Cancellation of Registration

REQUEST FOR CANCELLATION OF REGISTRATION

10: Washington Utilities & Transportation Commission	1	
Attention: Telecommunications Section		
P.O. Box 47250		
Olympia, WA 98504-7250		
(Fax) 360-586-1150		
		Docket UT-
	÷	(Commission Use Only)
		,
The undersigned, Mark Reynolds	does hereby	
(Issuing Agent/Officer of Company)		
request cancellation of CenturyTel Solutions' registration	on	
(Registered Company Name)		
to an automorphism by	using a line that atotal of Mac	hington
to operate as a telecommunications company doing bu	usiness in the state of was	sington.
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Please include the following information:		
,		
Unified Business Identification (UBI) Number: 602-009) -152	
Company Contact Person: Mark Reynolds		
Contact Telephone Number: (206) 345-1568		
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The undersigned certify that they have no existing cus-	tomers and no outstanding	g prepaid calling services.
I understand that this request is not effective until ackn	nowledged upon by the Co	mmission
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	Signa	ture: <u>MUNS: Mull</u> Date: 04/23/2014
		04/22/2011
	C	Date: 0712312014