Cancellation of Registration

REQUEST FOR CANCELLATION OF REGISTRATION

TO: Washington Utilities & Transportation Commission Attention: Telecommunications Section P.O. Box 47250 Olympia, WA 98504-7250 (Fax) 360-586-1150

> Docket UT- 140 58 7 (Commission Use Only)

The undersigned, (Issuing Agent/Officer of Con	Lyle Potash npany)	does hereby
request cancellation of (Registered Company Name	STI Prepaid, LLC	registration
) cations company doing business in	the state of Washington
o operate as a telesommunic	callons company doing business in	the state of Washington.
Please include the following i	information:	
Unified Business Identificatio	n (UBI) Number:602 696 59	2
Company Contact Person:	Lyle Potash	
Contact Telephone Number:	212 818 1555_	
The undersigned certify that t	hey have no existing customers an	d no outstanding prepaid calling services.
understand that this request	is not effective until acknowledged	Y 12
		Signature:
	•	Date: