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Via E-Filing

Jeff Killip, Executive Director and Secretary
Washington Utilities and Transportation Commission
621 Woodland Square Loop SE
Lacey, WA 98503
records@wutc.wa.gov

**Re: Unite Private Networks, LLC
Notice of Trade Name "Segra"**

Dear Secretary Killip:

On behalf of Unite Private Networks, LLC d/b/a Segra ("UPN"), this letter notifies the Commission that UPN intends to conduct business under the trade name "Segra" in Washington. UPN's Business License Application to register the trade name, as filed with the Department of Revenue, is provided as Attachment A. To the extent necessary, UPN requests that the Commission update its records, including the Company's Certificate,¹ to reflect its trade name and, to the extent necessary, approve the change.

In addition, UPN's corporate headquarters has changed. Written correspondence regarding UPN should be sent to the company's current address at:

11215 N. Community House Road
10th Floor
Charlotte, NC 28277

Please acknowledge receipt and acceptance of this filing. Should there be any questions regarding this filing please do not hesitate to contact the undersigned.

Respectfully submitted,

/s/ Patricia Cave

Tamar E. Finn
Patricia Cave

Counsel for Unite Private Networks, LLC d/b/a Segra

¹ UPN is registered as a competitive telecommunications company under the authorization granted in Docket UT-090277.

Attachment A

Business License Application to Register Trade Name

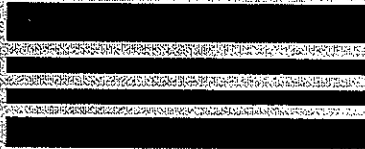


Form 700 028

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

For Validation - Office Use Only

503360379



Business License Application

Legal Entity/Owner Name: **Unite Private Networks, L.L.C.**

Unified Business Identifier (UBI): **603 058 227**

Federal Employer Identification Number (FEIN): **27-3483570**

RECEIVED

For faster service apply online at dor.wa.gov/businesslicense

FEB 21 2024

BUSINESS LICENSING SERVICE

Online applications are typically processed within ten business days.

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

If you have city or state endorsements, it may take an additional 2-3 weeks to receive your business license due to approval time.

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 - \$50 (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 \$50 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 - \$10 (non-refundable)

If you are filing for any purpose other than those listed above, enter \$10 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
<small>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.</small> |
| <input type="checkbox"/> Add endorsement to existing location | <input type="checkbox"/> Hire persons to work in or around your home |
| <input type="checkbox"/> Change ownership | |
| <input checked="" type="checkbox"/> Register trade name | |
| <input type="checkbox"/> Change trade name | |
| <input type="checkbox"/> Name(s) to be cancelled: [REDACTED] | |
| <input type="checkbox"/> Change location | |
| Old address to be closed: [REDACTED] | |
| <input type="checkbox"/> Other: [REDACTED] | |

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):

Trade names and endorsements	Fee
1. Segra	\$ 5.00
2. [REDACTED]	\$ [REDACTED]
3. [REDACTED]	\$ [REDACTED]
4. [REDACTED]	\$ [REDACTED]
5. [REDACTED]	\$ [REDACTED]

Processing fee: \$ [REDACTED]
 Total amount due: \$ [REDACTED]

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)

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

Unite Private Networks, L.L.C.

State incorporated/formed: Delaware Year incorporated/formed: 2010
[] Association [] Trust [] Municipality [] Tribal Government

Name of Organization:

b. *Business open date (MM/DD/YY): 10/22/2010

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: Segra

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

d. *Business mailing address: 120 W 12TH ST FL 11

City: KANSAS CITY State: MO Zip: 64105

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

City: State: Zip:

e. Business phone number:

Email:

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): UPN Intermediate Holdings LLC

Title: Home phone: Date of birth:

Social Security Number*: % Owned*:

Home address: 6205-B Peachtree Dunwoody Road

City: Atlanta State: GA Zip: 30328

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

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:
[REDACTED]

f. Did you buy, lease, or acquire all or part of an existing business? All Part None

- Date bought/leased/acquired (MM/DD/YY): [redacted] Prior business name: [redacted]
 Prior owner's name: [redacted] Phone: [redacted]
- 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: \$ [redacted]
- 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: [redacted] UBI number: [redacted]
 Entity name: [redacted] UBI number: [redacted]
- 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: [redacted]
 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: [redacted] UBI number: [redacted]
- k. Your bank's name: [redacted] Branch: [redacted]

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): [redacted]
 First date wages paid (MM/DD/YY): [redacted]
- b. Number of persons you employ or plan to employ at this location (do not include owners): [redacted]
- 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 lni.wa.gov/workers-rights/youth-employment/how-to-hire-minors)
16-17	[redacted]	[redacted]
14-15	[redacted]	[redacted]
Under 14	[redacted]	[redacted]

Before checking under age 14, please complete required documents. See publication F700-118-000 at 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/Whls: 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 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

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 declare under the penalties of perjury that:

- I am a governing person or authorized representative of this business making this change; and
- The answers contained, including any accompanying information, have been examined by me and are true, correct, and complete.

I certify that I understand a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

Signature:  Date: **1/31/24**

Application prepared by: **Deborah Lucy** Title: **Assistant Secretary**

Phone: **678-645-0000** Date: **1/31/24**

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

What language? _____