REQUEST FOR CANCELLATION OF REGISTRATION

Washington Utilities & Transportation Commission

Attention: Telecommunications Section

P.O. Box 47250

TO:

Olympia, WA 98504-7250 (Fax) 360-586-1150	
Doc	cket UT- 010785
The undersigned,(Issuing Agent/Officer of Company)	does hereby
(Issuing Agent/Officer of Company)	
request cancellation of(Registered Company Name)	registration
(Registered Company Name)	
to operate as a telecommunications company doing business in the state o	f Washington.
Please include the following information:	
Unified Business Identification (UBI) Number:	
Company Contact Person:	
Contact Telephone Number:	
I understand that this request is not effective until acted upon by the Com	mission.
Signature:	

Date: _____