

WINDSTREAM SERVICES, LLC

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Counsel II

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RECEIVED
RECORDS MANAGEMENT

JAN 23 2020

STATE OF WASH.
UTIL. & TRANSP. COMMISSION



January 16, 2020

Commission Records Clerk
Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250

Re: Notice of Name Change for EarthLink Business, LLC

Dear Records Clerk:

EarthLink Business, LLC c/b/a New Edge Networks, and Earthlink Business hereby notifies the Washington Utilities and Transportation Commission ("Commission") of a name change.

EarthLink Business, LLC is authorized to provide competitive local exchange services pursuant to Docket No. UT-9990945, and hereby notifies the Commission of its name change to Windstream New Edge, LLC. Enclosed is a copy of the Amended Application filed with the Washington Secretary of State's Office.

In addition, it has discontinued the use of the fictitious names "New Edge Networks" and "EarthLink Business." Going forward Windstream New Edge, LLC will operate without these fictitious names. Please update your records accordingly.

Should you have any questions concerning this filing, please do not hesitate to contact me.

Respectfully submitted,

A handwritten signature in black ink that reads "Nicole Winters". The signature is written in a cursive, flowing style.

Nicole Winters

Enclosure



Secretary of State
Tim Wyma

Washington Secretary of State
Corporations and Charities Division
801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234
(360) 725-0377
corps@sos.wa.gov

09/19/2019

WINDSTREAM NEW EDGE, LLC
REGISTERED AGENT SOLUTIONS, INC.
P.O. BOX 1368
OLYMPIA WA 98507

UBI Number: 601 963 365

Business Name: WINDSTREAM NEW EDGE, LLC

Dear REGISTERED AGENT SOLUTIONS, INC.,

Thank you for your recent submission. This letter is to confirm that the following documents have been received and successfully filed:

AMENDMENT OF FOREIGN REGISTRATION STATEMENT

You can view and download your filed document(s) for no charge at our website, www.sos.wa.gov/ccfs.

If you haven't already, please sign up for a user account on our website, www.sos.wa.gov/ccfs, to file online, conduct searches, and receive status updates.

Please contact our office at corps@sos.wa.gov or (360) 725-0377 if you have any questions.

Sincerely,

Corporations and Charities Division
Office of the Secretary of State
www.sos.wa.gov/corps



Office of the Secretary of State
 Corporations & Charities Division
 (360) 725 - 0377 | www.sos.wa.gov/corps
 801 Capitol Way S, Olympia, WA 98504-0234

FILED

Secretary of State
 State of Washington
 Date Filed: 09/19/2019
 Effective Date: 09/19/2019
 UBI No: 601 963 365

This Box For Office Use Only

- Expedite Service \$50
- Nonprofit Amendment \$20
- All Other Entity Types Amendment \$30

AMENDMENT OF FOREIGN REGISTRATION STATEMENT

RCW 23.95

Please provide UBI # 601 963 365 (as currently recorded with the Office of the Secretary of State)

NAME OF FOREIGN ENTITY: (as currently recorded with the Office of the Secretary of State)

Earthlink Business, LLC

BUSINESS TYPE CHANGE:

Is this for a Nonprofit Corporation? (Check one) Yes No

If yes, please continue to page 2. If no, please continue below

Are you changing your business type? (Check one) Yes No (if no, continue to page 2)

If yes, select the change being made:

- FOREIGN LIMITED LIABILITY COMPANY
- FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP
- FOREIGN LIMITED LIABILITY PARTNERSHIP
- FOREIGN LIMITED PARTNERSHIP
- FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANY
- FOREIGN PROFESSIONAL LIMITED LIABILITY PARTNERSHIP
- FOREIGN PROFESSIONAL SERVICE CORPORATION
- FOREIGN PROFIT CORPORATION
- FOREIGN PUBLIC UTILITY CORPORATION

ENTITY NAME CHANGE: Are you changing your business name? Yes No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved? Yes No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: _____

Name: Windstream New Edge, LLC

DOING BUSINESS AS (DBA) NAME: RCW 23.95.525

If above name is not available, enter a name to be used in Washington State.

JURISDICTION: *Required only if changed*

Country: _____

State: _____

PRINCIPAL OFFICE: *Required only if changed*

Principal Office Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address (optional)

Check if mailing address is the same as street address.

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Phone: (optional) _____ Email: (optional) _____

GOVERNOR(S): *Required only if changed*

List at least one, attach additional pages if necessary *An entity cannot serve as its own Governor

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

PERIOD OF DURATION IN HOME JURISDICTION: *Required only if changed* Please check ONE of the following

This Company shall have a perpetual duration This Company shall have a duration of _____ years.

This Company shall expire on _____

Has your registered agent changed? YES NO If Yes, please be sure to complete page 3

NEW REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete **ONE** type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual _____ First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Entity _____ Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Office or Position _____ List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
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Phone: _____

Email: _____

<p style="text-align: center;">Registered Agent Street Address (required) (Must be a physical address No PO Box or PMB)</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>	<p style="text-align: center;">Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>
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CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent	Printed Name/Title	Date
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NATURE OF BUSINESS: *Required only if changed*

Briefly describe the type of business your entity conducts in the state of Washington:

EFFECTIVE DATE: *Required only if changed*

Date of filing Specify a Date _____ cannot be more than 90 days following received date

RETURN ADDRESS FOR THIS FILING: *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

Attention to: _____

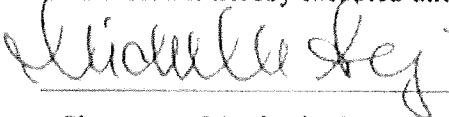
Email: _____

Address: _____

City _____ State _____ Zip _____

AUTHORIZED PERSON:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.



Michelle Simpson, VP & Asst. Corp. Sect.

08/31/2019

Signature of Authorized Person

Printed Name/Title

Date