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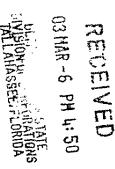
| (Requ | estor's Name) | <u> </u> |
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| (City/S | State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Fili | ng Officer: | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | 3 KI | | | |
|---|--|--|--|--|
| SUBJECT: Neustar Financial (Name of corporation | Services, Inc. n-must include suffix) | | | |
| Dear Sir or Madam: | LORDING 35 | | | |
| The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to re to transact business in Florida. | | | | |
| Please return all correspondence concerning this matter | to the following: | | | |
| Jessica Owens | | | | |
| (Name of | Person) | | | |
| Neustar Financial Services, Inc. | | | | |
| (Firm/Cor | npany) | | | |
| P.O. Box 2439 | | | | |
| (Address) | | | | |
| Overgaard, Az 85933 (City/State and Zip code) | | | | |
| City/state a | nd Zip code) | | | |
| For further information concerning this matter, please call: | | | | |
| Tessico Owens at (928) 535-5020 Ext./16 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| Enclosed is a check for the following amount: | | | | |
| □ \$70.00 Filing Fee \$\frac{1}{2}\$\$ \$78.75 Filing Fee & □ Certificate of Status | \$78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy | | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. | Neustar Financial Services, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) Arizona 3. 48-1266257e |
|----|--|
| | Arizona 3. 48-121662576 (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. | Ou/ou/2002 5. Despetual (Duration: Year corp. will cease to exist or "perpetual") |
| | (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| 7. | 2824 Huy aug #3 Overgaard, AZ 85933 (Principal office didress) |
| | P.O. Box 2439 Overgaard, Az 85933 (Culvent mailing address) |
| 8. | Purpose(s) of corporation authorized in home state or country to be carried our in state of Florida) |
| 9. | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| | Name: NRAI Services, Inc. |
| O | ffice Address: 534 E. Park Avenue |
| | Tallahassee, Fke 32301, Florida 32301 (City) (Zip code) |

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

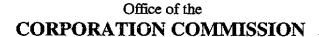
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: __ Address: Address: _ Director: Paul Meacham Address: 2824 Hwy 240 #3 Overgoard 02 05933 Director: __ **B. OFFICERS** President: Paul Meacham Address: 2824 Hwy 240 #3 Vice President: Secretary: Jessica Owens Address: 2824 Huy 240 #3 Overgaard, Az 85933 Treasurer: Teri Meacham NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Tessica Owens - Seeve tany (Typed or printed name and capacity of person signing application)

STATE OF ARIZONA







To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

NEUSTAR FINANCIAL SERVICES, INC.
a domestic corporation organized under the laws of the State of Arizona,
did incorporate on June 6, 2002.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122,-10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 9th Day of January, 2003, A. D.

EXECUTIVE SECRETARY

BY: Jeffry a Book.

