

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 Page	2nd Revised Sheet 1
Adoption Notice	Original 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  
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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.

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

RECEIVED OVERNIGHT  
 JUL 28 2009  
 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	\$ 5.00
<b>Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):</b>	
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$

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



## 4. Location / Business Information

Check the appropriate box and provide the corresponding physical address on line 4.b. below.

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 (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

c. 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

d. Provide the **estimated** gross annual income in Washington (check the one box that applies to your business):

\$0 - \$12,000  \$12,001 - \$28,000  \$28,001 - \$60,000  \$60,001 - \$100,000  \$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

h. 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. If 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

l. 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.)





Century**Link**<sup>TM</sup>