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February 28, 2022

BY WEB PORTAL

Amanda Maxwell
Executive Director and Secretary
Washington Utilities & Transportation Commission
621 Woodland Square Loop
Lacey, WA 98503

Received
Records Management
3/01/2022 09:35
State Of WASH.
UTIL. AND TRANSP.
COMMISSION

Re: BCE Nexxia Corporation Notice of New d/b/a

Dear Ms. Maxwell:

BCE Nexxia Corporation (“Company” or “BCE”) respectfully notifies the Commission that it has begun using the trade name “BCE Global – USA.” The Company requests the Commission issue an updated certificate, if applicable, to reflect BCE’s trade name as “BCE Nexxia Corporation d/b/a BCE Global – USA.”

A copy of the receipt showing the trade name registration that was filed with the Department of Revenue and a copy of the Department of Licensing listing showing the new trade name are attached as Exhibit A.

BCE assumed a new trade name as part of a rebranding campaign and the change does not entail any merger or other transaction. The change also does not affect the services or rates provided to customers in Washington. BCE Nexxia notified its customers of the trade name change via notice included on customer bills. We will file an updated tariff reflecting BCE’s new trade name.

If you have any questions regarding this notification, please contact the undersigned.

Respectfully submitted,

/s/ Erin M. Griffith
Erin M. Griffith
Counsel to BCE Nexxia Corporation

Enclosure

Exhibit A

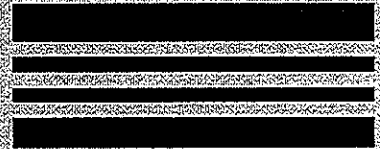
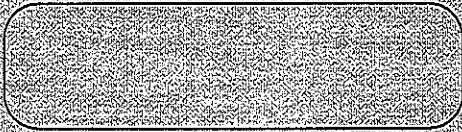
Trade Name Registration



Form 700 028

Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
360-705-6741

For Validation - Office Use Only



Business License Application

Legal Entity/Owner Name: **BCE Nexia Corporation**

Unified Business Identifier (UBI): **602 037 101**

Federal Employer Identification Number (FEIN): **52-2135567**

For faster service apply online at business.wa.gov/BLS

***DEPT OF REVENUE*
06/07/2021
*RECEIVED***

Online applications are typically processed within ten business days.

It may take up to three weeks if you file by paper.

Processing fee instructions:

A Business License Application processing fee is required for each application received in addition to applicable endorsement or trade name fees. See below to determine the processing fee.

Open/reopen a business - \$90 (non-refundable)

If you are opening the first location of a new business/UBI or re-opening a business/UBI that has no active locations, enter \$90 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

Adding an additional location - \$0

If you are adding an additional location to your current business, enter \$0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

Adding a city Non-Resident Business endorsement to an existing location - \$0

If your business is not physically located inside city limits, but you will travel within the city's limits to conduct business, a city Non-Resident Business endorsement is required. If you are adding a city's Non-Resident Business endorsement to an existing location account, enter \$0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

Any other purpose - \$19 (non-refundable)

If you are filing for any purpose other than those listed above, enter \$19 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

Examples: Hiring employees, registering a trade name, adding additional endorsements to an existing location, Domestic Employer, etc.

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

1 Purpose of application *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Open/reopen business | <input type="checkbox"/> Business has or will have employees |
| <input type="checkbox"/> Open additional location | <input type="checkbox"/> Business has or will have employees under age 18
if ONLY requesting to add a minor work permit to your account, and this business location has an active Worker's 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 type="checkbox"/> Add endorsement to existing location | |
| <input type="checkbox"/> Change ownership | <input type="checkbox"/> Hire persons to work in or around your home |
| <input checked="" type="checkbox"/> Register trade name | |
| <input type="checkbox"/> Change trade name | |
| <input type="checkbox"/> Name(s) to be cancelled: _____ | |
| <input type="checkbox"/> Change location | |
| <input type="checkbox"/> Old address to be closed: _____ | |
| <input type="checkbox"/> Other: _____ | |

2 Endorsements and fees

(use the Business Endorsement Fee Sheet and City Fee Sheet for the information needed to complete this list)

Mark registrations needed (fees are listed on the right)

- | | | |
|--|--|--------|
| <input type="checkbox"/> Tax Registration (DOR) | | \$0.00 |
| Do you want a separate tax return for each business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Industrial Insurance (Worker's Compensation) - <i>Required if you will have employees</i> | | \$0.00 |
| <input type="checkbox"/> Unemployment Insurance - <i>Required if you will have employees</i> | | \$0.00 |
| <input type="checkbox"/> Minor Work Permit - <i>Required if you will have employees under age 18</i> | | \$0.00 |
| <input checked="" type="checkbox"/> New trade name (doing business as): | | \$5.00 |

List additional trade names (\$5 each name) or other endorsements (such as additional state or city endorsements):

1. BCE Global - USA	\$ 5.00
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

Processing fee: \$ 19.00
Total amount due: \$ 24.00

How to pay: Enclose check for total amount due, including the non-refundable processing fee, which must be submitted with this form. Make check payable to Department of Revenue.

3

Owner information

a. *Select an ownership structure (choose one):

[] 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)

- [x] Corporation* [] Nonprofit Corporation* (educational, religious, charitable)
[] Limited Liability Company* [] Partnership (# of partners: [])
[] Limited Partnership* [] Limited Liability Partnership*
[] Limited Liability Limited Partnership* [] Joint Venture

*These ownership structures must contact the Secretary of State office for additional filing requirements.

Name of Corp., LLC, Partnership, LLP, LLLP, or Joint Venture:

BCE Nexxia Corporation

State incorporated/formed: Delaware Year incorporated/formed: 1998

[] Association [] Trust [] Municipality [] Tribal Government

Name of Organization:

b. *Business open date (MM/DD/YY): 03/05/2021

This is the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. If unknown, please estimate date.

c. *Business name/trade name: BCE Global - USA

Is this location inside city limits? [] Yes [x] No

d. *Business mailing address: MC-CSC1, 300 Deschutes Way SW, Suite 208

City: Tumwater State: WA Zip: 98501

*Business street address (if different than mailing.) Do not use PO Box or PMB:

1821 Walden Office Square, Suite 400

City: Schaumburg State: IL Zip: 60173

e. Business phone number: 709-687-2046 Fax:

Email: joanne.pretty@bellaliant.ca

f. List all owners and spouses:

This includes any Sole Proprietor, partners, officers, or LLC members (attach additional pages if needed)

*Name (last, first, middle): See attached List of Officers

Title: Home phone: Date of birth:

Social Security Number*: % Owned*:

Home address:

City: State: Zip:

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

Spouse name (last, first, middle):

Spouse Social Security Number: Spouse date of birth:

Owners and spouses continued...

Name (last, first, middle): [REDACTED]

Title: [REDACTED] Home phone: [REDACTED] Date of birth: [REDACTED]

Social Security Number*: [REDACTED] % Owned*: [REDACTED]

Home address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

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

Spouse name (last, first, middle): [REDACTED]

Spouse Social Security Number: [REDACTED] Spouse date of birth: [REDACTED]

Name (last, first, middle): [REDACTED]

Title: [REDACTED] Home phone: [REDACTED] Date of birth: [REDACTED]

Social Security Number*: [REDACTED] % Owned*: [REDACTED]

Home address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

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

Spouse name (last, first, middle): [REDACTED]

Spouse Social Security Number: [REDACTED] Spouse date of birth: [REDACTED]

*The Social Security Number, home phone number and percentage owned are required for Sole Proprietors, partners, corporate 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: MC-CSC-1, 300 Deschutes Way SW, Suite 208

City: Tumwater State: WA Zip: 98501

b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No
Check "Independent Contractors" definition at lni.wa.gov/insurance/insurance-requirements/independent-contractors/

c. *Provide the estimated gross annual income in Washington (check one):

\$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:

Fiber optic telecommunications provider

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

Date bought/leased/acquired (MM/DD/YY): [REDACTED] Prior business name: [REDACTED]

Prior owner's name: [REDACTED] Phone: [REDACTED]

Business License Application



- 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: BCE Nexxia Corporation UBI number: 602 037 101
 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: n/a
 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. Have you ever owned another business? Yes No
 If yes, business name: _____ UBI number: _____
- k. Your bank's name: _____ Branch: _____

5

Employment/elective coverage

5a and 5c 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 (MM/DD/YY): n/a
 First date wages paid (MM/DD/YY): _____
- b. Number of persons you employ or plan to employ at this location (do not include owners): 0
- c. *Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

Age	Number of employees	Duties to be performed by minors (Check www.lni.wa.gov/workers-rights/youth-employment/how-to-hire-minors)
16-17	<u>0</u>	_____
14-15	<u>0</u>	_____
Under 14	<u>0</u>	_____

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

d. Check the box that best describes the major operation of your business (choose one):

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

Position and activities	No. of workers	Worker hours (include minors)
Example: Office Staff - reception accounting, data entry	2	960
No employees		

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)
 Worker's Compensation: All locations combined Each location separately (multiple reports)
 Additional Coverage is available as noted below. (See *Business Endorsement Fee Sheet* for more information.)

g. If you are a Profit Corporation, do you want Unemployment Insurance coverage for corporate officers?
 Yes – Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.
 No – The Corporation must inform officers in writing that they are not covered for Unemployment Insurance.

h. Do you want Workers' Compensation coverage for owners (Sole Proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)
 Yes – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
 No

i. Do you want elective Workers' Compensation coverage for excluded employment? (See *Business Endorsement Fee Sheet* for descriptions.)
 Yes – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
 No

6 Signature (Signature of Sole Proprietor or spouse, partner, corporate officer, or LLC 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.

Signature: Miguel Baz Date: 2021/05/11

Application prepared by: Miguel Baz Title: Corporate Secretary

Phone: [Redacted] Date: [Redacted]

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

What language? [Redacted]

OFFICERS

BCE NEXXIA CORPORATION

(Business License Application, Washington)

Officer Name		Position
Thomas E. Little	-	Chair
Ivan Mihaljevic	-	President
Curtis J.E. Millen	-	Treasurer
Robert Malcolmson	-	Chief Regulatory Officer
Kate Southwell	-	Legal Counsel
Martin Cossette	-	Corporate Secretary
Miguel Baz	-	Assistant Corporate Secretary
Maria G. Margiotta	-	Assistant Corporate Secretary
Jay Belodoff	-	Senior Vice-President, Wholesale Sales
Robin Constantin	-	Senior Vice-President, Wholesale Sales
Pierre Potvin	-	Vice-President, Taxation
Guy Mercier	-	Vice-President, Carrier Relations
Louis Caron	-	Vice-President, BBM Sales
Nicolas Payant	-	Vice-President, Connectivity & Infrastructure
Sylvain Crevier	-	Director, Procurement
Alain Cadorette	-	Director, Carrier Relations
Jonathan Blakey	-	Director, Regulatory Affairs

Please use the following address as the residential address for all officers:

1821 Walden Office Square #400, Schaumburg IL 60173