September 17, 2020

Via Electronic Filing

Mr. Mark Johnson **Executive Director/Secretary** Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504-7250

RE: MCI Communications Services, Inc. Notice of Corporate Name Change

Dear Mr. Johnson:

MCI Communications Services, Inc. d/b/a Verizon Business Services ("MCICS, Inc.") respectfully notifies the Washington Utilities and Transportation Commission ("Commission") of its name change to MCI Communications Services LLC d/b/a Verizon Business Services ("MCICS LLC") as the result of its conversion from a corporation to a limited liability company effective June 30, 2020. MCICS LLC has registered the new name with the Washington Secretary of State and the corresponding documents are attached. We respectfully request that the Commission update its records to reflect this change in corporate name.

This change will have no impact on the provision of services by MCICS LLC, nor its management or operations. The transaction does not result in a change to customers' rates, terms, and conditions of services offered to customers.

Any questions you may have regarding this matter should be directed to my attention at karl.tucker@verizon.com or 908-758-0808.

Thank you for your attention to this matter.

Karl Tucker

Sincerely,

Karl Tucker

Attachments

Records Management



FILED



Secretary of State
State of Washington
Date Filed: 08/05/2020
Effective Date: 08/05/2020

nective D	ate:	U0/U	3/202
UBI No:	601	687	553

	Filing Fee: \$30	
X	With Expedited Service:	\$80

For office use only

APPLICATION FOR TRANSFER OF FOREIGN ENTITY REGISTRATION ON MERGER OR CONVERSION

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

oreign Entity Name:	1401.0	ii Samilaan Ima			
		ications Services, Inc.		-	
JBi#:	Type of Entity Prior to	Merger or Conversion (LLC, Corp., e	elc.):		
601687553		Согр.			
2. Applicant Information:				····	
Name of Surviving or Converted Entity (as	s recorded in jurisdiction of rec MCI Commun	cord): ications Services LLC			
If above name not available, name to be u	used in WA:		***************************************		
Jurisdiction of Applicant (State or Country	v): Type of Enlity after N	Merger or Conversion (LLC, Corp., etc.	i.):		
Delaware		LLC			
3. Address of Principal Offic	e (if different after Me	rger or Conversion):			
Street Address:					
Street Address (continued):			<u> </u>		
		States	7:		
City:		State:	Zip:		
Mailing Address:					
Mailing Address (continued):					
City:		State:	Zip:		
4. Address of Office in Hom	e Jurisdiction (if real	uired to have one):			
Street Address:	e dunation in road	mod to have oney.			
Street Address (continued):				· · · · · · · · · · · · · · · · · · ·	
Street Address (continued):					
City:		State:	Zlp:		
Mailing Address:					
Mailing Address (continued):					
		State:	Zip:		

Work Order #: 2020080500412268 - 1

Received Date: 08/05/2020 Amount Received: \$80.00



<u>REQUIRED</u> if a change is made to Entity Name, Entity Type or Jurisdiction: A Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

5. Registered Agent/Off	fice (required if different prior to Merge	r or Conversion):	
Registered Agent is a: (must select one)	Commercial Registered Agent	Non-Commerc	ial Registered Agent
Current or NewRegistered Agen	il Name:		
Physical Street Address (required	if non-commercial registered agent):		
City:	***************************************	State: WA	Zip:
Mailing Address in WA (optional):			
City:		State: WA	Zip:
to the entity; and to imm	nediately notify the Office of the Secreta	ary of State if I resign o	or change my address. Date
6. Executor Information	n:		
This record is hereby exec	cuted under penalties of perjury, and is, to	o the best of my knowle	dge, true and correct.
C. C.			. ~ ()
(Alaxo	Christy K. Reyes	Assistant Secretary	-1/10/2020
Signature			112700
	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:

801 Capitol Way S PO Box 40234 Olympia, WA 98504 All fees are non-refundable.
All payments must be in US currency or drawn on a US bank.
Make checks and Money Orders payable to:
Secretary of State

CORPORATIONS INFORMATION AND ASSISTANCE - (360) 725-0377

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MCI COMMUNICATIONS SERVICES LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2283958 8300 SR# 20206554921

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Burliock, Secretary of State

Authentication: 203397964

Date: 08-03-20