

100 CenturyTel Drive Monroe, LA 71203

October 16, 2009

Via Electronic Filing

Mr. David W. Danner, Executive Director and Secretary Washington Utilities and Transportation Commission P.O. Box 47250 1300 S. Evergreen Park Drive SW Olympia, WA 98504-7250

RE: Advice No. WA 09-09 for CenturyTel of Cowiche, Inc

Dear Members of the Commission:

Enclosed for filing please find revisions to the WN U-2. This filing is submitted with an October 16, 2009 issue date and a proposed effective date of October 19, 2009. Tariff revisions are available on CenturyTel's website.

The tariff pages enclosed for review and approval are as follows:

WN U-2

Title Page2nd Revised Sheet 1Adoption NoticeOriginal Sheet 1.1

This filing introduces the fictitious name CenturyLink. CenturyTel of Cowiche (CenturyTel) registered the fictitious name "CenturyLink" with the Washington Department of Licensing on July 28, 2009 and proposes to begin operating as CenturyLink, effective October 19, 2009. Customers have been notified of this change. A copy of the Application for Registration of Trade Name and a copy of the customer notice are attached. CenturyTel also intends to refile its tariff in its entirety no later than October 15, 2010, in compliance with WAC 480-80-133(5).

I, Ashley Douglas, in compliance with WAC 480-80-103, certify that I have authority to issue tariff revisions on behalf of CenturyTel of Cowiche, Inc.

Mr. David W. Danner, Executive Director and Secretary Washington Utilities and Transportation Commission October 15, 2009 Page 2

Commission consideration and timely approval of these pages are respectfully requested. Upon approval, please return one stamped approved copy of this filing for our records. Please contact Mary Taylor at 360-943-6996 if you have any questions regarding this filing.

Sincerely,

Ashley Douglas

Enclosures

cc: Mary Taylor John Felz



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 of Cowiche, Inc.

Legal Entity/Owner Name 399000786 Unified Business Identifier (UBI)

91-0189460 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. Open/Reopen Business Add License/Registration to Existing Location complete sections 2, 3, 4, (5 if hiring employees) and 6 complete sections 2, 3, 4, and 6 Open Additional Location Business Has or Will Have Employees complete sections 2, 3, 4, (5 if hiring employees) and 6 complete all sections Change Ownership Business Has or Will Have Employees Under Age 18 complete sections 2, 3, 4, (5 if you have employees) and 6 complete all sections Register Trade Name Hire Persons to Work In or Around Your Home RE complete all sections complete sections 2, 3, 4 and 6 UL 2 ~ -Change Trade Name - complete sections 2, 3, 4 and 6 JUL 2 8 2009 Indicate name to be cancelled: MASTER LICENSE SERVICE Change Location - complete sections 2, 3, 4 and 6 Indicate old address to be closed: 2. Licenses and Fees Use the License Fee Sheet for the information needed to complete this list. **Fees Due Indicate Registrations Needed:** ☐ Yes No Fee Tax Registration – Do you want a separate tax return for each business? 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. \$ 5.00 New Trade Name (Doing Business As): CenturyLink Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer): \$ \$ \$ \$

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

Make check payable to the WASHINGTON STATE TREASURER.

Total Amount Due

\$

\$

\$

\$

15.00

20.00

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3. Owner Information

-									
Sole Proprietor	a.	Select only one ownership structure:							
5		Sole Proprietor							
Ъ е		If married, should spouse's name appear on license? \Box							
Sol		spouse information in section "3f" below.)							
\sim		•••• ••••• •••• •••• •••• •••• •••• ••••			<				
Image: Corporation* Non Profit Corporation* (educational, religious, charitable) Limited Liability Image: Corporation* <									
Ŭ/	Joint venture								
hip		*These ownership structures must contact the Secretary of State	ing requirements.						
ers	-	CenturyTel of Cowiche, Inc.		<u> </u>					
IT		Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)							
å		State incorporated/formed: WA Year incorporated/formed:							
\succ					<u> </u>				
L		Association Trust Municipality Tr	ribal Government	Other					
Other									
		Name of Organization (example: Anderson Family Trust)							
\succ	h	b. Indicate this ownership structure's first date of business at this location. $07/09$ (Required. If unknown, please estimated as the structure's first date of business at this location.							
	Ν.	Out-of-state businesses should use the first date of operation in		YY	m, please estimate.)				
	c.	CenturyLink							
	0.	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	g name) City	State	Zip code				
		(318) 388-9520 ()							
	e.	Business Telephone Number Fax Number	Internet/E-Mail Address						
\succ	5	·							
	1.	List all owners & spouses: Sole proprietor, partners, of	ficers, or LLC membe	ers. (Attach additional pag	ges if needed.)				
		▹ SAME AS ON FILE	1 1						
		Name (Last, First, 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 spous	se information below.				
			1 1						
		Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Num	ber*				
S	>								
son		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned				
Persons			Date of Birth	Social Security Number	70 Owned				
Governing		Home Address (Street or PO Box)	City	State	Zip code				
ern		()	Are you married?	Yes 🗆 No If yes, enter spous	se information below.				
202		Title Home Telephone Number							
Ŭ		Spouse Name (Last, First, Middle)	/ / Spouse Date of Birth	Spouse Social Security Num	ber*				
		\triangleright	1 1						
		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned				
		Liene Address (Street or DO Rev)	<u></u>	01111	7:				
		Home Address (Street or PO Box)	City	State	Zip code				
		Title Home Telephone Number	Are you married?	Yes D No If yes, enter spous	se mormation delow.				
		Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Num	ber*				

*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

Ch	eck the appropriate box and provide the corresponding physical address on line 4.b. below.								
a.	a. This application is for a Washington location (provide the Washington address)								
	Is this Location inside city limits? □ Yes □ No ☑ This Business has No Washington location (<i>provide the primary business address</i>)								
	This business has no washington location (provide the primary business address)								
b.	100 CenturyTel Drive Monroe, LA 71203 Business Street Address (Do not use a PO Box or PMB Address) City State Zip code								
~									
υ.	If the address above is out-of-state and you have employees or representatives working in Washington, please 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								
Ч	Provide the estimated gross annual income in Washington (check the one box that applies to your business):								
ч.	\Box \$0 - \$12,000 \Box \$12,001 - \$28,000 \Box \$28,001 - \$60,000 \Box \$60,001 - \$100,000 \Box \$100,001 and above								
e.	Indicate the business activities in Washington State (check all that apply):								
	Wholesale Retail Manufacturing Services								
f.	Describe in detail the principal products or services you provide in Washington State (failure to provide this information will								
	cause delay in processing your application):								
	Provide telecommunications services and products and related services and products.								
g.	Did you buy, lease, or acquire all or part of an existing business? 🔲 No 🖾 All 🔲 Part								
	Date bought/leased/acquired:/								
	MM DD YY Prior Business Name								
	Prior Owner's Name Telephone Number								
n.	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: \$								
i.	If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:								
••									
j.	f you are changing your business structure (such as changing from sole proprietorship to corporation) and want the								
	old account closed, please indicate 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.)								
k.	If you have ever owned another business, please provide: Business Name UBI Number UBI Number								
	Business Name UBI Number								
Ι.	Provide your bank's name: Branch: 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

Employment accounts cannot be established unless you established, employment tax returns will be required quarterly e	plan to employ persons within the even if you have not hired.	next 90 days.	If accounts are					
a. Date of first employment or planned employment at this location of the second sec	-	e wages paid:	<u> </u>					
b. Number of persons you employ or plan to employ at this loc			MM DD YY					
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 min	Number Duties to be performed by minors (Check www.teenworkers.lni.wa.gov)							
Ages 16-17:								
Ages 14-15:								
Under age 14:								
 d. Please check the ONE box which best describes the major (01) Construction-Wood Framing only (02) Construction - All other (03) Logging/Forestry/Trucking (04) Temp. Help Co./Employee Leasing (05) Shipbuilding (06) Mining/Quarrying/Sand (07) Mfg Wood/Metal/Stor (08) Mfg Chemicals 	 Gravel (10) Mig Food Products Gravel (10) Miscellaneous Mfg. (11) Machine Shops/Auto F (12) Agricultural/Farming 	(14) Ser Repair (15) Cor	tail/Wholesale Trade rvices/Maint./Restaurants mmunications rical/Professional Occup.					
e. Describe in detail the activities of your workers. Then estimate hours for a 3-month period. (One full-time worker = 480 total		3-Month Number of	Estimate Workers' Hours					
	, , , , , , , , , , , , , , , , , , ,	Workers	(Include Minors)					
Example: Office Staff - reception, accounting, data entry		2	960					
<u> </u>								
<u>}</u>			L					
 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 □ Yes – Prior to coverage, Form 5203 is required. This	want unemployment insurance co form will be sent to you by Employr	verage for corp nent Security [oorate officers? 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 								
 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	r, corporate officer, or limited liability	member/manag	jer.					
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 Xay Buchat		7	123109 Date					
Kay Buchart Secretary	(318) 388-9520		1 1					
Application Prepared By (Please Print) Title	Telephone No.		Date					
UBI Agency Representative	()		1 1					
OBI Agency Representative BLS-700-028 (R/01/09) Page 4 of 4	Telephone No.		Date					

