

CenturyLink

1600 7th Avenue, Room 1506 Seattle, Washington 98191 Phone: (206) 733-5178 Facsimile (206) 343-4040

Maura E. Peterson

Paralegal Regulatory Law Department

July 22, 2011

Via E-mail and Overnight Delivery

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

> NAME CHANGE NOTICE Re:

> > Qwest Communications Company, LLC to CenturyLink QCC

Dear Mr. Danner:

Owest Communications Company, LLC is changing its name to CenturyLink QCC. Enclosed is the Master Business Application which was submitted with the Department of Licensing for the State of Washington on April 1, 2011. This application requested that the registered trade name of Qwest Communications Company, LLC be changed to CenturyLink QCC. The business address is 100 CenturyLink Drive, Monroe, LA 71203. The telephone number is (318) 388-9520. Contact person is Kay Buchart, kay.buchart@centurylink.com.

Sincerely.

Maura E. Reterson

MEP/ldi

Cc: Tim Zawislak

Enclosures



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)

Owest Communications Company, LLC Legal Entity/Owner Name 601475740 Unified Business Identifier (UBI) 04-6141739 Federal Employer Identification Number (FEIN)

under the public disclosure law (RCW 42.56)		For Validation -	For Validation - Office Use Only		
Master Business App For faster service - Apply of www.dol.wa.gov or print in dark ink and mail to Master L	nline	@			
		01P-400-925-0003	,		
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 Loc complete sections 2, 3, 4, and 6	cation		
☐ 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 L complete all sections	Inder Ag	je 18	
☑ Register Trade Name complete sections 2, 3, 4 and 6		Hire Persons to Work In or Around Your Home complete all sections			
☐ Change Trade Name - complete sections 2, 3, 4 and 6		Other - complete CENTED OVERN	IGHT		
Indicate name to be cancelled:					
☐ Change Location - complete sections 2, 3, 4 and 6	APR - 1 2011				
Indicate old address to be closed:		MACTER			
2. Licenses and Fees Use the License Fee Sheet for the information needed to com.	plete t	MASTER LICENSE SEI	RVICE		
Indicate Registrations Needed:			Fe	es Due	
☐ Tax Registration – Do you want a separate tax return for e	ach bu	isiness? 🛘 Yes 🗘 No	N	o Fee	
☐ Industrial Insurance (Workers' Compensation) — Required	l if you	will have employees.	N	o Fee	
Unemployment Insurance - Required if you will have emp	ployee	s.	N	o Fee	
☐ Minor Work Permit – Required if you will have employees	under	age 18.	N	o Fee	
New Trade Name (Doing Business As): CenturyLink Q	CC	,	\$	5.00	
Indicate Additional Trade Names (\$5 each name) or Oth	ner Li	censes (such as Lottery Retailer):			
A			\$	5.00	
. 🌣			\$	5.00	
>			\$	5.00	
A .			\$	5.00	
۶			\$	·	
>			\$		
Enclose check for total amount due, including the		Procesing Fe	9	15.00	

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-

	Select only one ownership structure:					
Sole Proprieto	☐ Sole Proprietor If married, should spouse's name appear on license? ☐		wer No, you must still enter the formation in section "3f" below.)			
Talkieling) colp.	□ Corporation* □ Non Profit Corporation* (educational, religious, charitable) □ Limited Liability Company* □ Partnership (# of partners:) □ Joint Venture □ Limited Partnership* □ Limited Liability Partnership* □ Limited Partnership* *These ownership structures must contact the Secretary of State office for additional filing requirements.					
	Qwest Communications Company, LLC Name of Corporation, LLC, Partnership, LLP, LLP, or Joint Venture Name	(examples: ABC, Inc. OR I	ir Trees Unlimited LLC)			
	DE	Year incorporated/fo	1066			
2	State incorporated/formed:	ribal Government	Other			
5	Name of Organization (example: Anderson Family Trust)					
	Indicate this ownership structure's first date of business at this Out-of-state businesses should use the first date of operation in		11 (Required. If unknown, p	ilease estima		
C.	CenturyLink QCC Doing Business As (DBA)/Trade Name					
d.	· ·	Monroe	LA	71203		
	Business Mailing Address (Street & Suite No. or PO Box, do not use building	ng name) City	State Zip	code		
e.	(318) 388-9520 ()		kay.buchart@CenturyLink.c	om		
	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.)					
Į.	List all owners & spouses: Sole proprietor, partners, o	fficers, or LLC membe	ers. (Attach additional pages	if needed.)		
T.	List all owners & spouses: Sole proprietor, partners, o Same as on file					
ı.		fficers, or LLC member	ers. (Attach additional pages Social Security Number*	if needed.) % Owned		
r.	Same as on file		Social Security Number*			
I.	Same as on file Name (Last, First, Middle) Home Address (Street or PO Box)	Date of Birth	Social Security Number*	% Owned		
Į.	Same as on file Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned		
I.	Same as on file Name (Last, First, Middle) Home Address (Street or PO Box)	Date of Birth	Social Security Number*	% Owned		
	Name (Last, First, Middle) Home Address (Street or PO Box) () Title Home Telephone Number	Date of Birth City Are you married?	Social Security Number* State fes No If yes, enter spouse in	% Owned		
	Same as on file Name (Last, First, Middle) Home Address (Street or PO Box) Title Home Telephone Number Spouse Name (Last, First, Middle)	Date of Birth City Are you married?	Social Security Number* State fes No If yes, enter spouse in	% Owned		
	➤ Same as on file Name (Last, First, Middle) Home Address (Street or PO Box) () Title Home Telephone Number Spouse Name (Last, First, Middle)	Date of Birth City Are you married? Spouse Date of Birth	Social Security Number* State Yes No If yes, enter spouse in Spouse Social Security Number* Social Security Number*	% Owned Zip code formation belo		
	Same as on file Name (Last, First, Middle) Home Address (Street or PO Box) () Title Home Telephone Number Spouse Name (Last, First, Middle) Name (Last, First, Middle) Home Address (Street or PO Box)	Date of Birth City Are you married? Spouse Date of Birth Date of Birth	Social Security Number* State Yes No If yes, enter spouse in Spouse Social Security Number* Social Security Number*	% Owned Zip code formation below % Owned		
	Same as on file Name (Last, First, Middle) Home Address (Street or PO Box) () Title Home Telephone Number Spouse Name (Last, First, Middle) Name (Last, First, Middle)	Date of Birth City Are you married? Spouse Date of Birth Date of Birth	Social Security Number* State Yes No If yes, enter spouse in Spouse Social Security Number* Social Security Number*	% Owned Zip code formation below % Owned		
	Same as on file Name (Last, First, Middle) Home Address (Street or PO Box) () Title Home Telephone Number Spouse Name (Last, First, Middle) Name (Last, First, Middle) Home Address (Street or PO Box)	Date of Birth City Are you married? Spouse Date of Birth Date of Birth	Social Security Number* State Yes No If yes, enter spouse in Spouse Social Security Number* Social Security Number*	% Owned Zip code formation below % Owned		
	Name (Last, First, Middle) Home Address (Street or PO Box) Title Home Telephone Number Spouse Name (Last, First, Middle) Name (Last, First, Middle) Home Address (Street or PO Box) (Date of Birth City Are you married? Spouse Date of Birth Date of Birth City Are you married? //	Social Security Number* State Yes No If yes, enter spouse in Spouse Social Security Number* Social Security Number* State Yes No If yes, enter spouse in	% Owned Zip code formation below % Owned		
Governing Persons	Same as on file Name (Last, First, Middle) Home Address (Street or PO Box) Title Home Telephone Number Spouse Name (Last, First, Middle) Name (Last, First, Middle) Home Address (Street or PO Box) Title Home Telephone Number Spouse Name (Last, First, Middle)	Date of Birth City Are you married? Spouse Date of Birth Date of Birth City Are you married? //	Social Security Number* State Yes No If yes, enter spouse in Spouse Social Security Number* Social Security Number* State Yes No If yes, enter spouse in	% Owned Zip code formation below % Owned		
	➤ Same as on file Name (Last, First, Middle) Home Address (Street or PO Box) Title Home Telephone Number Spouse Name (Last, First, Middle) Name (Last, First, Middle) Home Address (Street or PO Box) Title Home Telephone Number Spouse Name (Last, First, Middle)	Date of Birth City Are you married? Spouse Date of Birth City Are you married? Spouse Date of Birth	Social Security Number* State fes No If yes, enter spouse in Spouse Social Security Number* Social Security Number* State fes No If yes, enter spouse in Spouse Social Security Number*	% Owned Zip code formation bel % Owned Zip code formation bel		

Spouse Date of Birth

Spouse Social Security Number*

Home Telephone Number

Spouse Name (Last, First, Middle)

Title

[&]quot;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

Ct	eck the appropriate box and provide the corresponding p	physical address on line 4.b.	below.	
	☐ This application is for a Washington location (provide the			
	Is this Location inside city limits? \square Yes \square No	- ,		
	This Business has No Washington location (provide the	primary business address)	-	
b.	100 CenturyLink Drive	Monroe	LA	71203
.	Business Street Address (Do not use a PO Box or PMB Address)	City	State	Zlp code
c.	If the address above is out-of-state and you have employees or their Washington addresses (we will not use this address for materials).	representatives working in Wash iiling purposes):	nington, ple	ase provide one of
	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 (ch	eck the one box that anniles to vol	ır husinecc)	•
	□ \$0 - \$12,000 □ \$12,001 - \$28,000 □ \$28,001 - \$60			
e.	Indicate the business activities in Washington State (check all the	nat apoly):		
	☐ Wholesale ☐ Retail ☐ Manufacturing	* * * * *		
	· ·			
f.	Describe in detail the principal products or services you provide cause delay in processing your application):	in Washington State (failure to p	rovide this	information will
	Long distance, voice and data services			
g.	Did you buy, lease, or acquire all or part of an existing business:	? □ No □ All □ Part		
	Data haught/laggad/agguirad	•		
	Date bought/leased/acquired: / / MM DD YY	Prior Business Name		· · · · · · · · · · · · · · · · · · ·
	Prior Owner's Name	() Telephone Number		
		reseptions Humber		
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: \$	The same of the sa	**	
	11 you, motoric parchase of lease price.			
İ.	If this business is owned by, controlled by, or affiliated with any other b	ousiness entity, please indicate that t	ousiness ent	ity's name:
j.	If you are changing your business structure (such as changing f	rom sole proprietorship to corpor	ration) 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 a (You must re-register all trade names you use under the new business s		No	
k.	If you have ever owned another business, please provide:			
		ess Name	UBI Nun	nber
I.	Provide your bank's name:	Branch:		
i. j. k. l.	If this business is owned by, controlled by, or affiliated with any other by the subject of the	rom sole proprietorship to corpords: Did UBI number?	No UBI Nun	want the

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 plan to employ persons within the established, employment tax returns will be required quarterly even if you have not hired.	next 90 days.	If accounts are			
a. Date of first employment or planned employment at this location: / / First dat	e wages paid:				
b. Number of persons you employ or plan to employ at this location (do not include owners):	·	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 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. ☐ (01) Drywall Operations ☐ (05) Maritime/Vessels/Longshore ☐ (09) Vehicle & Repair/Transpo ☐ (02) Logging/Forestry ☐ (06) Electronics/Utilities ☐ (10) Mtg - Chem/Textiles/Pape ☐ (03) Construction/Engrg/Property Mgmt ☐ (07) Wood Prod/Stone/Glass & Mining ☐ (11) Food - Mfg & Processing ☐ (04) Temp Help Co/Employee Leasing ☐ (08) Mfg - Metal/Mach Shops/Millwright ☐ (12) Agriculture/Farming	er 🔲 (14) Food Sv (15) Media/E	Marehousing rcs/Janitorial/Asst Living intertain/Business Svcs //Law/Acct/Day Care/Salon			
e. Describe in detail the activities of your workers. Then estimate the total workers'		Estimate			
hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)	Number of Workers	Workers' Hours (Include Minors)			
Example: Office Staff - reception, accounting, data entry	2	960			
<u> </u>					
<u> </u>					
<u> </u>					
f. If you have more than one Washington location, how do you wish to receive the following quarterly reports? Unemployment Insurance: Unemployme					
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/corporateofficers/exempt-officers-defined.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					
5. Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability	member/manag	θΓ.			
I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that it representative of the firm making this application and that the answers contained, including any accompanying by me and that the matters and things set forth are true, correct and complete.	am the applicant ig information, h	or authorized ave been examined			
Signature Required Say Auchort	64	/ 01 /2011 Date			
Kay Buchart, Manager Application Prepared By (Please Print) Title Title Telephone No.	04	/ O \ / 2011			
Some agencies can provide language assistance. Would you like assistance?					