

Filed Secretary of State State of Washington Date Filed: 06/21/2021 Effective Date: 06/21/2021 UBI #: 313 013 420

AMENDMENT OF FOREIGN REGISTRATION STATEMENT

BUSINESS INFORMATION

Business Name: ZIPLY FIBER NORTHWEST LLC

UBI Number: 313 013 420

Business Type: FOREIGN LIMITED LIABILITY COMPANY

Business Status: ACTIVE

Principal Office Street Address: 135 LAKE ST S STE 1000, KIRKLAND, WA, 98033-6488, UNITED STATES

Principal Office Mailing Address: 135 LAKE ST S STE 1000, KIRKLAND, WA, 98033-6488, UNITED STATES

Expiration Date: 03/31/2022

Jurisdiction: **UNITED STATES, DELAWARE**

Formation/Registration Date: 03/31/1964

Period of Duration: PERPETUAL

Inactive Date:

Nature of Business: UTILITIES, TELECOMMUNICATIONS

BUSINESS NAME

Business Name ZIPLY FIBER NORTHWEST LLC

JURISDICTION

Country: **UNITED STATES** State:

DELAWARE

DOING BUSINESS AS (DBA) NAME RCW 23.95.525

DBA Name:

PRINCIPAL OFFICE

Phone:

Email: LEGAL@ZIPLY.COM

Street Address: 135 LAKE ST S STE 1000, KIRKLAND, WA, 98033-6488, UNITED STATES Mailing Address:

135 LAKE ST S STE 1000, KIRKLAND, WA, 98033-6488, UNITED STATES

REGISTERED AGENT

Registered Agent Name	Street Address	Mailing Address
CORPORATION SERVICE COMPANY	300 DESCHUTES WAY SW STE 208 MC- CSC1, TUMWATER, WA, 98501, UNITED STATES	300 DESCHUTES WAY SW STE 208 MC- CSC1, TUMWATER, WA, 98501, UNITED STATES

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - Yes

GOVERNORS

Title	Governor Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	NORTHWEST FIBER INTERMEDIATE, LLC		

DATE OF FORMATION IN HOME JURISDICTION

Date of formation in its Home Jurisdiction:

PERIOD OF DURATION IN HOME JURISDICTION

Duration: **PERPETUAL**

NATURE OF BUSINESS

Nature of Business: UTILITIES TELECOMMUNICATIONS

EFFECTIVE DATE

Effective Date: 06/21/2021

RETURN ADDRESS FOR THIS FILING

Attention: LEGAL DEPT Email: LEGAL@ZIPLY.COM Address: 135 LAKE ST S STE 155, KIRKLAND, WA, 98033-6488, UNITED STATES

UPLOADED DOCUMENTS

Document Type No Value Found.	Source	Created By	Created Date					
UPLOAD ADDITIONAL DOCUMENTS								
Name			Document Type					
2021-06-09 FC NW Certificate of Amendment (DE)-Name Change, 4819-0155-0318, 2.pdf		UPLOADED DOCUMENT						

EMAIL OPT-IN

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

Document is signed.

Person Type: INDIVIDUAL

First Name: **BYRON**

Last Name: SPRINGER

Title: GENERAL COUNSEL

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