Cancellation of Registration

REQUEST FOR CANCELLATION OF REGISTRATION

Attention: Telecommunications Section	
P.O. Box 47250	
Olympia, WA 98504-7250	
(Fax) 360-586-1150	
Docket UT-	
(Commission Use Only)	
The undersigned, Gregory Mach erson (Issuing Agent/Officer of Company)	_ does hereby
(Issuing Agent/Officer of Company)	
request cancellation of Constellation Telecommunications UC	registration
(Registered Company Name)	_ 10gistration
(registred company runne)	
to operate as a telecommunications company doing business in the state of	Washington.
Please include the following information:	
(07 1117 079	
Unified Business Identification (UBI) Number: 603 445 939	•
Company Contact Person: In vegary Mac Pherson	
Contact Telephone Number: 425 Z60 1883	
Contact Telephone Number: 475 Z60 1883	
The undersigned certify that they have no existing customers and no outstar	nding prepaid calling
services.	iding propard caning
I understand that this request is not effective until acknowledged upon by the	ne Commission.
Signature: Magae Muse	
Date: 8/10/2017	
Date.	
and the state of t	