# F06000005923

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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O6 SEP 14 MIIO: 20

ACCOUNT NO. : 072100000032

REFERENCE: 421126 7290920

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: September 13, 2006

ORDER TIME : 10:20 AM

ORDER NO. : 421126-005

CUSTOMER NO: 7290920

#### FOREIGN FILINGS

NAME: ALPINE ACCESS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

#### 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 3. BA - 147444 (State or country under the law of which it is incorporated) (FEI number, if applicable) NA (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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.

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.

(Rogisterod agent's signature)

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

A. DIRECTORS	
- Chairman: Jeffrey Bennis	<u></u>
Address: 5280 Partners	
360 S. Monroe St. Suite 600 Denver, Co 80209	- -
Director Pat gross	
Address: The Lovel group	
1705 I Street NW Suite 300 Washington DC 200	26
Director: Peter Van genderen	<del></del>
Address: Stolberg Equity Partners	
370 Mm Street Suite 3650 Denver, CO 80202	_ <del></del>
Director:	<del></del>
Address:	<u> </u>
	<u></u> -
B. OFFICERS	
President: Christopher Carrington	
Address: 1536 Cole Blvd. Suite 350	
apiden CO 80401	
Vice President: Elizabeth Capra	
Address: 1536 Cole Blvd. Suite 350 Holden Co 80401	
Secretary: Elizabeth Capra	
Address: 1536 Cole Blvd. Suite 350 golden, CO 80401	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Salethurapra	
(Signature of Director or Officer listed in number 12 of the application)  ELIZABETH M. CAPLA V.P. FINANCE	
(Typed or printed name and capacity of person signing application)	r

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## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPINE ACCESS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPINE ACCESS, INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5037894

DATE: 09-13-06