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Aug 18, 2023

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August 18, 2023

Jonathon Church
Regulatory Analyst
Utilities and Transportation Commission
621 Woodland Square Loop SE
Lacey, WA 98503
(360) 664-1295
jonathon.church@utc.wa.gov

Re: Docket No. UT-230144; Revised Response to Question 11 of the Second Informal Information Request

Dear Mr. Church,

DISH Wireless L.L.C. (the "Company") would like to revise its Response (the "Response") to Question 11 of the Second Informal Information Request in the above-referenced docket. On or about August 11, 2023, the Company received a conformed copy of its Business License Application for the Trade Name registering "Gen Mobile" as a trade name for the Company (the "Registered Trade Name") from the Washington State Department of Revenue. As such, the Company would like to supplement its Response to include the Registered Trade Name to Question 11.

Please see enclosed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Sola Lee", written in a cursive style.

Sola Lee
Senior Corporate Counsel

Enclosures



Form 700 028

Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
360-705-6741

For Validation - Office Use Only

503139499



Business License Application

Legal Entity/Owner Name: **DISH WIRELESS L.L.C.**

Unified Business Identifier (UBI): **604-383-693**

Federal Employer Identification Number (FEIN): **35-2576388**

RECEIVED

AUG 11 2023

BUSINESS LICENSING SERVICE

For faster service apply online at dor.wa.gov/businesslicense

Online applications are typically processed within ten business days.
It may take up to three weeks if you file by paper.

If you have city, county or state endorsements, it may take an additional 2-3 weeks to receive your business license due to approval time.

Processing fee instructions:

A Business License Application processing fee is required for each application received in addition to applicable endorsement or trade name fees. See below to determine the processing fee.

Open/reopen a business - \$50 (non-refundable)

If you are opening the first location of a new business/UBI or re-opening a business/UBI that has no active locations, enter \$50 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

Adding an additional location - \$0

If you are adding an additional location to your current business, enter \$0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

Adding a city or county Non-Resident Business endorsement to an existing location - \$0

If your business is not physically located inside the city limits or in unincorporated areas of a county but you will be traveling into or doing business with the city's limits or unincorporated areas of a county, a city or county Non-Resident Business endorsement is required. (Unincorporated areas are not in the city limits of any city in the county.) If you are adding a city or county's Non-Resident Business endorsement to an existing location account, enter \$0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

Any other purpose - \$10 (non-refundable)

If you are filing for any purpose other than those listed above, enter \$10 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

Examples: Hiring employees, registering a trade name, adding additional endorsements to an existing location, Domestic Employer, etc.

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

1 Purpose of application (check all that apply)

- Open/reopen business
- Open additional location
- Add endorsement to existing location
- Change ownership
- Register trade name
- Change trade name
- Business has or will have employees
- Business has or will have employees under age 18
if ONLY requesting to add a minor work permit to your account, and this business location has an active Worker's Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d (and 3f for sole proprietors), 5c and 5.
- Hire persons to work in or around your home
- Name(s) to be cancelled: _____
- Change location
Old address to be closed: _____
- Other: _____

2 Endorsements and fees

(use the State Endorsement Fee Sheet, city webpage dor.wa.gov/cityendorsements, and county webpage dor.wa.gov/countyendorsements for the information needed to complete this list)"

Mark registrations needed (fees are listed on the right)

- Tax Registration (DOR) \$0.00
Do you want a separate tax return for each business? Yes No
- Industrial Insurance (Worker's Compensation) - Required if you will have employees \$0.00
- Unemployment Insurance - Required if you will have employees \$0.00
- Minor Work Permit - Required if you will have employees under age 18 \$0.00
- New trade name (doing business as): \$5.00

List additional trade names (\$5 each name) or other endorsements (such as additional state, city or county endorsements):

	Trade names and endorsements	Fee
1.	Gen Mobile	\$ 5
2.		\$
3.		\$
4.		\$
5.		\$

Processing fee: \$ 10

Total amount due: \$ 15

How to pay: Enclose check for total amount due, including the non-refundable processing fee, which must be submitted with this form. Make check payable to Department of Revenue.

Owner information

a. *Select an ownership structure (choose one):

Sole Proprietorship - If married, should spouse's name appear on license?
(If you answer no, you must still enter the spouse information in section 3f below)

Yes No

Corporation*

Nonprofit Corporation* (educational, religious, charitable)

Limited Liability Company*

Partnership (# of partners:)

Limited Partnership*

Limited Liability Partnership*

Limited Liability Limited Partnership*

Joint Venture

*These ownership structures must contact the Secretary of State office for additional filing requirements.

Name of Corp., LLC, Partnership, LLP, LLLP, or Joint Venture:

State incorporated/formed:

Year incorporated/formed:

Association

Trust

Municipality

Tribal Government

Name of Organization:

b. *Business open date (MM/DD/YY): 2/1/2019

This is the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. If unknown, please estimate date.

c. *Business name/trade name: DISH WIRELESS L.L.C.

Is this location inside city limits? Yes No

d. *Business mailing address: 9601 S. MERIDIAN BLVD.

City: ENGLEWOOD

State: CO

Zip: 80112

*Business street address (if different than mailing.) Do not use PO Box or PMB:

City:

State:

Zip:

e. Business phone number:

Email:

f. List all owners and spouses:

This includes any Sole Proprietor, partners, officers, or LLC members (attach additional pages if needed)

*Name (last, first, middle): DISH WIRELESS HOLDING L.L.C.

Title: Home phone: Date of birth:

Social Security Number*: EIN: 46-3446523 % Owned*: 100

Home address: 9601 S. MERIDIAN BLVD.

City: ENGLEWOOD

State: CO

Zip: 80112

Are you married? Yes No If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number: Spouse date of birth:

Owners and spouses continued...

Name (last, first, middle): [Redacted]
 Title: [Redacted] Home phone: [Redacted] Date of birth: [Redacted]
 Social Security Number*: [Redacted] % Owned*: [Redacted]
 Home address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted]
 Are you married? Yes No If yes, enter spouse information below.
 Spouse name (last, first, middle): [Redacted]
 Spouse Social Security Number: [Redacted] Spouse date of birth: [Redacted]

Name (last, first, middle): [Redacted]
 Title: [Redacted] Home phone: [Redacted] Date of birth: [Redacted]
 Social Security Number*: [Redacted] % Owned*: [Redacted]
 Home address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted]
 Are you married? Yes No If yes, enter spouse information below.
 Spouse name (last, first, middle): [Redacted]
 Spouse Social Security Number: [Redacted] Spouse date of birth: [Redacted]

*The Social Security Number, home phone number and percentage owned are required for Sole Proprietors, partners, corporate officers, and LLC members of businesses that will have employees. (WAC 192-310-010) Not fully completing section "f" will result in application delays.

4 Location/business information

a. Are you an out of state business with no Washington location and have employees or representatives working in Washington?
 Employees: Yes No Representatives: Yes No
 If yes, provide one of their Washington addresses (we will not use this address for mailing purposes):
 Business street address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted]

b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No
 Check "Independent Contractors" definition at ini.wa.gov/insurance/insurance-requirements/independent-contractors

c. *Provide the estimated gross annual income in Washington (check one):
 \$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

d. Mark the business activities in Washington State (check all that apply):
 Wholesale Retail Manufacturing Services

e. *Describe in detail the principal products or services you provide in Washington State:
Applicant provides wireless telecommunication services.

f. Did you buy, lease, or acquire all or part of an existing business? All Part None

Business License Application



Date bought/leased/acquired (MM/DD/YY): _____ Prior business name: _____
 Prior owner's name: _____ Phone: _____

- g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax?
 Yes No If yes, indicate purchase or lease price: \$ _____
- h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name and UBI number.
 Entity name: _____ UBI number: _____
 Entity name: _____ UBI number: _____
- i. If you are changing your business structure (such as changing from Sole Proprietorship to Corporation) and want the old account closed, provide the UBI number to be closed: _____
 Do you wish to cancel all the trade names registered under the old UBI number? Yes No
 You must re-register all trade names you use under the new business structure.
- j. Have you ever owned another business? Yes No
 If yes, business name: _____ UBI number: _____
- k. Your bank's name: _____ Branch: _____

5

Employment/elective coverage

5a and 5c are required if hiring employees and/or minors.
Employment accounts cannot be established unless you plan to employ persons within the next 90 days. If accounts are established, Employment Security and Labor and Industries reports will be required quarterly even if you have not hired.

- a. *Date of first employment or planned employment at this location (MM/DD/YY): _____
 First date wages paid (MM/DD/YY): _____
- b. Number of persons you employ or plan to employ at this location (do not include owners): _____
- c. *Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

Age	Number of employees	Duties to be performed by minors (Check lni.wa.gov/workers-rights/youth-employment/how-to-hire-minors)
16-17	_____	_____
14-15	_____	_____
Under 14	_____	_____

Before checking under age 14, please complete required documents. See publication F700-118-000 at lni.wa.gov/forms-publications/F700-118-000.pdf

- d. Check the box that best describes the major operation of your business (choose one):
- | | |
|---|---|
| <input type="checkbox"/> (01) Drywall Operations | <input type="checkbox"/> (03) Construction/Engrg/Property Mgmt |
| <input type="checkbox"/> (05) Maritime/Vessels/Longshore | <input type="checkbox"/> (07) Wood Prod/Stone/Glass & Mining |
| <input type="checkbox"/> (09) Vehicle Svcs/Transportation | <input type="checkbox"/> (11) Mfg - Food/Ice/Beverages |
| <input type="checkbox"/> (13) Retail/Whlsl: Stores & Warehsing | <input type="checkbox"/> (15) Media/Entertainment/Lodging |
| <input type="checkbox"/> (02) Logging/Forestry | <input type="checkbox"/> (04) Temp Help Co/Employee Leasing |
| <input type="checkbox"/> (06) Electronics/Utilities/Vending Mch | <input type="checkbox"/> (08) Mfg - Metal/Mach Shops/Millwright |
| <input type="checkbox"/> (10) Mfg - Chem/Textiles/Paper | <input type="checkbox"/> (12) Agriculture/Farming |
| <input type="checkbox"/> (14) Food Svcs/Chore/Asst Lvg/Janitor | <input type="checkbox"/> (16) I.T./Prof Svcs/Med/Salon/Schools |

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months)

Position and activities	No. of workers	Worker hours (include minors)
Example: Office Staff - reception accounting, data entry	2	960

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?

Unemployment Insurance: All locations combined Each location separately (multiple reports)

Worker's Compensation: All locations combined Each location separately (multiple reports)

Additional Coverage is available as noted below. (See *Business Endorsement Fee Sheet* for more information.)

g. If you are a Profit Corporation, do you want Unemployment Insurance coverage for corporate officers?

Yes – Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.

No – The Corporation must inform officers in writing that they are not covered for Unemployment Insurance.

h. Do you want Workers' Compensation coverage for owners (Sole Proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)

Yes – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

No

i. Do you want elective Workers' Compensation coverage for excluded employment? (See *Business Endorsement Fee Sheet* for descriptions.)

Yes – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

No

6 Signature (Signature of Sole Proprietor or spouse, partner, corporate officer, or LLC member/manager)

I declare under the penalties of perjury that:

- I am a governing person or authorized representative of this business making this change; and
- The answers contained, including any accompanying information, have been examined by me and are true, correct, and complete.

I certify that I understand a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

Signature: Date: 8/8/23

Application prepared by: Sola Lee Title: Senior Corporate Counsel

Phone: (800) 378-7127 Date: 08/07/2023

Some agencies provide language assistance. Would you like assistance? Yes No

What language? _____