



**Registered Agent** (A Washington Agent is required if the company is located outside Washington State):

Name: [redacted]  
Mailing Address: [redacted]  
City/State/Zip: [redacted]  
Phone Number: [redacted]

**Name, address and title of each officer or director (attach additional pages if needed)**

<u>Name</u>	<u>Address</u>	<u>Title</u>
Ray Poorman	1911 C St, Bellingham, WA 98225	President
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

**Regulatory Contact:**

Name: Ray Poorman  
Mailing Address: PO Box 397  
Phone Number: 360-671-4878  
E-mail: rpoorman@cssnw.com  
Fax Number: 360-483-0999

**Consumer Questions and/or Complaint Contact:**

Name: Ray Poorman  
Title: President  
Phone Number: 360-671-4878  
E-mail: rpoorman@cssnw.com  
Fax Number: [redacted]

**Emergency Contact:**

Name: Ray Poorman  
Title: [redacted]  
Phone Number: 360-671-4878  
E-mail: rpoorman@cssnw.com  
Fax Number: [redacted]

**Telecommunication services that will be provided (check all that apply):**

- Local Exchange Service (Resale)
- Calling Cards
- Alternate Operator Services
- Long Distance Interlata
- Long Distance Intralata
- Other, please specify \_\_\_\_\_ VOIP \_\_\_\_\_
- Data Services
- Prepaid Calling Cards
- Directory Assistance
- WATS (800/888)