## State Of WASH. UTIL. AND TRANSP. COMMISSION Received Records Management

## **Cancellation of Registration**

## REQUEST FOR CANCELLATION OF REGISTRATION

TO: Washington Utilities & Transportation Commission Attention: Telecommunications Section P.O. Box 47250 Olympia, WA 98504-7250x (Fax) 360-586-1150

Docket UT-

			(Commission Use Only)
The undersigned,(Issuing Agent/Officer of Compa		does hereby	
request cancellation of (Registered Company Name)	_Woden LLC	registration	
to operate as a telecommunicat	ions company doing business	in the state of Washingt	on.
Please include the following info	ormation:		
Unified Business Identification (	UBI) Number:604482558_		
Company Contact Person:	Lach Litwer		
Contact Telephone Number:	503.887.4372		
The undersigned certify that the	ey have no existing customers a	and no outstanding prep	paid calling services.
I understand that this request is	not effective until acknowledge		sion.
		Date:	December 12, 2022