

1.) CORPORATION NAME:

Enventis Telecom, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD,
SUITE 301**

SCC ID NO: **F1759028**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 221 EAST HICKORY STREET
PO BOX 3248

CITY/ST/ZIP: MANKATO, MN 56002-3248

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WALTER A PRAHL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	21 WEST SUPERIOR ST STE 200		
CITY/ST/ZIP/CO:	DULUTH, MN 55802		

NAME:	TROY P. JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	331 2nd AVE S SUITE 450		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		

NAME:	STEVE J LARSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2950 XENIUM LN SUITE 138		
CITY/ST/ZIP/CO:	PLYMOUTH, MN 55441		

NAME:	DAVID A CHRISTENSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	221 E HICKORY ST PO BOX 3248		
CITY/ST/ZIP/CO:	MANKATO, MN 56002-3248		

NAME:	JOHN W FINKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	221 E HICKORY ST PO BOX 3248		
CITY/ST/ZIP/CO:	MANKATO, MN 56002-3248		

NAME:	MARY T JACOBS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	221 E HICKORY ST PO BOX 3248		
CITY/ST/ZIP/CO:	MANKATO, MN 56002-3248		

NAME:	LANE C NORDQUIST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	221 E HICKORY ST PO BOX 3248		
CITY/ST/ZIP/CO:	MANKATO, MN 56002-3248		

NAME:	Carol A. Wirsbinski	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	221 E Hickory ST PO Box 3248		
CITY/ST/ZIP/CO:	Mankato, MN 56002-3248		

NAME:	David A. Christensen	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	221 E Hickory ST PO Box 3248		
CITY/ST/ZIP/CO:	Mankato, MN 56002-3248		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DAVID A CHRISTENSEN</u>	<u>DAVID A CHRISTENSEN,</u>	<u>6/29/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.