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| **Cancellation of Registration**   REQUEST FOR CANCELLATION OF REGISTRATIONTO: Washington Utilities & Transportation Commission Attention: Telecommunications Section P.O. Box 47250Olympia, WA 98504-7250(Fax) 360-586-1150Docket UT- \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Commission Use Only)The undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does hereby (Issuing Agent/Officer of Company) request cancellation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ registration (Registered Company Name)to operate as a telecommunications company doing business in the state of Washington.Please include the following information:Unified Business Identification (UBI) Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The undersigned certify that they have no existing customers and no outstanding prepaid calling services.I understand that this request is not effective until acknowledged upon by the Commission.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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