

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@tmine.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)

CTC COMMUNICATIONS CORP. Legal Entity/Owner Name 601830792

United Business Identifier (UBI) 04-2731202

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only Q1P-400-925-0003

Master Business Application For faster service - Apply online ® www.dol.wa.gov or print in dark ink and mall to Master License Service

1. Purpose of Application

Ріваве спеск вії вохез тпат арріу.					
☐ Open/Reopen Business complete sections 2, 3, 4, (5 if hiring employees) and 6	Add License/Registration to Existing Location complete sections 2, 3, 4, and 6				
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 Under Age 18 complete all sections				
☑ 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 all sections				
Name(s) to be cancelled:					
☐ Change Location - complete sections 2, 3, 4 and 6	·				
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				
☐ Tax Registration (State Dept. of Revenus) — Do you want a separate tax return for each business? ☐ Yes ☐ No No Fee					
☐ Industrial Insurance (Workers' Compensation) — Required if you will have employees.					
☐ Unemployment Insurance Required if you will have employees.					
☐ Minor Work Permit – Required If you will have employees under age 18.					
☑ New Trade Name (Doing Business As): EarthLink Business					
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):					
>	\$				
>	\$				
>	· \$				
>	\$				
2	\$				
>	\$				
Enclose check for total amount due, including the Processing Fee, which MUST be submitted with this for	Processing Fee \$ 15.00				
Make check payable to the Department of Licens	f _				

3.	0	Owner Information			`	
a. Select only ONE ownership structure:						
		Sole Proprietor If married, should spouse's name appear on license? Yes	3 No (if you answer spouse inform	No, you must still enter the alion in section "31" below.)		
Ownership Structures	☐ 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 filling requirements.					
CTC COMMUNICATIONS CORP.						
St.	Name of Corporation, LLC, Parinership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)					
S S		State incorporated/formed:	Year incorporated/lorr	ned:		
٥			ibal Government	Other		
<u></u>		Name of Organization (example: Anderson Family Trust)			\prec	
	b	D. Business Open Date $\frac{04}{MM} \frac{/2011}{YY}$ Provide the ownership structure?	s lirst date of business et this (Required, if unknown, plea	location. Out-of-state businesses should use se salimate.)		
		EarthLink Business	is this location inside			
	ľ	Business Name/Trade Name	10 000			
	d	1. 1375 Peachtree Street		24		
		Business Mailing Address (Street or PO Box, Suite No. do not use building name)	Business Street Address	(if different than malting) Do not use a PO Box or PMB.		
		Atlanta GA 30309 Cib State Zip code	City	Siate Zip code		
		4. ,	•	pdeane@corp.earthlink.com		
	e	9. (404) 815-0770 () Business Telephone Number Fax Number		InterneVE-Mail Address		
f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional page					~	
	'					
Ì	}	> see attached Name (Last, First, Micidie)	Date of Birth	Social Security Number* % Owned	-	
		Home Address (Street or PO Box)	City	State Zip code	∆1 az	
		Tille Home Telephone Number	Are you married? W Y	es De No If yes, enter spouse information bet	O11.	
				0.11		
	Spouse Name (Last, First, Middle)		Spouse Date of Birth	Spouse Social Security Number		
	2	<i>y</i>			_	
	Leisons	Neme (Last, First, Middle)	Date of Birth	Social Security Number* % Owned		
'		Home Address (Street or PO Box)	City	State Zip code		
			Are you married? 🖾 🖰	Yes 🗀 No If yes, enter spouse information be	low.	
	Tille Home Telephone Number		, ,			
ľ	\ ⁻ \		Spouse Date of Birth	Spouse Social Security Number*	_	
				, , , , , , , , , , , , , , , , , , ,		
1		Name (Last, First, Middle)	Date of Birth	Social Security Number* % Owned		
			Oli .	One May and		
١		Home Address (Street or PO Box)	City Are you married?	State Zip code	יטמוב	
		Title Home Telephone Number	Vie Annualised C	Yes D No 11 yes, enter spouse information b	_1011	
	-	Passas Alama (Loa) First Middle)	Spouse Date of Birth	Spouse Social Security Number		

[&]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 spousses of businesses that will have fiquor, tottery or private investigator licenses. Not fully completing section "I" 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

4. Location / Business Information

a. A	re you an out-of-state business with no Wi	ashington location	and have employees or repres	entatives working	in Washington?	
- 1	ŢYes □ No			_		
If yes, provide one of their Washington addresses (we will not use this address for mailing purposes):						
C	ONRAI 811 FIRST AV	ENDE	SEATTLE	WA	98104	
i	Business Street Address (Do not use a PO Box or PMB	Address)	City	State	Zip code	
	o you plan to hire independent contractors Check "Independent Contractors" definition at www.ini			Yes DZ No		
	rovide the estimated gross annual incom				1 and above	
	nark the business activities in Washington ☐ Wholesale ☐ Retail	Slate (check all t				
e ; (Describe in detail the principal products or cause delay in processing your application	services you pro\ :	vide in Washington Statefäilure	to provide this in	formation will	
	Telecommunications products and	services				
	Did you buy, lease, or acquire all or part of Date bought/leased/acquired: MM Prior Owner's Name		Prior Business Name () Telephone Number	Part		
	1 (Ib) Officia Mano			•	, .	
	g. 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: \$					
h.	If this business is owned by, controlled by, or	affiliated with any o	ther business entity, provide that b	ousiness entity's na	me:	
	. EARTH LINK	INU.				
i.	If you are changing your business structu	,	ging from sole proprietorship to	corporation) and	want the	
	old account closed, provide the UBI number to be closed:					
	Do you wish to cancel all the trade names you must re-register all trade names you use under	s registered unde	r the old UBİ number? 🔲 Yes	□ No		
j.	If you have ever owned another business	, provide:	Business Name	UBI Nuc	mber	
k.	Provide your bank's name:	<u>'</u>	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.)

5. Employment / Elective Coverage

Em	ployment accounts cannot be exployment tax returns will be	stablished unless you plan to e e required quarterly even if y	employ persons within the ou have not hired.	next 90 days.	if accounts are	
a.	Date of first employment or planned e	mployment at this location:	/ / First dat	e wages paid:	MM DD YY	
	Number of persons you employ or plan					
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.teanworkers.ini.wa.gov)					
	Ages 16-17:					
					1	
	Under age 14:					
d. Check the ONE box which best describes the major operation of your business. ☐ (01) Drywall Operations ☐ (05) Maritime/Vessels/Longshore ☐ (08) VehicleSvcs/Transportation ☐ (13) Retail/Whist: Stores & Warehsing ☐ (02) Logging/Forestry ☐ (06) Electronics/Utilikies/Vending Moh ☐ (10) Mig - Chem/Textiles/Paper ☐ (14) Food Svcs/Chore/Asst Lvg/Janiltor ☐ (03) Construction/Engrg/Property Mgmt ☐ (07) Wood Prod/Stone/Glass & Mining ☐ (11) Mig - Food/ce/Beverages ☐ (15) Media/Entertainment/Lodging ☐ (04) Temp Help Co/Employee Leasing ☐ (08) Mfg - Metal/Mach Shops/Millwrlight ☐ (12) Agriculture/Ferming ☐ (16) I.T./Prot Svcs/Med/Salon/Schools						
e.	Describe in detail the activities of you	r workers. Then estimate the t	otal workers'	3-Month		
	hours for a 3-month period. (One full-t	ime worker = 480 total nours to	3 monins.)	Morkers Workers	Workers' Hours (Include Minors)	
1	xample: Office Staff - reception, acc	ounting, data entry		5	960	
	<u> </u>					
	>					
	<u> </u>			<u> </u>		
A	f. If you have more than one Washington location, how do you wish to receive the following quarterly reports? Unemployment Insurance: Unemployment Insurance: All locations combined Each location separately (multiple reports) Workers' Compensation: All locations combined Each location separately (multiple reports) Additional Coverage is available as noted below. (See License Fee Sheet for more Information.) Note: Profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment					
Vi	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.					
9	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					
Į.	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					
	Signature Signature of sole pro					
1 -	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.					
1	ignetive Headings				177 12011 Date	
	Tiffani Abbott	Senior Counsel	(781.) 362-5700 Telephone No.	64	12712011 Date	
		and Assistant Secretary	refebilione Hor		5 1 1 1 1 1 1 1 1 1 1	
8	ome agencies can provide language assistance	. Would you like assistance?	es No Specify langua	iĝe		