

UT-111320
om-8/11/11
No Action



CenturyLink™

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

Re: NAME CHANGE NOTICE
Qwest Communications Company, LLC to CenturyLink QCC

RECEIVED
REGULATORY MANAGEMENT
2011 JUL 25 AM 11:40
STATE OF WASH.
UTIL. AND TRANS.
COMMISSION

Dear Mr. Danner:

Qwest 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. Peterson

MEP/ldj
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)

Qwest Communications Company, LLC

Legal Entity/Owner Name

601475740

Unified Business Identifier (UBI)

04-6141739

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
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6
- Register Trade Name
complete sections 2, 3, 4 and 6
- Change Trade Name - complete sections 2, 3, 4 and 6
Indicate name to be cancelled: _____
- Change Location - complete sections 2, 3, 4 and 6
Indicate old address to be closed: _____
- 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
- Hire Persons to Work In or Around Your Home
complete all sections
- Other - complete all sections

RECEIVED OVERNIGHT

APR - 1 2011

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 QCC | \$ 5.00 |
| Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer): | |
| ➤ | \$ 5.00 |
| ➤ | \$ 5.00 |
| ➤ | \$ 5.00 |
| ➤ | \$ 5.00 |
| ➤ | \$ |
| ➤ | \$ |

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-

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: _____) 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.

Qwest Communications Company, LLC
 Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: DE Year incorporated/formed: 1966

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. 04 / 2011 (Required. If unknown, please estimate.)
 Out-of-state businesses should use the first date of operation in WA. MM YY

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

d. 100 CenturyLink 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 () kay.buchart@CenturyLink.com
 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.)

| | | | | |
|-------------------------------------|---|---|--------------------------------|----------|
| Governing Persons | <input checked="" type="checkbox"/> Same as on file | | | |
| | Name (Last, First, Middle) | Date of Birth | Social Security Number* | % Owned |
| | Home Address (Street or PO Box) | City | State | Zip code |
| | Title () | Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below. | | |
| | Home Telephone Number | | | |
| | Spouse Name (Last, First, Middle) | Spouse Date of Birth | Spouse Social Security Number* | |
| | <input checked="" type="checkbox"/> | | | |
| | Name (Last, First, Middle) | Date of Birth | Social Security Number* | % Owned |
| | Home Address (Street or PO Box) | City | State | Zip code |
| | Title () | Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below. | | |
| | Home Telephone Number | | | |
| | Spouse Name (Last, First, Middle) | Spouse Date of Birth | Spouse Social Security Number* | |
| <input checked="" type="checkbox"/> | | | | |
| Name (Last, First, Middle) | Date of Birth | Social Security Number* | % Owned | |
| Home Address (Street or PO Box) | City | State | Zip code | |
| Title () | Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below. | | | |
| Home Telephone Number | | | | |
| Spouse Name (Last, First, Middle) | Spouse Date of Birth | Spouse Social Security Number* | | |

*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)

