

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:

DeltaCom, Inc.

Name Change to DeltaCom, Inc d/b/a EarthLink Business

Dear Ms. Washburn:

The original of this letter is filed as official notification to the Commission that DeltaCom, Inc. is changing the name under which it will provide telecommunications services within the State of Washington to DeltaCom, Inc. 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. Thank you for your assistance in this matter.

Sincerely

Thomas M. Forte

Consultant to DeltaCom, Inc.

cc:

Mary Whiting (via Email) - EarthLink - Deltacom

file:

EarthLink - Deltacom - 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
ided may be subject to disclosure

MAY 19 2011

MASTERLICENSE SERVICEAT

legel Entity/Owner Name 601354256	
Unitied Business Identifier (UBI) 63-0832070	
Federal Employer Identification Number (FEIN)	
For Validation - Office Use O	nly

ider the public disclosure law (RCW 42.56)	J. OED.		For Validation - Office Use	Only
For faster s	siness Applica ervice - Apply online ww.dol.wa.gov nd mail to Master License	<i>\(\phi\)</i>	è	
Purpose of Application Please check all boxes that apply.	·		01P-400-925-0003	
Open/Reopen Business complete sections 2, 3, 4, (5 if hiring emp		Add License/Registr	ration to Existing Location 3, 4, and 6	
☐ Open Additional Location complete sections 2, 3, 4, (5 if hiring emp	oloyees) and 6	Business Has or Wil complete all sections		•
☐ Change Ownership complete sections 2, 3, 4, (5 if you have a	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 section		•	sections	
Name(s) to be cancelled:				
☐ Change Location - complete sections 2				
Old address to be closed:				
L. Licenses and Fees Use the License Fee Sheet for the informa	ation needed to complete	this list.		
Mark Registrations Needed:			Fer	es Due
☐ Tax Registration (State Dept. of Revenue	) - Do you want a separa	te tax return for each bu	isiness? 🗆 Yes 🗀 No 🔥	lo Fee
☐ Industrial Insurance (Workers' Compens				lo Fee
☐ Unemployment Insurance - Required			N	lo Fee
☐ Minor Work Permit — Required If you			N	io Fee
☐ New Trade Name (Doing Business As			9	5.00
List Additional Trade Names (\$5 each		nses (such as Lottery	Retailer):	
>		•	\$	
` ·			\$	
>			\$	
>			\$	
>			\$	
· ` ` `			\$	
Enclose check for total amount Processing Fee, which MUST be su	due, including the braitted with this form.		Processing Fee (\$	15.00
Processing ree, which week to be		•	Total Amount Due \$	

Make check payable to the Department of Licensing.

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 <u>.</u> C	W	ner Information				
a	. 5	elect only ONE ownership structure:			ļ	
		Sole Proprietor If married, should spouse's name appear on license? ☐ Yes	s DNo (If you answer I spouse informs	IIIOLLIN GRANOLL OF POLANIA		
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 filing requirements.				mpany*	
ts a	DELTACOM, INC.					
륜		Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Nam				
3	State incorporated/formed: AL		Year Incorporated/tormed: 1982			
6	☐ Association ☐ Trust ☐ Municipality ☐ Tribal Government Other					
	Name of Organization (example: Anderson Family Trust)					
	b. Business Open Date 12 / 2010 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.)					
C. EarthLink Business Is this tocation inside city limits?				city limits? 🔲 Yes - N	io	
d. 1375 PEACHTREE STREET  Business Mailing Address (Streat or PO Box, Sulle No do not use building name)  Business Street Address (it different than mailing) Do not use a Po					PO Box or PMB.	
		ATLANTA GA 30309 City State Zip code	City	State	Zip code	
11	e.	Business Telephone Number Fax Number		Internet/E-Mail Address		
1. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach a > N/A - No employees in strate washington, the					s if needed.)	
		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned	
		Home Address (Street or PO Box)	City	State	Zip coda	
		( )	Are you married?	Yes D No If yes, enter epouse	woied noilamnoini	
		Tills Home Telephone Number	1 1		····	
		Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Numb	91 <sup>8</sup>	
Persons		Name (Lasi, First, Middle)	Date of Birth	Social Security Number	% Owned	
- 1		Home Address (Street or PO Box)	CRY	State	Zip code	
Governing		. ( )	Are you married?	Yes D No If yes, enter spous	e information belov	
S S		Title Home Telephone Number	1 1			
9	Spouse Name (Last, First, Middle)		Spouse Date of Birth	Spouse Social Security Number	er*	
		<b>&gt;</b>				
		Name (Last, First, Middle)	Date of Birth	Social Security Number	% Owned	
		Home Address (Street or PO Box)	City	State Yes D No If yes, enter spous	Zip code	
		Title Home Telephone Number		The second of th		
Spouse Name (Last, First, Middle)  Spouse Date of Birth Spouse Social Securit					ber*	

<sup>&</sup>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 figuor, lottery or private investigator ficenses. Not fully completing section "will result in application delays. (RCW 26.23.150, RCW 50.12.070)

## 4. Location / Business Information

_	re you an out-of-state business with no Washington location ar	nd have employees or representali	ves working in Washington		
	Yes No	h			
I	yes, provide <b>one</b> of their Washington addresses (we will not us	se this address for mailing purpose	<b>∍s</b> ):		
	Business Stroet Address (Do not use a PO Box or PMB Address)	Cliy	State Zip code		
	Do you plan to hire independent contractors or people you will re Check "Independent Contractors" definition at www.int.wa.gov/iPUB/101-063-00		□ No		
<b>:</b> .	Provide the estImated gross annual income in Washington <i>(ch</i> ☐ \$0 - \$12,000 ☐ \$12,001 - \$28,000 ☐ \$28,001 - \$60	neck the one box that applies to your 0,000	business):  \$100,001 and above		
	Mark the business activities in WashIngton State <i>(check all that</i> Wholesale  Retail  Manufacturing				
9.	Describe in detail the principal products or services you provide cause delay in processing your application:	e in Washington Statefailure to pr	ovide this information will		
	TELECOMMUNICATIONS PRODUCTS AND SEL	RVICES			
t.	Did you buy, lease, or acquire all or part of an existing busines  Date bought/leased/acquired:  / / / // MM DD YY  Prior Owner's Name	Prior Business Name  ( )  Telephone Number			
		·			
a.	Did you purchase/lease any fixtures or equipment on which yo	ou have not paid sales or use tax?	☐ Yes ☐ No		
Э,	If yes, indicate purchase or lease price: \$				
	,	•			
h.	If this business is owned by, controlled by, or affiliated with any other	rbusiness entity, provide that busine	se entity's name:		
í.	If you are changing your business structure (such as changing	g from sole proprietorship to corpo	oration) and want the		
	old account closed, provide the UBI number to be closed:				
	Do you wish to cancel all the trade names registered under the You must re-register all trade names you use under the new business structure.	ie old UBI number? 🔲 Yes 🛭 🖼	] No		
j.	If you have ever owned another business, provide:	usiness Name	UBI Number		
k	Provide your bank's name:	Branch:			
1					

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

est	ablished, employment tax returns	be established unless you plan to will be required quarterly even if y	Off USAG HOT HUGO!		1	
a.	Date of first employment or plant	ned employment at this location:	/ / First d	ate wages paid:	WM DO YY	
b.	Number of persons you employ	or plan to employ at this location (a	o not include owners):			
c.	<ul> <li>Estimate the number of persons under age 18 (mlnors) 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)     </li> </ul>				will perform:	
	, .g					
	Under age 14:					
	☐ (01) Drywall Operations ☐ (02) Logging/Forestry ☐ (03) Construction/Engrg/Property Mg ☐ (04) Temp Help Co/Employee Leasin	T GAN ME ALL TO THE SECOND TO				
е	e. Describe in detail the activities of your workers. Then estimate the total workers'			3-Month		
Ì	hours for a 3-month period. (On	e full-time worker = 480 total hours f	or 3 months.)	Number of Workers	Workers' Hours (Include Minors)	
ĺ	Example: Office Staff - reception	n, accounting, data entry			960	
		480-10-1				
	`>		· .			
Unemployment insurance:   All locations combined  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 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. \[ \sum_{No} \]					
6	S. Signature Signature of Si	ole proprietor or spouse, partner, cor	porate officer, or limited lia	billty member/man	ager.	
	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 hings set forth are true, correct and complete.					
	Signature Required	The state of the s	3		Date	
	DON HELLWEGE, Application Prepared By (Please Print)	VP, AsstGC, Sec	( 256 ) 382-5900 Telephone No.		Date 11/	
	Some agencies can provide language as	sistance. Would you like assistance?	Yes No Specify lan	guage		