



CenturyLink
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Seattle, Washington 98191
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Maura E. Peterson
Paralegal
Regulatory Law Department

August 2, 2011

*Via web portal and
Overnight Delivery*

Mr. David Danner, Executive Director and Secretary
Washington Utilities & Transportation Commission
1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250

Re: Notice of D/B/A
Qwest Communications Company, LLC to add d/b/a of CenturyLink QCC

Dear Mr. Danner:

This letter is intended to clarify the NAME CHANGE NOTICE concerning Qwest Communications Company, LLC filed with the Washington Utilities and Transportation Commission on July 22, 2011. Qwest Communications Company, LLC is not changing its name to CenturyLink QCC. Qwest Communications Company, LLC is adding a d/b/a of CenturyLink QCC. Enclosed is the Master Business Application which was submitted with the Department of Licensing for the State of Washington on April 1, 2011. This application requested Qwest Communications Company, LLC add the trade name (d/b/a) of CenturyLink QCC. The contact information is: Mark Reynolds, Director, Western Region Regulatory Affairs, 1600 7th Ave., Suite 1506, Seattle, Washington 98191, (206) 345-1568, mark.reynolds3@centurylink.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Maura E. Peterson", written over a large, stylized circular flourish.

Maura E. Peterson

MEP/l dj
cc: Tim Zawislak
Enclosures



Master License Service
 Department of Licensing
 PO Box 9034
 Olympia WA 98507-9034
 Telephone: (360) 664-1400
 www.dol.wa.gov

Information provided may be subject to disclosure under the public disclosure law (RCW 42.56)

Owest Communications Company, LLC

Legal Entity/Owner Name

601475740

Unified Business Identifier (UBI)

04-6141739

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

Master Business Application
 For faster service - Apply online @
 www.dol.wa.gov
 or print in dark ink and mail to Master License Service

01P-400-925-0003

1. Purpose of Application

Please check all boxes that apply.

- | | |
|--|--|
| <input type="checkbox"/> Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6 |
| <input type="checkbox"/> Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees
complete all sections |
| <input type="checkbox"/> Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees Under Age 18
complete all sections |
| <input checked="" type="checkbox"/> Register Trade Name
complete sections 2, 3, 4 and 6 | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
complete all sections |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3, 4 and 6
Indicate name to be cancelled: _____ | <input type="checkbox"/> Other - complete sections _____ |
| <input type="checkbox"/> Change Location - complete sections 2, 3, 4 and 6
Indicate old address to be closed: _____ | |

RECEIVED OVERNIGHT

APR - 1 2011

MASTER LICENSE SERVICE

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Indicate Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration - Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (Workers' Compensation) - Required if you will have employees.	No Fee
<input type="checkbox"/> Unemployment Insurance - Required if you will have employees.	No Fee
<input type="checkbox"/> Minor Work Permit - Required if you will have employees under age 18.	No Fee
<input checked="" type="checkbox"/> New Trade Name (Doing Business As): CenturyLink QCC	\$ 5.00
Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
➤	\$ 5.00
➤	\$ 5.00
➤	\$ 5.00
➤	\$ 5.00
➤	\$
➤	\$

Enclose check for total amount due, including the Processing Fee, which MUST be submitted with this form.

Processing Fee **\$ 15.00**

Make check payable to the WASHINGTON STATE TREASURER.

Total Amount Due **\$ 20-**

3. Owner Information

Sole Proprietor

a. Select only one ownership structure:

Sole Proprietor
 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.)

Partnership / Comp.

Corporation* Non Profit Corporation* (educational, religious, charitable) Limited Liability Company*
 Partnership (# of partners: _____) Joint Venture
 Limited Partnership* Limited Liability Partnership* Limited Liability Limited Partnership*
 *These ownership structures must contact the Secretary of State office for additional filing requirements.

Qwest Communications Company, LLC
 Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)
 State incorporated/formed: DE Year incorporated/formed: 1966

Other

Association Trust Municipality Tribal Government Other _____
 Name of Organization (example: Anderson Family Trust)

b. Indicate this ownership structure's first date of business at this location. 04 / 2011 (Required. If unknown, please estimate.)
 Out-of-state businesses should use the first date of operation in WA. MM YY

c. CenturyLink QCC
 Doing Business As (DBA) Trade Name

d. 100 CenturyLink Drive Monroe LA 71203
 Business Mailing Address (Street & Suite No. or PO Box, do not use building name) City State Zip code

e. (318) 388-9520 () kay.buchart@CenturyLink.com
 Business Telephone Number Fax Number Internet/E-Mail Address

Governing Persons

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages 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	Home Telephone Number		
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.			
Spouse Name (Last, 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
Title	Home Telephone Number		
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.			
Spouse Name (Last, 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
Title	Home Telephone Number		
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.			
Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Number*	

*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

Check 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 No Washington location (provide the primary business address)

b. 100 CenturyLink 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 or representatives working in Washington, please provide one of their Washington addresses (we will not use this address for mailing purposes):

Business Street Address (Do not use a PO Box or PMB Address) City State Zip code

d. Provide the estimated gross annual income in Washington (check the one box that applies to your business):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

e. Indicate the business activities in Washington State (check all that apply):

Wholesale Retail Manufacturing Services

f. Describe in detail the principal products or services you provide in Washington State (failure to provide this information will cause delay in processing your application):

Long distance, voice and data services

g. Did you buy, lease, or acquire all or part of an existing business? No All Part

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 you have not paid sales or use tax? Yes No

If yes, indicate purchase or lease price: \$ _____

i. If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:

j. If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, please indicate the UBI number to be closed: _____

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.)

k. If you have ever owned another business, please provide: _____
Business Name UBI Number

l. Provide your bank's name: _____ Branch: _____

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

Employment accounts cannot be established unless you plan to employ persons within the next 90 days. If accounts are established, employment tax returns will be required quarterly even if you have not hired.

a. Date of first employment or planned employment at this location: MM / DD / YY First date wages paid: MM / DD / YY

b. Number of persons you employ or plan to employ at this location (do not include owners): _____

c. 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.inl.wa.gov)
Ages 16-17: _____	_____
Ages 14-15: _____	_____
Under age 14: _____	_____

d. Please check the **ONE** box which best describes the major operation of your business.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> (01) Drywall Operations | <input type="checkbox"/> (05) Maritime/Vessels/Longshore | <input type="checkbox"/> (09) Vehicle & Repair/Transport | <input type="checkbox"/> (13) Stores & Warehousing |
| <input type="checkbox"/> (02) Logging/Forestry | <input type="checkbox"/> (06) Electronics/Utilities | <input type="checkbox"/> (10) Mfg - Chem/Textiles/Paper | <input type="checkbox"/> (14) Food Svcs/Janitorial/Asst Living |
| <input type="checkbox"/> (03) Construction/Engrg/Property Mgmt | <input type="checkbox"/> (07) Wood Prod/Stone/Glass & Mining | <input type="checkbox"/> (11) Food - Mfg & Processing | <input type="checkbox"/> (15) Media/Entertain/Business Svcs |
| <input type="checkbox"/> (04) Temp Help Co/Employee Leasing | <input type="checkbox"/> (08) Mfg - Metal/Mach Shops/Millwright | <input type="checkbox"/> (12) Agriculture/Farming | <input type="checkbox"/> (16) I.T./Med/Law/Acct/Day Care/Salon |

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.)

Example: Office Staff - reception, accounting, data entry

	3-Month Estimate	
	Number of Workers	Workers' Hours (Include Minors)
>	2	960
>		
>		

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?

- | | | |
|-------------------------|---|--|
| Unemployment Insurance: | <input type="checkbox"/> All locations combined | <input type="checkbox"/> Each location separately (multiple reports) |
| Workers' Compensation: | <input type="checkbox"/> All locations combined | <input type="checkbox"/> Each location separately (multiple reports) |

Additional Coverage is available as noted below. (See License Fee Sheet for more information.)

Note: Starting January 2009, profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment Insurance. If you choose to exempt some or all officers from this coverage, you must submit the Exemption Form. Visit www.esd.wa.gov/ultax/corporateofficers/exempt-officers-defined.php for the form and more information.

g. If your profit corporation doesn't have employees, do you want unemployment insurance coverage for corporate officers?
 Yes - Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Dept.

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 License 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 limited liability member/manager.

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

Signature Required Kay Buchart 04 / 01 / 2011
 Signature Date

Application Prepared By (Please Print) Kay Buchart, Manager Title (318) 388-9520 Telephone No. 04 / 01 / 2011 Date

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