

ANDREW O. ISAR

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Via Electronic Submission

July 24, 2015

Mr. Steven King Secretary and Executive Director Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW Olympia, WA 98504

Dear Mr. King:

Preferred Long Distance, Inc. ("Preferred"), hereby provides courtesy notification to the Washington Utilities and Transportation Commission ("Commission") of Preferred's intent to initiate provision of commercial resold mobile radio services ("CMRS") as a mobile virtual network operator ("MVNO") and interconnected Voice over Internet Protocol ("iVoIP") telephony service in Washington, beginning or about September 1, 2015. This notification also advises the Commission of the Company's assumption of fictitious names.

It is Preferred's understanding that pursuant to federal statutory preemption of state CMRS entry regulation under 47 U.S.C. §332(c)(3) and of iVoIP service regulation pursuant to the Federal Communications Commission's Vonage Holdings, Inc. 2004 decision as upheld by the U.S. Court of Appeals for the Eight Circuit, no additional authority is required for Perferred to initiate its provision of CMRS or iVoIP service. Preferred currently maintains authority to provide wireline local exchange and interexchange telecommunications services in Washington.

To distinguish between services, Preferred has registered four fictitious names, "Telplex," "Telplex Communications," "Ringplanet," "Ringplanet Communications." A copy of the Washington fictitious name registrations is attached. Current and new wireline local exchange and interexchange telecommunications service subscribers and subscribers that presubscribe to the Company's wireline local exchange and interexchange telecommunications and CMRS services will be served under the "Preferred Long Distance, Inc. dba Telplex Communications" or shortened "Preferred Long Distance, Inc. dba Telplex" name. Subscribers that do not presubscribe to the Company's wireline services but receive other services from the Company will be served under the "Preferred Long Distance, Inc. dba Ringplanet Communications" or shortened "Preferred Long Distance, Inc. dba Ringplanet" name. The Company's operations and contact information of record with the Commission remain otherwise unchanged.

Mr. Steven King July 24, 2015 Page 2

Kindly confirm receipt of this submission via return electronic delivery. Thank you for your attention to this matter. Questions may be directed to the undersigned.

Sincerely,

MILLER ISAR, INC.

Andrew O. Isar

Regulatory Consultants to Preferred Long Distance, Inc.

Attachment





Proferred Long Distance, Inc.

Legal Entity/Owner Name

Unified Business Identifier (UBI)

602363959

95-4529940

For Validation - Office Use Only

Business License Application

For faster service apply online at business.wa.gov/BLS
Online applications are typically processed within two business days.
It may take up to 21 days if you file by mail.

1. Purpose of Application

Federal Employer Identification Number (FEIN)
☐ Add License/Registration to Existing Location complete sections 2, 3, 4, and 6
☐ Business Has or Will Have Employees complete all sections
☐ Business Has or Will Have Employees Under Age 18 complete all sections (If this business location has an active
Workers' 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 6.)
☐ Hire Persons to Work In or Around Your Home complete all sections
Other - complete all

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.	
Mark Registrations Needed:	ees Due
☐ Tax Registration (State Dept. of Revenue) — Do you want a separate tax return for each business? ☐ Yes ☐ No	No Fee
☐ Industrial Insurance (Workers' Compensation) — Required if you will have employees.	No Fee
☐ Unemployment Insurance — Required if you will have employees.	No Fee
☐ Minor Work Permit — Required if you will have employees under age 18.	No Fee
□ New Trade Name (Doing Business As); Ring Planet	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	Mindred American (1974) e errondur en Mindred Marie al Marie an entre landeux aques en Marie (1974).
- Ring Planet Communications RECEIVED \$	5.00
RECEI - S	
JUN 24 2010	gen om store i skraugslike sklande se megga kannen og det skraugs i skraugslike
BUSINESS LICENSING SERVICE \$	
S S	

Enclose check for **total amount due**, including the non-refundable Processing Fee, which MUST be submitted with this form.

Processing Fee

\$ 19.00

29.00

Make check payable to the Department of Revenue.

Total Amount Due \$

To receive this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. BI S-700-028 (2/27/15) PAGE 1 OF 4

3. Owner Information a. Select only ONE ownership structure: ☐ Sole Proprietor If married, should spouse's name appear on license? 🔲 Yes 🔝 No (If you answer No, you must still enter the spouse information in section "31" below.) Ownership Structures ☐ Non Profit Corporation* (educational, religious, charitable) ☐ Limited Liability Company* ☐ Partnership (# of partners:____) ☐ Joint Venture ☐ Limited Partnership* ☐ Limited Liability Partnership* ☐ Limited Liability Limited Partnership* 'These ownership structures must contact the Secretary of State office for additional filing requirements. Preferred Long Distance, Inc. Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC) California State incorporated/formed: Year incorporated/formed:__ ☐ Association ☐ Trust ☐ Municipality ☐ Tribal Government Other _ Name of Organization (example: Anderson Family Trust) b. Business Open Date Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required. If unknown, please estimate.) Is this location inside city limits? Business Name/Trade Name Business Mailing Address (Street or PO Box, Suite No. do not use building name) .Business Street Address (if different than mailing) Do not use a PO Box or PMB: City State Zip aode Zin codé e. Fax Number E-Mail Address f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.) Name (Last, First, Middle) Date of Birth Social Security Number % Owned Home Address (Street or PO Box) City State Zip code Are you married? I Yes I No If yes, enter spouse information below. Home Telephone Number Spouse Name (Last, First, Middle) Spouse Date of Birth Spouse Social Security Number Governing Persons Name (Last, First, Middle) Date of Birth Social Security Number % Owned Home Address (Street or PO Box) Are you married?

Yes

No If yes, enter spouse information below. Home Telephone Number Spouse Name (Last, First, Middle) Spouse Date of Birth Spouse Social Security Number Name (Last, First, Middle) Date of Birth Social Security Number % Owned

"The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "I" will result in application delays. (RCW 26.23.150, RCW 50.12.070)

Spouse Date of Birth

State

Are you married?

Yes

No If yes, enter spouse information below.

Spouse Social Security Number

Zip code

Home Address (Street or PO Box)

Spouse Name (Last, First, Middle)

Home Telephone Number

4. Location / Business Information

a.	Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?					
	☐ Yes					
	If yes, provide one of their Washington addresses (we will not use this address for mailing purposes):					
	Business Street Address (Do not use a PO Box or PMB Address) City State Zip code					
b.	Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No Check "Independent Contractors" delinition at www.lnt.wa.gov/IPUB/101-063-000.pd/					
c.	Provide the estimated gross annual income in Washington <i>(check the one box that applies to your business):</i> □ \$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 Statefailure to provide this information will cause delay in processing your application:					
	Telecommunication services and any other lawful act or activity.					
f.	Did you buy, lease, or acquire all or part of an existing business?					
	Date bought/leased/acquired: / / MM DD YY Prior Business Name					
	Prior Owner's Name Telephone Number					
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:					
	The state of the s					
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? You must re-register all trade names you use under the new business structure.					
j.	If you have ever owned another business, provide: Business Name UBI Number					
k.	Provide your bank's name: Branch:					

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.

(For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

5. Employment / Elective Coverage

	nployment accounts cannot be a ablished, employment tax returns will			next 90 days.	If accounts a	re	
a.	Date of first employment or planned e	employment at this location:	First dat	e wages paid:	<u>/ / / / / / / / / / / / / / / / / / / </u>		
	Number of persons you employ or pla				WIW DD		
c.		er age 18 (minors) you will em les to be performed by minors (Che	•	and duties they	/ will perform:.		
	Ages 16-17:			town, to alma	T. C. S.		
	Ages 14-15:						
d.		ribes the major operation of yo (05) Maritime/Vessels/Longshore (06) Electronics/Utilities/Vending Mch (07) Wood Prod/Stone/Glass & Mining	Dur business. (09) VehicleSvcs/Transportation (10) Mfg - Chem/Textiles/Pape (11) Mfg - Food/Ice/Beverage:	er ☐ (14) Food Si	ros/Chore/Asst Lv	g/Janitor ging	
e.	Describe in detail the activities of you			3-Month			
	hours for a 3-month period. (One full-t	time worker = 480 total hours fo	r 3 months.)	Number of Workers	Workers' Ho (Include Mind		
Ē	xample: Office Staff - reception, acc	counting, data entry		2	960		
_	-		r - St Art - St All All - Art - Andre Aldrein - Andre Al			A-1111	
_	2						
	<u>ن</u>	A. Marie C. Comment of the Comment o					
Wo Ad	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) Workers' Compensation: All locations combined Each location separately (multiple reports) Additional Coverage is available as noted below. (See License 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.						
h.	□ No - The corporation must inform Do you want workers' compensation of managers)? (In an LLC with managers, you with members only, you may elect to cover to elect to cover to elect to cover to elect	coverage for owners (sole pro ou may elect to cover those persons hose members.)	prietor, partners, corporate s who are both members (owners	officers, LLC m i) and managers.	nembers/ In an LLC		
1.	Do you want elective workers' compe ☐ Yes - Prior to coverage, Form F2' ☐ No	nsation coverage for excluded 13-112-000 is required. This fo	d employment? (See License orm will be sent to you by the	Fee Sheet for de e Dept. of Labo	es <i>criptions.)</i> or & Industries	5.	
_	Δ:						
I, II rep by	Signature Signature of sole propine undersigned, declare under the penaltic presentative of the firm making this application me and that the matters and things set for mature Required	es of perjury and/or the revocation	of any license granted, that I also including any accompanying	em the applicant	or authorized	ned	
Ei	leen Kang	Paralegal	/ 213 \ 988-6679	06			
	lication Prepared By (Please Print)	Tille	(213) 988-0079 Telephone No.	06	/ 16 / 20 Date	115	
Son	ne agencies can provide language assistance. V	Vould you like assistance? Yes	: No Specify language				





	v,	*Uniciation,	O11100 000. 01119	
 	-400.200			

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Business License Application

For faster service apply online at business.wa.gov/BLS
Online applications are typically processed within two business days.
It may take up to 21 days if you file by mail.

Preferred Long Distance, Inc.
Legal Entity/Owner Name
602363959
Unified Business Identifier (UBI)
95-452994()
Federal Employer Identification Number (FEIN)

1. Purpose of Application Please check all boxes that apply.

Open/Reopen Business complete sections 2, 3, 4, (5 if hiring employees) and 6		Add License/Registration to Existing Location complete sections 2, 3, 4, and 6
Open Additional Location complete sections 2, 3, 4, (5 if hiring employees) and 6		Business Has or Will Have Employees complete all sections
Change Ownership complete sections 2, 3, 4, (5 if you have employees) and 6		Business Has or Will Have Employees Under Age 18 complete all sections (If this business location has an active
Register Trade Name complete sections 2, 3, 4 and 6	business changes since the last Business Lic	business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, [and 3f for sole
Change Trade Name - complete sections 2, 3, 4 and 6		proprietors], 5c, and 6.)
Name(s) to be <i>cancelled</i> :		Hire Persons to Work In or Around Your Home complete all sections
Change Location - complete sections 2, 3, 4 and 6 Old address to be closed:		Other - complete all
Register Trade Name complete sections 2, 3, 4 and 6 Change Trade Name - complete sections 2, 3, 4 and 6 Name(s) to be cancelled: Change Location - complete sections 2, 3, 4 and 6	_	Workers' Compensation account with L&I, and business changes since the last Business Licenwas filed, complete only sections 2, 3a, 3c, 3d, proprietors], 5c, and 6.) Hire Persons to Work In or Around Your Hocomplete all sections

2. Licenses and Fees

fark Registrations Needed:		Fe	es Due
☐ Tax Registration (State Dept. of Revenue) — Do you want a separate tax return for each bu	siness? D Yes	□ No	No Fee
☐ Industrial Insurance (Workers' Compensation) — Required if you will have employees.			No Fee
☐ Unemployment Insurance – Required if you will have employees.			No Fee
☐ Minor Work Permit – Required if you will have employees under age 18.			No Fee
☑ New Trade Name (Doing Business As): Telplex	State of the state	- Starten Committee of the Annual Committee of the Starten of the	\$ 5.00
- Telplex Communications		\$_	5.00
RECEIVED		\$	And the second s
*		Ψ \$	
JUN 24 2013		s	
*	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
BUSINESS LICENSING SERVICE		\$	

Make check payable to the Department of Revenue.

Processing Fee \$ 19.00

Total Amount Due

29.00

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3.	O	wner Information				
	a.	Select only ONE ownership structure:				
		☐ Sole Proprietor If married, should spouse's name appear on license? ☐ Yes	s DNo (II you answ spouse informa	ver No, you must still enter the ation in section "31" below.)		
Ownership Structures	ratuman and an angle of the state of the sta	☐ Corporation* ☐ Non Profit Corporation* (educational Partnership (# of partners:) ☐ Joint Venture Limited Partnership* ☐ Limited Liability Partnership* 'These ownership structures must contact the Secretary of Secretary of Secretary Distance, Inc.	☐ Limited Liabi	lity Limited Partnership*	Company*	
vnei		Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name	e (examples: ABC, Inc. C	OR Fir Trees Unlimited LLC)		
ó		State incorporated/formed: California	Vaar incorporated/fr	1995 prmed:		
		☐ Association ☐ Trust ☐ Municipality ☐ Tri	bal Government	Other		
	ļ.,	Name of Organization (example: Anderson Family Trust)				
	b.	Business Open Date / Provide the ownership structure's the first date of operation in WA.			ies shauld use	
	c.		Is this location insid	·	No	
		Business Name/Trade Name	is this location maid	e city mints: Li les Li	No	
	d.					
	and the state of t	Business Mailing Address (Street or PO Box, Suite No. do not use building name)	Business Street Addres	s (if different than mailing) Do not use	a PO Box or PMB.	
		City State Zip code	City	State	Zip code	
-	e.	Business Telephone Number Fax Number		T. N. H. C. delayers		
\geq	f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)					
	••	List all owners & spouses: Sole proprietor, partners, offi	cers, or LLC memb	ers. (Attach additional pagi	es if needed.)	
		Name (Last, First, Middle)	4	Social Security Number	Song. Mad-representations and assessment and accommendation accommendation and accommendation acc	
		Name (Last, Pirst, Middle)	Date of Birth	Social Security Number	% Owned	
		Home Address (Street or PO Box)	City	State	Zip code	
		Title Home Telephone Number	Are you married?	Yes D No If yes, enter spouse	information below.	
		nome relephone Nomber	1 1			
		Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Numb	er*	
ns		~				
Persons		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned	
g Pe			THE RESIDENCE OF THE PROPERTY			
rnin		Home Address (Street or PO Box)	City	State	Zip code	
Gaverning		Title Home Telephone Number	Ard you married? L	Yes No If yes, enter spouse	information below,	
0		Spouse Name (Last, First, Middle)				
		Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Number	er.	
		<i>y</i>				
		Name (Last; First, Middle)	Date of Birth	Social Security Number*	% Owned	
		Home Address (Street or PO Box)	City	State	Zip code	
			•	Yes D No if yes, enter spouse	·	
		Title Home Telephone Number	,			

Spouse Date of Birth

Spouse Social Security Number*

Spouse Name (Last, First, Middle)

^{*}The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 26.23.150, RCW 50.12.070)

4. Location / Business Information

a.	Are you an out-of-state business with no Washington location	and have employees or represent	atives working in Washington?				
	☐ Yes ☑ No						
	If yes, provide one of their Washington addresses (we will not use this address for mailing purposes):						
	Business Street Address (Do not use a PO Box or PMB Address)	City	State Zip code				
b.	Do you plan to hire independent contractors or people you will Check "Independent Contractors" definition at www.lni.wa.gov/IPUB/101-063-		☑ No				
C.	Provide the estimated gross annual income in Washington (€ \$0 - \$12,000 □ \$12,001 - \$28,000 □ \$28,001 - \$6	check the one box that applies to you 60,000	ur business): X \$100,001 and above				
d.	Mark the business activities in Washington State (check all the Wholesale. ☐ Retail ☐ Manufacturing						
е.	Describe in detail the principal products or services you provic cause delay in processing your application:	de in Washington State <i>failure to p</i>	provide this information will				
	Telecommunication services and any other lawful act or activity	y.	en e				
	entre de la company de la comp						
f.	Did you buy, lease, or acquire all or part of an existing busines	s? ☑ No ☐ All ☐ Part					
	Date bought/leased/acquired://	come o scooler on a se consist managem	and the same of the control of the c				
	Prior Owner's Name	Prior Business Name	1 A				
ļ	THO OWNER'S Name	Telephone Number					
g.	Did you purchase/lease any fixtures or equipment on which yo	ou have not paid sales or use tax?	☐ Yes				
	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	s entity's name:				
			onally of the ties				
i.	H transfer the second s	The second control of the second seco					
1.	If you are changing your business structure (such as changing		alion) and want the				
	old account closed, provide the UBI number to be closed:		AND THE RESERVE OF THE AREA TO SERVE OF THE				
	Do you wish to cancel all the trade names registered under the You must re-register all trade names you use under the new business structure	e ola UBI number? LI Yes LI	No				
j.	If you have ever owned another business, provide:	iness Name	UBI Number				
k.	Provide your bank's name:	Branch:					

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.

(For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

5. Employment / Elective Coverage

Er est	nployment accounts cannot be esta ablished, employment tax returns will be	ablished unless you plan required quarterly even i	to employ persons within the fyou have not hired.	next 90 days.	If accounts are
a.	Date of first employment or planned emp	ployment at this location:	/ / First dat	e wages paid:	MM DD YY
b.	Number of persons you employ or plan to	o employ at this location	(do not include owners):	*****************************	,,,,,
c.	Estimate the number of persons under a Number Duties to		mploy in the next 12 months eck www.teenworkers.lni.wa.gov)	and duties they	will perform:
	Ages 16-17:	Philipping of the philipping o			HILL A TANKE OF THE PARTY OF TH
	Ages 14-15:	The state of the s			
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a.		Maritime/Vessels/Longshore Electronics/Utilities/Vending Mch Wood Prod/Stone/Glass & Minin	(09) VehicleSvcs/Transportation (10) Mfg - Chem/Textiles/Paper (11) Mfg - Food/Ice/Beverages	er (14) Food Sv s (15) Media/E	es/Chore/Asst Lvg/Janitor
e.	Describe in detail the activities of your we	orkers. Then estimate the	total workers'	3-Month	Estimate
	hours for a 3-month period. (One full-time	worker = 480 total hours t	for 3 months:)	Number of Workers	Workers' Hours (Include Minors)
ļ į	xample: Office Staff - reception, accoun	nting, data entry		2	960
-	<i>y</i>				
-	<u></u>				·
_	عز				
Wo	ditional Coverage is available as no If you are a profit corporation, do you w Yes - Go to esd.wa.gov to obtain a Vo	tions combined tions combined ted below. (See License Fewart unemployment insubpluntary Election form, The	☐ Each location separately (r☐ Each location separately (r☐ Each location separately (r☐ Sheet for more information.) Irance coverage for corporation is form is required for coverage.	multiple reports multiple reports te officers?)
h.	□ No – The corporation must inform off Do you want workers' compensation cove managers)? (In an LLC with managers, you m with members only, you may elect to cover those □ Yes – Prior to coverage, Form F213-042 □ No	erage for owners (sole pro lay elect to cover those person to members.)	oprietor, partners, corporate on who are both members (owners	officers, LLC m	embers/ In an LLC
	Do you want elective workers' compensa ☐ Yes — Prior to coverage, Form F213-1 ☐ No	tion coverage for exclude 112-000 is required. This	d employment? (See License form will be sent to you by th	Fee Sheet for de e Dept. of Labo	escriptions.) or & Industries.
					,
6.	Signature Signature of sole proprieto	er or spouse, partner, corpo	orate officer, or limited liability r	nember/manage	er.
(I, II	ne undersigned, declare under the penalties of resentative of the firm making this application me and that the matters and things set forth ar	perjury and/or the revocation	on of any license granted, that I a	m the applicant	or authorized
X Sig	nature Regulined			<u>OCe</u>	/ 15 / 15 Date
	leen Kang Par	ralegal	(213) 988-6679	06	/ 09 / 2015
Арр	ication Prepared By (Please Print)	Tille	Telephone No.		Date
Son	re agendies can provide language assistance. Would	d you like assistance? Ye	s D No Specify language		

WARRY 3/31/2015 Wollers Kluwer Online