



Master License Service
 Department of Licensing
 PO Box 9034
 Olympia WA 98507-9034
 Telephone: (360) 664-1400
 www.dol.wa.gov

Information provided may be subject to disclosure under the public disclosure law (RCW 42.56)

CenturyTel Long Distance, LLC

Legal Entity/Owner Name

602280340

Unified Business Identifier (UBI)

80-0070735

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

Master Business Application

For faster service - Apply online @

www.dol.wa.gov

or print in dark ink and mail to Master License Service

01P-400-925-0003

1. Purpose of Application

Please check all boxes that apply.

- | | |
|--|--|
| <input type="checkbox"/> Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6 |
| <input type="checkbox"/> Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees
complete all sections |
| <input type="checkbox"/> Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees Under Age 18
complete all sections |
| <input checked="" type="checkbox"/> Register Trade Name
complete sections 2, 3, 4 and 6 | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
complete all sections |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3, 4 and 6
Indicate name to be cancelled: _____ | <input type="checkbox"/> Other, complete all sections _____ |
| <input type="checkbox"/> Change Location - complete sections 2, 3, 4 and 6
Indicate old address to be closed: _____ | |

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 MASTER LICENSE SERVICE

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Indicate Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration – Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (Workers' Compensation) – Required if you will have employees.	No Fee
<input type="checkbox"/> Unemployment Insurance – Required if you will have employees.	No Fee
<input type="checkbox"/> Minor Work Permit – Required if you will have employees under age 18.	No Fee
<input checked="" type="checkbox"/> New Trade Name (Doing Business As): CenturyLink Long Distance	\$ 5.00
Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
✓	\$
✓	\$
✓	\$
✓	\$
✓	\$
✓	\$

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

Processing Fee \$ 15.00

Make check payable to the WASHINGTON STATE TREASURER.

Total Amount Due \$ 20.00

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 664-1400 or TTY (360) 664-8885.

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 "3f" below.)

Corporation* Non Profit Corporation* (educational, religious, charitable) Limited Liability Company*
 Partnership (# of partners: _____) Limited Partnership* Limited Liability Partnership* Joint Venture
 *These ownership structures must contact the Secretary of State office for additional filing requirements.

CenturyTel Long Distance, LLC
 Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)
 State incorporated/formed: LA Year incorporated/formed: 2002

Association Trust Municipality Tribal Government Other _____
 Name of Organization (example: Anderson Family Trust)

b. Indicate this ownership structure's first date of business at this location. 07 / 09 (Required. If unknown, please estimate.)
 Out-of-state businesses should use the first date of operation in WA. MM YY

c. CenturyLink Long Distance
 Doing Business As (DBA)/Trade Name

d. 100 CenturyTel Drive Monroe LA 71203
 Business Mailing Address (Street & Suite No. or PO Box, do not use building name) City State Zip code

e. (318) 388-9520 ()
 Business Telephone Number Fax Number Internet/E-Mail Address

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)

<p>➤ SAME AS ON FILE</p> <p>Name (Last, First, Middle) _____ Home Address (Street or PO Box) _____ Title () _____ Home Telephone Number _____</p> <p>Spouse Name (Last, First, Middle) _____</p>	<p>_____ / ____ / _____ Date of Birth Social Security Number* % Owned</p> <p>_____ City _____ State _____ Zip code Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.</p> <p>_____ / ____ / _____ Spouse Date of Birth Spouse Social Security Number*</p>
<p>➤</p> <p>Name (Last, First, Middle) _____ Home Address (Street or PO Box) _____ Title () _____ Home Telephone Number _____</p> <p>Spouse Name (Last, First, Middle) _____</p>	<p>_____ / ____ / _____ Date of Birth Social Security Number* % Owned</p> <p>_____ City _____ State _____ Zip code Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.</p> <p>_____ / ____ / _____ Spouse Date of Birth Spouse Social Security Number*</p>
<p>➤</p> <p>Name (Last, First, Middle) _____ Home Address (Street or PO Box) _____ Title () _____ Home Telephone Number _____</p> <p>Spouse Name (Last, First, Middle) _____</p>	<p>_____ / ____ / _____ Date of Birth Social Security Number* % Owned</p> <p>_____ City _____ State _____ Zip code Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.</p> <p>_____ / ____ / _____ Spouse Date of Birth Spouse Social Security Number*</p>

*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)

5. Employment / Elective Coverage

Employment accounts cannot be established unless you plan to employ persons within the **next 90 days**. If accounts are established, employment tax returns 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:

Number	Duties to be performed by minors (Check www.teenworkers.ini.wa.gov)
Ages 16-17: _____	_____
Ages 14-15: _____	_____
Under age 14: _____	_____

d. Please check the **ONE** box which best describes the major operation of your business.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> (01) Construction-Wood Framing only | <input type="checkbox"/> (05) Shipbuilding | <input type="checkbox"/> (09) Mfg. - Food Products | <input type="checkbox"/> (13) Retail/Wholesale Trade |
| <input type="checkbox"/> (02) Construction - All other | <input type="checkbox"/> (06) Mining/Quarrying/Sand & Gravel | <input type="checkbox"/> (10) Miscellaneous Mfg. | <input type="checkbox"/> (14) Services/Maint./Restaurants |
| <input type="checkbox"/> (03) Logging/Forestry/Trucking | <input type="checkbox"/> (07) Mfg. - Wood/Metal/Stone Products | <input type="checkbox"/> (11) Machine Shops/Auto Repair | <input type="checkbox"/> (15) Communications |
| <input type="checkbox"/> (04) Temp. Help Co./Employee Leasing | <input type="checkbox"/> (08) Mfg. - Chemicals | <input type="checkbox"/> (12) Agricultural/Farming | <input type="checkbox"/> (16) Clerical/Professional Occup. |

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.)

Example: Office Staff - reception, accounting, data entry	3-Month Estimate	
	Number of Workers	Workers' Hours (Include Minors)
	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)
 Workers' Compensation: All locations combined Each location separately (multiple reports)

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

Note: Starting January 2009, profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment Insurance. If you choose to exempt some or all officers from this coverage, you must submit the Exemption Form. Visit www.esd.wa.gov/uitax/whatsnew/index.php for the form and more information.

g. If your profit corporation doesn't have employees, do you want unemployment insurance coverage for corporate officers?

- Yes - Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Dept.

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 License 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 limited liability member/manager.

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

X
Signature Required

Kay Buchart

7/23/09
Date

Kay Buchart
Application Prepared By (Please Print)

Manager
Title

(318) 388-9520
Telephone No.

 / /
Date

UBI Agency Representative

()
Telephone No.

 / /
Date