



ANDREW O. ISAR

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Via Electronic Submission

July 24, 2015

Mr. Steven King
Secretary and Executive Director
Washington Utilities and
Transportation Commission
1300 S. Evergreen Park Dr. SW
Olympia, WA 98504

Dear Mr. King:

Preferred Long Distance, Inc. ("Preferred"), hereby provides courtesy notification to the Washington Utilities and Transportation Commission ("Commission") of Preferred's intent to initiate provision of commercial resold mobile radio services ("CMRS") as a mobile virtual network operator ("MVNO") and interconnected Voice over Internet Protocol ("iVoIP") telephony service in Washington, beginning or about September 1, 2015. This notification also advises the Commission of the Company's assumption of fictitious names.

It is Preferred's understanding that pursuant to federal statutory preemption of state CMRS entry regulation under 47 U.S.C. §332(c)(3) and of iVoIP service regulation pursuant to the Federal Communications Commission's Vonage Holdings, Inc. 2004 decision as upheld by the U.S. Court of Appeals for the Eight Circuit, no additional authority is required for Preferred to initiate its provision of CMRS or iVoIP service. Preferred currently maintains authority to provide wireline local exchange and interexchange telecommunications services in Washington.

To distinguish between services, Preferred has registered four fictitious names, "Telplex," "Telplex Communications," "Ringplanet," "Ringplanet Communications." A copy of the Washington fictitious name registrations is attached. Current and new wireline local exchange and interexchange telecommunications service subscribers and subscribers that presubscribe to the Company's wireline local exchange and interexchange telecommunications and CMRS services will be served under the "Preferred Long Distance, Inc. dba Telplex Communications" or shortened "Preferred Long Distance, Inc. dba Telplex" name. Subscribers that do not presubscribe to the Company's wireline services but receive other services from the Company will be served under the "Preferred Long Distance, Inc. dba Ringplanet Communications" or shortened "Preferred Long Distance, Inc. dba Ringplanet" name. The Company's operations and contact information of record with the Commission remain otherwise unchanged.

Mr. Steven King
July 24, 2015
Page 2

Kindly confirm receipt of this submission via return electronic delivery. Thank you for your attention to this matter. Questions may be directed to the undersigned.

Sincerely,

MILLER ISAR, INC.



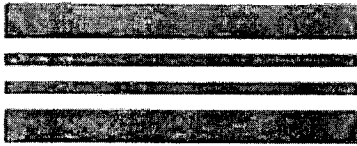
Andrew O. Isar

Regulatory Consultants to
Preferred Long Distance, Inc.

Attachment



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 Telephone: 1-800-451-7985
 http://business.wa.gov/BLS



For Validation - Office Use Only



Business License Application

For faster service apply online at business.wa.gov/BLS
 Online applications are typically processed within two business days.
 It may take up to 21 days if you file by mail.

Preferred Long Distance, Inc.

Legal Entity/Owner Name
 602363959

Unified Business Identifier (UBI)
 95-4529940

Federal Employer Identification Number (FEIN)

1. Purpose of Application

Please check all boxes that apply.

- Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6
- Register Trade Name
complete sections 2, 3, 4 and 6
- Change Trade Name - complete sections 2, 3, 4 and 6
Name(s) to be cancelled: _____
- Change Location - complete sections 2, 3, 4 and 6
Old address to be closed: _____
- Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6
- Business Has or Will Have Employees
complete all sections
- Business Has or Will Have Employees Under Age 18
complete all sections (If this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, [and 3f for sole proprietors], 5c, and 6.)
- Hire Persons to Work In or Around Your Home
complete all sections
- Other - complete all

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): Ring Planet	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
✓ Ring Planet Communications	\$ 5.00
✓	\$
✓	\$
✓	\$
✓	\$

RECEIVED
 JUN 24 2015
 BUSINESS LICENSING SERVICE

Enclose check for total amount due, including the non-refundable Processing Fee, which MUST be submitted with this form.

Processing Fee \$ 19.00

Total Amount Due \$ 29.00

Make check payable to the Department of Revenue.

To receive this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

3. Owner Information

Ownership Structures

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.
- Preferred Long Distance, Inc.

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

State incorporated/formed: California Year incorporated/formed: 1995
 Association Trust Municipality Tribal Government Other _____

Name of Organization (example: Anderson Family Trust)

b. Business Open Date ____/____/____ 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. _____ Is this location inside city limits? Yes No
 Business Name/Trade Name

d. _____ 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 PMB.

City _____ State _____ Zip code _____ City _____ State _____ Zip code _____

e. () () _____ E-Mail Address
 Business Telephone Number Fax Number

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

_____ Name (Last, First, Middle)	_____ Date of Birth	_____ Social Security Number*	_____ % Owned
_____ Home Address (Street or PO Box)	_____ City	_____ State	_____ Zip code
_____ Title	_____ Home Telephone Number		
_____ Spouse Name (Last, First, Middle)	_____ Spouse Date of Birth	_____ Spouse Social Security Number*	
_____ Name (Last, First, Middle)	_____ Date of Birth	_____ Social Security Number*	_____ % Owned
_____ Home Address (Street or PO Box)	_____ City	_____ State	_____ Zip code
_____ Title	_____ Home Telephone Number		
_____ Spouse Name (Last, First, Middle)	_____ Spouse Date of Birth	_____ Spouse Social Security Number*	
_____ Name (Last, First, Middle)	_____ Date of Birth	_____ Social Security Number*	_____ % Owned
_____ Home Address (Street or PO Box)	_____ City	_____ State	_____ Zip code
_____ Title	_____ Home Telephone Number		
_____ Spouse Name (Last, First, Middle)	_____ Spouse Date of Birth	_____ Spouse Social Security Number*	

Governing Persons

*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)

4. Location / Business Information

- a. Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?
 Yes No

If yes, provide **one** of their Washington addresses (we will not use this address for mailing purposes):

Business Street Address (Do not use a PO Box or PMB Address) _____ City _____ State _____ Zip code _____

- b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No

Check "Independent Contractors" definition at www.lni.wa.gov/IPUB/101-063-000.pdf

- c. Provide the **estimated** gross annual income in Washington (check the one box that applies to your business):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

- d. Mark the business activities in Washington State (check all that apply):

Wholesale Retail Manufacturing Services

- e. Describe in detail the principal products or services you provide in Washington State--failure to provide this information will cause delay in processing your application:

Telecommunication services and any other lawful act or activity.

- f. Did you buy, lease, or acquire all or part of an existing business? No All Part

Date bought/leased/acquired: _____ / _____ / _____

MM DD YY

Prior Business Name

()

Prior Owner's Name

Telephone Number

- 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 other business entity, provide that business entity's name:

- i. If you are changing your business structure (such as changing 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 registered under the old UBI number? Yes No

You must re-register all trade names you use under the new business structure.

- j. If you have ever owned another business, provide:

Business Name

UBI Number

- k. Provide your bank's name: _____ 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.)



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 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 Telephone: 1-800-451-7985
 http://business.wa.gov/BLS



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Preferred Long Distance, Inc.

Legal Entity/Owner Name

602363959

Unified Business Identifier (UBI)

95-4529940

Federal Employer Identification Number (FEIN)

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Please check all boxes that apply.

- | | |
|--|--|
| <input type="checkbox"/> Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6 |
| <input type="checkbox"/> Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees
complete all sections |
| <input type="checkbox"/> Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees Under Age 18
complete all sections (If this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, [and 3f for sole proprietors], 5c, and 6.) |
| <input checked="" type="checkbox"/> Register Trade Name
complete sections 2, 3, 4 and 6 | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
complete all sections |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3, 4 and 6
Name(s) to be cancelled: _____ | <input type="checkbox"/> Other - complete all |
| <input type="checkbox"/> Change Location - complete sections 2, 3, 4 and 6
Old address to be closed: _____ | |

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<input type="checkbox"/> Industrial Insurance (Workers' Compensation) – Required if you will have employees.	No Fee
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<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): Telplex	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
✓ Telplex Communications	\$ 5.00
✓	\$
RECEIVED	
✓	\$
JUN 24 2015	
✓	\$
BUSINESS LICENSING SERVICE	
✓	\$

Enclose check for total amount due, including the non-refundable Processing Fee, which MUST be submitted with this form.

Processing Fee \$ 19.00

Total Amount Due \$ 29.00

Make check payable to the Department of Revenue.

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 *These ownership structures must contact the Secretary of State office for additional filing requirements.
- Preferred Long Distance, Inc.

 Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)
- State incorporated/formed: California Year incorporated/formed: 1995
- Association Trust Municipality Tribal Government Other _____

 Name of Organization (example: Anderson Family Trust)

b. Business Open Date ____/____/____ 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. _____ Is this location inside city limits? Yes No
 Business Name/Trade Name

d. _____ 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 PMB.

City State Zip code City State Zip code

e. () () _____ E-Mail Address
 Business Telephone Number Fax Number

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

Governing Persons

<p>_____ Name (Last, First, Middle)</p> <p>_____ Home Address (Street or PO Box)</p> <p>_____ Title Home Telephone Number</p> <p>_____ Spouse Name (Last, First, Middle)</p> <p>_____ Name (Last, First, Middle)</p> <p>_____ Home Address (Street or PO Box)</p> <p>_____ Title Home Telephone Number</p> <p>_____ Spouse Name (Last, First, Middle)</p> <p>_____ Name (Last, First, Middle)</p> <p>_____ Home Address (Street or PO Box)</p> <p>_____ Title Home Telephone Number</p> <p>_____ Spouse Name (Last, First, Middle)</p>	<p>____/____/____ Date of Birth Social Security Number* % Owned</p> <p>____ State Zip code</p> <p>Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.</p> <p>____/____/____ Spouse Date of Birth Spouse Social Security Number*</p> <p>____/____/____ Date of Birth Social Security Number* % Owned</p> <p>____ State Zip code</p> <p>Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.</p> <p>____/____/____ Spouse Date of Birth Spouse Social Security Number*</p> <p>____/____/____ Date of Birth Social Security Number* % Owned</p> <p>____ State Zip code</p> <p>Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.</p> <p>____/____/____ Spouse Date of Birth Spouse Social Security Number*</p>
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- c. Provide the **estimated** gross annual income in Washington (check the one box that applies to your business):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

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Wholesale Retail Manufacturing Services

- e. Describe in detail the principal products or services you provide in Washington State--failure to provide this information will cause delay in processing your application:

Telecommunication services and any other lawful act or activity.

- f. Did you buy, lease, or acquire all or part of an existing business? No All Part

Date bought/leased/acquired: _____ / _____ / _____
MM DD YY

Prior Business Name

()

Prior Owner's Name

Telephone Number

- g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? Yes No

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