SALEM COUNTY IMPROVEMENT AUTHORITY

* * *

RESOLUTION 12-60

June 25, 2012

RESOLUTION AUTHORIZING ASSUMPTION OF LEASE

WHEREAS, the Salem County Improvement Authority ("SCIA") is the owner of certain real estate located in Alloway Township, Salem County, New Jersey, designated as Lot 20 in Block 60 on the Alloway Township Tax Map (hereinafter referred to as "Property"); and

WHEREAS, Mobilitie Investments II, LLC is currently the tenant under an existing lease agreement for the Property with the SCIA (hereinafter referred to as the "Lease"); and

WHEREAS, Mobilitie Investment II, LLC has been acquired by an affiliate of SBA Communications Company which has changed its name to SBA Monarch Towers II, LLC ("Monarch"); and

WHEREAS, Monarch has contacted the SCIA and advised the SCIA of this recent transaction; and

WHEREAS, Monarch intends to assume liability and responsibility under the Lease; and

WHEREAS, the SCIA has no objection to allowing Monarch to assume liability and responsibility as a tenant under the Lease.

NOW THEREFORE, BE IT RESOLVED by the Members of the SCIA that Monarch shall assume liability and responsibility as a tenant under the Lease.

John Ober, Chairman

I hereby certify the above to be a true copy of a resolution adopted by the SCIA at a regular meeting held on June 25, 2012.

Ronald Howard, Secretary
April 30, 2012

Salem County Improvement Authority
P.O. Box 890 McKillip Road
Alloway, NJ 08001-0890

Re: SBA Site ID#: NJ41430-A-0
Site Address: 52 McKillip Road, Alloway, NJ 08001

SBA Site Name: Alloway

Dear Lessor:

As of April 2, 2012, Mobilite Investments II, LLC, the owner of the telecommunications tower located on your property ("Tenant"), has been acquired by an affiliate of SBA Communications Corporation and subsequently changed the name of the entity to SBA Monarch Towers II, LLC. Enclosed, please find all necessary documentation as proof of this transaction.

Effective immediately, all rental payments related to this lease will now be issued by SBA. Please complete the enclosed W-9 form and return it in the envelope provided to the address below. Failure to complete, sign and return the W-9 form may result in SBA garnishing a portion of your rent due to IRS requirements:

SBA Monarch Towers II, LLC
5900 Broken Sound Parkway NW
Boca Raton, FL 33487-2797
Re: NJ41430-A-0
Attn: Site Administration

We have also enclosed an ACH Deposit Enrollment Authorization form if you choose to have your checks directly deposited into one of your bank accounts.

Please also find enclosed an address confirmation form. Please review the information on the form, make any corrections if necessary, and sign and return to SBA in the enclosed self-addressed, stamped envelope.

In addition, an original Certificate of Insurance, naming you as the certificate holder and additional insured will be sent to you directly from our insurance carrier for your file.

Furthermore, in the coming weeks you will be receiving additional correspondence from us relating to some of our financing activities. Please be on the lookout for that correspondence.

In the event of a tower operation emergency or if assistance is required to access the site, please contact our Network Operations Center, which is open 24 hours a day, 7 days a week, at (888) 950-7483. SBA’s Regional Site Manager for this tower is Mark Luther, who may be contacted at (570) 561-3200.

If you have any questions regarding this transaction, please contact Liane Montesino, Site Administration Specialist, at 1-800-487-7483, ext. 9422. If you have any questions regarding your rental payments please contact Lanee Safai, Accounts Payable Specialist, at (800) 487-7483 x9511.

We look forward to having a pleasant working relationship with you.

Sincerely,

Rhonda Kranick
Site Administration Specialist
Enclosures
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 MERGER, WHICH MERGES:

"MPGJ-II, LLC", A DELAWARE LIMITED LIABILITY COMPANY,

RECEIVED
MAY 8, 2012

4268935   8100M
120382866

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

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9474400
DATE: 04-02-12
CERTIFICATE OF MERGER

OF

MPGI-II, LLC

(a Delaware limited liability company)

WITH AND INTO

MOBILITIE INVESTMENTS II, LLC

(a Delaware limited liability company)

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Act, Mobilite Investments II, LLC, a Delaware limited liability company (the “Surviving Company”), hereby certifies as follows:

FIRST: The name of the Surviving Company is Mobilite Investments II, LLC, and the name of the limited liability company being merged into this Surviving Company is MPGI-II, LLC.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent limited liability companies.

THIRD: The name of the Surviving Company of the merger is Mobilite Investments II, LLC. At the effective time of the merger, the name of the Surviving Company shall be amended to be “SBA Monarch Towers II, LLC”.

FOURTH: At the effective time of the merger, the Second Article of the Certificate of Formation of the Surviving Company shall be amended and restated as follows:

“SECOND: The address of the registered agent in the State of Delaware is 3411 Silverside Road, Rodney Building, Suite 104, New Castle County, Wilmington, Delaware 19810. The name of the registered agent is Corporate Creations Network, Inc.”

FIFTH: The merger is to become effective on April 2, 2012.

SIXTH: The Agreement of Merger is on file at the office of the Surviving Company, located at 5900 Broken Sound Parkway, NW, Boca Raton, Florida 33487.

SEVENTH: A copy of the Agreement of Merger will be furnished by the Surviving Company on request, without cost, to any member of the constituent limited liability companies.
IN WITNESS WHEREOF, the Surviving Company has caused this Certificate of Merger to be executed as of the 2nd day of April, 2012.

MOBILITIE INVESTMENTS II, LLC

By: ____________________________

Name: Thomas P. Hunt
Title: Senior Vice President and General Counsel
ACH DEPOSIT ENROLLMENT AUTHORIZATION

All information collected on this form is required to transmit payment data, by electronic means to the payee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. SBA is not able to split your deposit between accounts, therefore, please select only one account, either checking or savings, to which funds are to be credited.

CHECK ONE:

☐ Direct Deposit for the first time

☐ Direct Deposit change

VENDOR INFORMATION

PAYEE/COMPANY:

ADDRESS:

CONTACT PERSON NAME (if other than payee):

TAX ID or SSN(s):

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

EMAIL NOTIFICATION OF PAYMENT: ☐ YES ☐ NO

BANK INFORMATION

NAME:

ADDRESS:

TELEPHONE NUMBER:

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT NUMBER:

TYPE OF ACCOUNT: ☐ CHECKING  ☐ SAVINGS (Please attach a voided check)

*All signers whom are on the Lease

I certify that the information provided on this form is correct. I authorize SBA to direct payments to the financial institution designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all payments issued to the above named payee by SBA under the designated TIN or SSN. This authority is to remain in full force and effect during the term of the ACH Enrollment Agreement between SBA and payee and further for such additional time after termination of the Agreement as to afford SBA a reasonable opportunity to receive proper payment and make adjustments for errors.

AUTHORIZED SIGNATURE(S):

DATE:

Please complete and return this form to the following address:
SBA Communications Corporation
ATTN: ACH Department
5900 Broken Sound Parkway NW
Boca Raton, FL 33487
sharedservices@sbasite.com

Site ID: Vendor #:
Company:
Name (as shown on your income tax return)

Business name/described entity name, if different from above

Check appropriate box for federal tax classification (required): [ ] Individual/sole proprietor [ ] C Corporation [ ] S Corporation [ ] Partnership [ ] Trust/estate [ ] Exempt payee

[ ] Limited liability company. Enter the tax classification (C=Corporation, S=Corporation, Partnership) ▶

[ ] Other (see instructions) ▶

Print or type requested instructions on page 2.

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester’s name and address (optional)
SBA Communications Corporation
Phone: 561-995-7670
Fax: 561-995-7626

Part I: Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the “Name” line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

Part II: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions on page 4.

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt entity, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business not subject to the withholding tax on foreign partners share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

• An estate (other than a foreign estate), or

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners’ share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
ADDRESS AND CONTACT INFORMATION CONFIRMATION

This form is meant to confirm the contact information we have on record. If there are any corrections to be made, please make them on this form and sign where indicated. No changes will be processed without a signature. Please return this form to the address below or you may fax them directly to Site Administration at 561-226-3501 or email them to rcranick@sbasite.com.

<table>
<thead>
<tr>
<th>NJ41430-A-0</th>
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<tbody>
<tr>
<td>Alloway</td>
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<table>
<thead>
<tr>
<th>Contact Information:</th>
<th>Salem County Improvement Authority</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Business Name (if different from above)</td>
<td></td>
</tr>
<tr>
<td>Address (number, street, etc.)</td>
<td>P.O. Box 890, McKillip Road,</td>
</tr>
<tr>
<td></td>
<td>&quot;SA McKillip, R Box&quot;</td>
</tr>
<tr>
<td>City, State and Zip Code</td>
<td>Alloway, NJ 08001-0890</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(650) 935-7900</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(650) 935-7331</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:mbAmber@scanj.org">mbAmber@scanj.org</a></td>
</tr>
</tbody>
</table>

I/we Deborah Turner-Fox (please print name) acknowledge that the above information is correct and accurate.

Signed: [Signature]

Signed: [Signature]

Date: 10-05-12

Mailing Address: Salem County Improvement Authority
Finlaw Building- Lower Level
199 East Broadway
Salem, NJ 08079
Attention: Executive Director
Deborah Turner-Fox