



UT-111321
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

RECEIVED
PERSONS MANAGEMENT
2011 JUL 25 AM 11:40
STATE OF WASHINGTON
UTIL. AND TRANSPORTATION
COMMISSION

Re: NAME CHANGE NOTICE
Qwest LD Corp. to CenturyLink LD

Dear Mr. Danner:

Qwest LD Corporation is changing its name to CenturyLink LD. Enclosed is the Master Business Application which was submitted with the Department of Licensing for the State of Washington on April 11, 2011. This application requested that the registered trade name of Qwest LD Corp. be changed to CenturyLink LD. 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)

Owest LD Corp.
 Legal Entity/Owner Name
 602234555
 Unfiled Business Identifier (UBI)
 48-1274847
 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 11 2011

2. Licenses and Fees

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

MASTER LICENSE SERVICE

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 LD	\$ 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

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

c. CenturyLink LD
 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.)

> 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*	
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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*	
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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*	
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*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) Drywall Operations | <input type="checkbox"/> (05) Maritime/Vessels/Longshore | <input type="checkbox"/> (09) Vehicle & Repair/Transport | <input type="checkbox"/> (13) Stores & Warehousing |
| <input type="checkbox"/> (02) Logging/Forestry | <input type="checkbox"/> (06) Electronics/Utilities | <input type="checkbox"/> (10) Mfg - Chem/Textiles/Paper | <input type="checkbox"/> (14) Food Svcs/Janitorial/Asst Living |
| <input type="checkbox"/> (03) Construction/Engrg/Property Mgmt | <input type="checkbox"/> (07) Wood Prod/Stone/Glass & Mining | <input type="checkbox"/> (11) Food - Mfg & Processing | <input type="checkbox"/> (15) Media/Entertain/Business Svcs |
| <input type="checkbox"/> (04) Temp Help Co/Employee Leasing | <input type="checkbox"/> (08) Mfg - Metal/Mach Shops/Millwright | <input type="checkbox"/> (12) Agriculture/Farming | <input type="checkbox"/> (16) I.T./Med/Law/Acct/Day Care/Salon |

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: | <input type="checkbox"/> All locations combined | <input type="checkbox"/> Each location separately (multiple reports) |
| Workers' Compensation: | <input type="checkbox"/> All locations combined | <input type="checkbox"/> 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/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

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.

Signature Required Kay Buchart _____ 4/7/11 _____
 Signature Required Date

Application Prepared By (Please Print) Kay Buchart, Secretary Title (318) 388-9520 Telephone No. 4/7/11 Date

Some agencies can provide language assistance. Would you like assistance? Yes No Specify language _____