



September 20, 2011  
Via E-Mail

Ms. Carole J. Washburn, Executive Secretary  
Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Drive, S.W.  
P.O. Box 47250  
Olympia, WA 98504-7250

RE: CTC Communications Corp.  
Name Change to CTC Communications Corp. d/b/a EarthLink Business

Dear Ms. Washburn:

The original of this letter is filed as official notification to the Commission that CTC Communications Corp. is changing the name under which it will provide telecommunications services within the State of Washington to CTC Communications Corp. d/b/a EarthLink Business. Enclosed is a copy of documentation on the registration of the new trade name with the Washington Department of Licensing.

This is simply a change in the Company Trade Name and is not the result of a change in control or merger/acquisition activity. This change does not affect the rates, terms or conditions of service currently provided to the Company's Washington Customers.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this filing should be directed to my attention at 407-740-3001 or via email to [tforte@tminc.com](mailto:tforte@tminc.com). Thank you for your assistance in this matter.

Sincerely,

Thomas M. Forte  
Consultant to CTC Communications Corp.

cc: Mary Whiting (via Email) - EarthLink - CTC  
file: EarthLink - CTC - Washington - Other  
tms: WAX1101

Enclosures  
TF/mp



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)

RECEIVED OVERNIGHT  
 MAY 19 2011  
 MASTER LICENSE SERVICE

**CTC COMMUNICATIONS CORP.**

Legal Entity/Owner Name  
 601830792  
 Unified Business Identifier (UBI)  
 04-2731202  
 Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

01P-400-925-0003

**Master Business Application**

For faster service - Apply online @  
 www.dol.wa.gov

or print in dark ink and mail to Master License Service

**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>Name(s) to be cancelled: _____ | <input type="checkbox"/> Other - complete all sections _____   |
| <input type="checkbox"/> Change Location - complete sections 2, 3, 4 and 6<br>Old address to be closed: _____  |  |

**2. Licenses and Fees**

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

Mark Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration (State Dept. of Revenue) - 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): <b>EarthLink Business</b>	\$ 5.00
List 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.

Make check payable to the Department of Licensing.

Processing Fee **\$ 15.00**

Total Amount Due **\$**

We are committed to providing equal access to our services. If you need accommodation, please call 360-664-1400 or TTY 360-664-0116.

### 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.*

**CTC COMMUNICATIONS CORP.**  
 Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: MA Year incorporated/formed: 1981

Association  Trust  Municipality  Tribal Government Other \_\_\_\_\_

Name of Organization (example: Anderson Family Trust)

**b. Business Open Date** 04 / 2011 Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required, if unknown, please estimate.)  
 MM YY

**c. EarthLink Business** Business Name/Trade Name \_\_\_\_\_ Is this location inside city limits?  Yes  No

**d. 1375 Peachtree Street** Business Mailing Address (Street or PO Box, Suite No. do not use building name) \_\_\_\_\_ Business Street Address (if different than mailing) Do not use a PO Box or PMA.  
Atlanta GA 30309 City State Zip code  
 City State Zip code

**e. (404) 815-0770** Business Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ pdeane@corp.earthlink.com Internet/E-Mail Address

**f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)**

> see attached

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 Date of Birth	Spouse Social Security Number*	
Spouse 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 Date of Birth	Spouse Social Security Number*	
Spouse 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 Date of Birth	Spouse Social Security Number*	
Spouse 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 Date of Birth	Spouse Social Security Number*	
Spouse Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned

\*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)

**CTC COMMUNICATIONS CORP.**

Officers

Rolla P. Huff	Chief Executive Officer
Bradley A. Ferguson	Chief Financial Officer and Assistant Secretary
Joseph M. Wetzel	President
Samuel R. DeSimone, Jr.	General Counsel and Secretary
Mark Droege	Senior Vice President, Finance
Clay Robinson	Vice President, Tax
Richard Michael Thurston	Controller
Alva (Trey) Huffman	Treasurer
David Grady	Vice President and Assistant Treasurer
Tom Thomas	Vice President and Assistant Secretary
Adam Michael	Associate General Counsel and Assistant Secretary
Tiffani Abbott	Senior Counsel and Assistant Secretary

OFFICE ADDRESS:

5 Wall Street, Burlington, MA 01803



