

ded may be subject to disclosure

## Embarq Communications, Inc. Legal Entity/Owner Name 602482242 Unified Business Identifier (UBI) 20-2380048

Federal Employer Identification Number (FEIN)

under the public disclosure law (RCW 42.56)	For Validation - Office Use Only
Master Business Appl For faster service - Apply or www.dol.wa.gov or print in dark ink and mail to Master Li	nline @
1. Purpose of Application Please check all boxes that apply.	01P-400-925-0003
Open/Reopen Business complete sections 2, 3, 4, (5 if hiring employees) and 6	☐ Add License/Registration to Existing Location complete sections 2, 3, 4, and 6
☐ Open Additional Location complete sections 2, 3, 4, (5 if hiring employees) and 6	☐ Business Has or Will Have Employees complete all sections
☐ Change Ownership complete sections 2, 3, 4, (5 if you have employees) and 6	☐ Business Has or Will Have Employees Under Age 18 complete all sections
Register Trade Name complete sections 2, 3, 4 and 6	☐ Hire Persons to Work In or Around Your Home complete all sections
☐ Change Trade Name - complete sections 2, 3, 4 and 6	Other - complete all sections
Indicate name to be cancelled:	- In the Oka
☐ Change Location - complete sections 2, 3, 4 and 6	My W 2 KAN.
Indicate old address to be closed:	MASTERIU 28 200 PRINICHT
2. Licenses and Fees Use the License Fee Sheet for the information needed to comp	olete this list.  Fees Due
Indicate Registrations Needed:	Fees Due
The production of the second	No Foo

Use the License Fee Sheet for the information needed to complete this list.	Fees Due
Indicate Registrations Needed:	Fees Due
☐ Tax Registration – Do you want a separate tax return for each business? ☐ Y	At ==
☐ Industrial Insurance (Workers' Compensation) — Required if you will have emplo	yees. No Fee
☐ Unemployment Insurance – Required if you will have employees.	No Fee
☐ Minor Work Permit – Required if you will have employees under age 18.	No Fee
New Trade Name (Doing Business As): CenturyLink Communications	\$ 5.00
ndicate Additional Trade Names (\$5 each name) or Other Licenses (such	as Lottery Retailer):
>	\$
>	\$
>	\$
>	\$
<b>&gt;</b>	\$
>	\$
	<del>-</del> <del>-</del>

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 664-1400 or TTY (360) 664-8885.

Processing Fee (\$

20.00

Total Amount Due | \$

Processing Fee, which MUST be submitted with this form.

Make check payable to the WASHINGTON STATE TREASURER.

3.	O	wner Information				
etor	a.	Select only one ownership structure:				
Sole Proprietor		☐ Sole Proprietor				
le P		If married, should spouse's name appear on license? The Yes The No (If you answer No, you must still enter the spouse information in section "3f" below.)				
S	<b>_</b> .				<	
Partnership / Corp.	© Corporation* ☐ Non Profit Corporation* (educational, religious, charitable) ☐ Limited Liability Comp ☐ Partnership (# of partners:) ☐ Limited Partnership* ☐ Limited Liability Partnership* ☐ Join					
0 / d		*These ownership structures must contact the Secretary of State office for additional filing requirements.				
ershi		Embarq Communications, Inc.				
artne	Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)					
\ <u>a</u>		State incorporated/formed: DE	Year incorporated/fo	ormed: 2005		
$\vdash$	-	☐ Association ☐ Trust ☐ Municipality ☐ Tribal Government Other				
Other						
0		Name of Organization (example: Anderson Family Trust)				
	b.	Indicate this ownership structure's first date of business at this lo			vn, please estimate.)	
		Out-of-state businesses should use the first date of operation in	WA. MM	YY		
	C.	CenturyLink Communications  Doing Business As (DBA)/Trade Name				
	d.	100 CenturyTel Drive	Monroe	LA	71203	
		Business Mailing Address (Street & Suite No. or PO Box, do not use building	g name) City	State	Zip code	
	e.	(318 ) 388-9520 ( )				
		Business Telephone Number Fax Number		Internet/E-Mail Address		
	f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed				ges if needed.)	
	> SAME AS ON FILE		/ /			
		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned	
		Home Address (Street or PO Box)	City	State	Zip code	
Title			Yes ☐ No If yes, enter spou	se information below.		
		Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Nun	nber*	
Suc		>	1 1			
Persons		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned	
ng P	1	Home Address (Street or PO Box)	City	State	Zip code	
Governing		( )	Are you married?	Yes ☐ No If yes, enter spou	se information below.	
S S		Title Home Telephone Number	1 1			
		Spouse Name (Last, First, Middle)	, First, Middle) Spouse Date of Birth Spouse Social Security Number*			
		>				
		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned	
		Home Address (Street or PO Box)	City	State	Zip code	
		()	•	Yes ☐ No If yes, enter spou	•	
		Title Home Telephone Number				
1		Spouse Name (Last, First, Middle)	Spouse Date of Birth Spouse Social Security Number*			

<sup>\*</sup>The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 26.23.150, RCW 50.12.070)

## 4. Location / Business Information

		· · · · · · · · · · · · · · · · · · ·	<del></del>		
Ch	eck the appropriate box and provide the corresponding	physical address on line 4.b.	below.		
a.	■ This application is for a Washington location (provide the Washington address)				
	Is this Location inside city limits? ☐ Yes ☐ No ☐ This Business has <b>No</b> Washington location (provide the primary business address)				
	This Business has <b>No</b> Washington location (provide the	e primary business address)			
b.	100 CenturyTel Drive	Monroe, LA 71203			
	Business Street Address (Do not use a PO Box or PMB Address)	City	State	Zip code	
C.	If the address above is out-of-state and you have employees of their Washington addresses (we will not use this address for m		nington, please	provide <b>one</b> of	
	The trading decreases (we thin her use the decrease in	idiiii.g parpodooji			
	Business Street Address (Do not use a PO Box or PMB Address)	City	State	Zip code	
الم		·		<b>p</b> 0000	
a.	Provide the <b>estimated</b> gross annual income in Washington (c $\square$ \$0 - \$12,000 $\square$ \$12,001 - \$28,000 $\square$ \$28,001 - \$6			and above	
	<u> </u>	0,000 🗀 \$00,001 - \$100,000	<b>12</b> 24 Ψ100,001	and above	
e.	Indicate the business activities in Washington State (check all	that apply):			
	☐ Wholesale ☐ Retail ☐ Manufacturin	g 🛛 Services			
f.	Describe in detail the principal products or services you provid	le in Washington State <i>(failure to t</i>	orovide this info	rmation will	
	cause delay in processing your application):	o m masimigation o tallo (talliano to p			
	Provide telecommunications services and products and related s	ervices and products.			
				<u> </u>	
				·	
g.	Did you buy, lease, or acquire all or part of an existing busines	s? 🗆 No 🗆 All 🗀 Par	t		
	Date bought/leased/acquired: / /				
	MM DD YY	Prior Business Name			
	Prior Owner's Name	Telephone Number			
h.	Did you purchase/lease any fixtures or equipment on which yo	ou have not paid sales or use tax?	☐ Yes ☐	l No	
	If yes, indicate purchase or lease price: \$	<u> </u>			
	If the business is according to the second s	un hanna alla maranta di malla maranta di malla maranda di malla maranda di malla maranda di malla maranda di m	t to continuo a a matte de		
<b>I.</b>	If this business is owned by, controlled by, or affiliated with any othe	r business entity, piease indicate that	. Dusiness enuly s	s name:	
				<u>.</u>	
j.	If you are changing your business structure (such as changing	g from sole proprietorship to corpo	o <i>ration</i> ) and war	nt the	
,	old account closed, please indicate the UBI number to be clos				
	Do you wish to cancel all the trade names registered under the		 ] No		
	(You must re-register all trade names you use under the new busines				
k.	If you have ever owned another business, please provide:			<del></del>	
	Bus	siness Name	UBI Numbe	<b>r</b>	
l.	Provide your bank's name:	Branch:			
l					

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.

(For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

## 5. Employment / Elective Coverage

<u> </u>				
Employment accounts cannot established, employment tax returns	t be established unless you plan to e will be required quarterly <b>even if yo</b>	mploy persons within the understand in the learning in the lea	next 90 days.	If accounts are
a. Date of first employment or plann	ned employment at this location:	/ / First date	e wages paid: _	/ / MM DD YY
<b>b.</b> Number of persons you employ o	or plan to employ at this location (do	not include owners):		
Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:  *Number**  *Duties to be performed by minors (Check www.teenworkers.lni.wa.gov)				
Ages 16-17:				
Ages 14-15:				
Under age 14:				
Please check the ONE box which	h best describes the major operation  (05) Shipbuilding (06) Mining/Quarrying/Sand & Gravel (07) Mfg Wood/Metal/Stone Products (08) Mfg Chemicals	☐ (09) Mfg Food Products ☐ (10) Miscellaneous Mfg.	(14) Servepair (15) Con	ail/Wholesale Trade vices/Maint./Restaurants nmunications ical/Professional Occup.
<b>e.</b> Describe in detail the activities of your workers. Then estimate the total workers'				Estimate
hours for a 3-month period. (One	e full-time worker = 480 total hours for	3 months.)	Number of Workers	Workers' Hours (Include Minors)
Example: Office Staff - reception	n, accounting, data entry		2	960
>				
Note: Starting January 2009, profit with Unemployment Insurance. If yo Form. Visit www.esd.wa.gov/uitax/v	☐ All locations combined  ble as noted below. (See License Fee corporations with employees must cou choose to exempt some or all office whatsnew/index.php for the form and the theory appletons do you want up to the combined of the combin	over corporate officers that ers from this coverage, you more information.	at provide servi ou must submit	ces in Washington the Exemption
<b>G.</b> If your profit corporation doesn ☐ <b>Yes</b> – Prior to coverage, F	n't have employees, do you want un Form 5203 is required. This form will	be sent to you by Employi	ment Security [	Dept.
managers)? (In an LLC with managers) with members only, you may elect to courage, Formula Yes — Prior to coverage, Formula Yes —	ation coverage for owners (sole prop gers, you may elect to cover those persons cover those members.) orm F213-042-000 is required. This for	who are both members (owner	s) and managers.	In an LLC
□ No				
i. Do you want elective workers' c	compensation coverage for excluded Form F213-112-000 is required. This	employment? (See License form will be sent to you b	e Fee Sheet for d y the Dept. of L	escriptions.) .abor & Industries.
i. Do you want elective workers' co  ☐ Yes - Prior to coverage, I ☐ No  6. Signature Signature of sole	Form F213-112-000 is required. This e proprietor or spouse, partner, corpora	form will be sent to you be sent to	y the Dept. of L	abor & Industries.
i. Do you want elective workers' course. If Yes — Prior to coverage, In No.  6. Signature Signature of sole of the firm making this above me and that the matters and things.	Form F213-112-000 is required. This e proprietor or spouse, partner, corpora penalties of perjury and/or the revocation application and that the answers contained set forth are true, correct and complete.	form will be sent to you be the officer, or limited liability of any license granted, that I	y the Dept. of L  member/manage am the applican	abor & Industries.  ger.  t or authorized
i. Do you want elective workers' comply Yes — Prior to coverage, In No.  6. Signature Signature of soler of the firm making this a by me and that the matters and things of the firm Required of the firm things of the firm t	Form F213-112-000 is required. This e proprietor or spouse, partner, corporate penalties of perjury and/or the revocation application and that the answers contained set forth are true, correct and complete.	form will be sent to you be attended of the you b	y the Dept. of L  member/manage am the applican	ger. t or authorized nave been examined
i. Do you want elective workers' comply Yes — Prior to coverage, In No.  6. Signature Signature of soler of the firm making this aby me and that the matters and things the soler of the firm making this aby me and that the matters and things the soler of the firm making this aby me and that the matters and things the soler of the firm making this aby me and that the matters and things the soler of the firm making this aby me and that the matters and things the soler of the soler of the firm making this above the soler of	Form F213-112-000 is required. This e proprietor or spouse, partner, corporate penalties of perjury and/or the revocation application and that the answers contained set forth are true, correct and complete.  Such T	form will be sent to you be attended of any license granted, that I ad, including any accompanying	y the Dept. of L  member/manage am the applican	ger. t or authorized nave been examined
i. Do you want elective workers' co  Yes - Prior to coverage, I  No  6. Signature Signature of sole  I, the undersigned, declare under the prepresentative of the firm making this a by me and that the matters and things  X  Signature Required  Kay Buchart	Form F213-112-000 is required. This e proprietor or spouse, partner, corporate penalties of perjury and/or the revocation application and that the answers contained set forth are true, correct and complete.  Such T	form will be sent to you be ate officer, or limited liability of any license granted, that I ad, including any accompanying (318) 388-9520	y the Dept. of L  member/manage am the applican	ger. It or authorized have been examined  2 / 23 / 29 Date