DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes I further certify that the information indicated on this report is true and acquirate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company of the receipt or posterior of secure this report as required by Chapter 608, Florida Statutes

Chris D. Abetz, CFO & Sr. V.P.

of NRTC, Manager

04/**[4**/04 (703) 787–0874

SIGNATURE AND TYPED OR PRINTED HOME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dayume Phone #