

Via Electronic Submission and U.S. Mail

February 11, 2020

Mr. Walter L. Thomas, Jr.
Secretary
Alabama Public Service Commission
100 N Union Street
RSA Union
Montgomery, AL 36104

Re: DCT Telecom Group, LLC Formal Name Change Request – Docket #29313

Dear Secretary Thomas,

On behalf of our client, DCT Telecom Group, Inc. (“Company”), we hereby formally request the Public Service Commission (“Commission”) authority to change the Company’s name to **DCT Telecom Group, LLC d/b/a Momentum Telecom**. For your convenience, we have attached the approved Amended Name Change documents filed with the Secretary of State, successfully completed effective

This name change / LLC conversion was decided on and made to facilitate future tax planning and compliance as part of the Company’s acquisition by MBS Intermediate Holdings, LLC in August 2019, and in line with the future growth plans put in place by the Company’s leadership team. Combined, this should allow the Company to better compete and offer services at industry leading price points throughout your state.

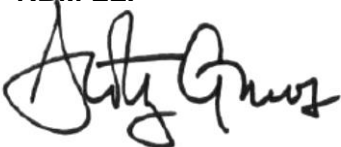
The Company maintains a Certificate of Convenience and Authority (“Certificate”) to provide interexchange telecommunication services in your state. All of our Subscribers will be notified of this name change via e-mail notifications or bill inserts.

Please be advised that there are no changes in ownership or assets not previously reported to the Commission.

Please do not hesitate to contact me at 318-429-7552 or samos@rbm.com should you have any questions or need additional information.

Very Truly Yours,

RBM LLP



Scotty R. Amos, CPA
Authorized Compliance Agent



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 Telephone: 360-705-6741
 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 ten business days.
 It may take up to three weeks if you file by paper.

DCT TELECOM GROUP, LLC

Legal Entity/Owner Name

602 463 339

Unified Business Identifier (UBI)

341753816

Federal Employer Identification Number (FEIN)

1. Purpose of Application

Please check all boxes that apply.

- | | |
|---|--|
| <input type="checkbox"/> Open/Reopen Business
<input type="checkbox"/> Open Additional Location
<input type="checkbox"/> Add Endorsement/Registration to Existing Location
<input type="checkbox"/> Change Ownership
<input checked="" type="checkbox"/> Register Trade Name
<input type="checkbox"/> Change Trade Name
Name(s) to be cancelled: _____
<input type="checkbox"/> Change Location
Old address to be closed: _____
<input type="checkbox"/> Other | <input type="checkbox"/> Business Has or Will Have Employees
<input type="checkbox"/> Business Has or Will Have Employees Under Age 18
<small>If ONLY requesting to add a Minor Work Permit to your account, and this business location has an active Worker' 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.</small>
<input type="checkbox"/> Hire Persons to Work In or Around Your Home |
|---|--|

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 BUSINESS LICENSING SERVICE

2. Endorsements and Fees

Use the Endorsement Fee Sheet and City 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): MOMENTUM TELECOM	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Endorsements (such as additional state or city endorsements):	
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$

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 **\$ 24.00**

Make check payable to the Department of Revenue.

To receive this document in an alternate format, please call 360-705-6741. Teletype (TTY) users may use the Washington Relay Service by calling 711.

3. Owner Information

a. *Select only ONE ownership structure:

Sole Proprietorship

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.

DCT TELECOM GROUP, LLC

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

State incorporated/formed: Ohio

Year incorporated/formed: 1993

Association Trust Municipality Tribal Government

Name of Organization (example: Anderson Family Trust)

b. *Business Open Date 11 / 18 / 19 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 DD YY

c. DCT TELECOM GROUP, LLC

Is this location inside city limits? Yes No

*Primary Business Name/Trade Name

d. 1 CONCOURSE PARKWAY, NE, SUITE 600

*Business Mailing Address (Street or PO Box, Suite No. do not use building name)

*Business Street Address (If different than mailing) Do not use PO Box or PMB

ATLANTA GA 30328

City State Zip code

City State Zip code

e. (678) 813 5808

Business Telephone Number

()
Fax Number

AR SOS@MOMENTUMTELECO
E-Mail Address

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

> MBS INTERMEDIATE HOLDINGS, LLC

46-4460132 / / 100%

*Name (Last, First, Middle)

Social Security Number* Date of Birth % Owned*

1 CONCOURSE PARKWAY, NE, SUITE 6

ATLANTA GA 30328

Home Address (Street or PO Box)

City State Zip code

MEMBER (678) 813-5808

Title Home Telephone Number*

Are you married? Yes No If yes, enter spouse information below.

N/A

Spouse Name (Last, First, Middle)

Spouse Social Security Number Spouse Date of Birth

>
Name (Last, First, Middle)

Social Security Number* Date of Birth % Owned*

Home Address (Street or PO Box)

City State Zip code

Title Home Telephone Number*

Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle)

Spouse Social Security Number Spouse Date of Birth

>
Name (Last, First, Middle)

Social Security Number* Date of Birth % Owned*

Home Address (Street or PO Box)

City State Zip code

Title Home Telephone Number*

Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle)

Spouse Social Security Number Spouse Date of Birth

*The Social Security Number, home phone number and percentage owned are required for sole proprietors, partners, officers, and LLC members of businesses that will have employees.

(WAC 192-310-010) Not fully completing section "f" will result in application delays.

4. Location / Business Information

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

Employees: Yes No Representatives: 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:

TELECOMMUNICATIONS RESELLER

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

Date bought/leased/acquired: _____ / _____ / _____ Prior Business Name _____
MM DD YY ()
 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 and UBI number:

Entity Name _____ UBI Number _____
 Entity Name _____ UBI Number _____

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 Endorsement Fee Sheet.)

5. Employment / Elective Coverage

5a and 5e are required if hiring employees and/or minors

Employment accounts cannot be established unless you plan to employ persons within the next 90 days. If accounts are established, Employment Security and Labor and Industries reports will be required quarterly even if you have not hired.

a. *Date of first employment or planned employment at this location: / / First date wages paid: / /

b. Number of persons you employ or plan to employ at this location (do not include owners):

c. *Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

Table with columns: Number, Duties to be performed by minors (Check www.teenworkers.lni.wa.gov)
Ages 16-17:
Ages 14-15:
Under age 14:

Before checking under age 14, please complete required documents. See publication F700-118-000 at https://www.lni.wa.gov/Foms/pdf/F700-118-000.pdf

d. Check the ONE box which best describes the major operation of your business.

- (01) Drywall Operations (02) Logging/Forestry (03) Construction/Engrg/Property Mgmt (04) Temp Help Co/Employee Leasing
(05) Maritime/Vessels/Longshore (06) Electronics/Utilities/Vending Mch (07) Wood Prod/Stone/Glass & Mining (08) Mfg - Metal/Mach Shops/Millwright
(09) Vehicle Svcs/Transportation (10) Mfg - Chem/Textiles/Paper (11) Mfg - Food/Ice/Beverages (12) Agriculture/Farming
(13) Retail/Whlsl: Stores & Warehsing (14) Food Svcs/Chore/Asst Lvg/Janitor (15) Media/Entertainment/Lodging (16) I.T./Prof Svcs/Med/Salon/Schools

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

Table with 2 columns: Number of Workers, Workers' Hours (Include Minors)
Example: Office Staff - reception, accounting, data entry (2 workers, 960 hours)

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?
Unemployment Insurance: All locations combined / Each location separately (multiple reports)
Workers' Compensation: All locations combined / Each location separately (multiple reports)

Additional Coverage is available as noted below. (See Endorsement Fee Sheet for more information.)

- g. If you are a profit corporation, do you want unemployment insurance coverage for corporate officers?
h. Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/managers)?
i. Do you want elective workers' compensation coverage for excluded employment?

6. Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.

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 things set forth are true, correct and complete.

X [Signature] Date 01/07/2020

ROBERT HAGAN Application Prepared By (Please Print) MANAGER/EVP Title (318) 429-7552 Telephone No. / / Date

Some agencies can provide language assistance. Would you like assistance? Yes No Specify language