



**Registered Agent** (A Washington Agent is required if the company is located outside Washington State):

Name: Michelle Groves  
Mailing Address: 1920 1<sup>st</sup> Ave STE 507  
City/State/Zip: Seattle, WA 98101  
Phone Number: 4257498016

**Name, address and title of each officer or director (attach additional pages if needed)**

<u>Name</u>	<u>Address</u>	<u>Title</u>

**Regulatory Contact:**

Name: Michelle Groves  
Mailing Address: 1920 1<sup>st</sup> Ave STE 507 Seattle, WA 98101  
Phone Number: 4257498016 Fax Number: 4133325952  
E-mail: michelle@egcwireless.com

**Consumer Questions and/or Complaint Contact:**

Name: Michelle Groves  
Title: 1920 1<sup>st</sup> Ave STE 507 Seattle, WA 98101  
Phone Number: 4257498016 Fax Number: 4133325952  
E-mail: : michelle@egcwireless.com

**Emergency Contact:**

Name: Michelle Groves  
Title: President  
Phone Number: 4257498016 Fax Number: 4133325952  
E-mail: michelle@egcwireless.com

**Telecommunication services that will be provided (check all that apply):**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Local Exchange Service (Resale) | <input checked="" type="checkbox"/> Data Services |
| <input checked="" type="checkbox"/> Calling Cards                   | <input type="checkbox"/> Prepaid Calling Cards    |
| <input checked="" type="checkbox"/> Alternate Operator Services     | <input type="checkbox"/> Directory Assistance     |
| <input type="checkbox"/> Long Distance Interlata                    | <input type="checkbox"/> WATS (800/888)           |
| <input type="checkbox"/> Long Distance Intralata                    |   |
| <input type="checkbox"/> Other, please specify _____                |   |