

Motion for  
Admission of  
Non-Resident Attorney  
(Mary S. Hubson)

RECEIVED

SEP 06 2001

BEFORE THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF SOUTH DAKOTA

SOUTH DAKOTA PUBLIC  
UTILITIES COMMISSION

In the Matter of Determining Prices For )  
Unbundled Network Elements (UNEs) in )  
Qwest Corporation's Statement of Generally )  
Available Terms (SGAT) )  
\_\_\_\_\_ )

<sup>TC</sup> Docket No. 01-098  
MOTION FOR ADMISSION OF  
NON-RESIDENT ATTORNEY

I, Mary S. Hobson, pursuant to SDCL 16-18-2 move this Court for admission to the above proceeding. In support of this motion, I state:

1. I am an attorney for Qwest Corporation and my post office address is Stoel Rives LLP, 101 S. Capitol Blvd., #1900, Boise, ID 83702-5958.

2. During this proceeding I will be associated with Thomas J. Welk of Boyce, Murphy, McDowell and Greenfield, L.L.P., 101 N. Phillips Avenue, Suite 600, P.O. Box 5015, Sioux Falls, South Dakota 57117-5015.

3. I am a member in good standing of the State Bars of Idaho. I am active in the state of Idaho.

4. I have not been subject to disciplinary action by any Bar or courts of the state of my residence or any state.

5. I have not been denied admission to the courts of any state or to any federal court.

6. I am familiar with the rules of the State Bar of South Dakota governing the conduct of members of the State Bar of South Dakota, and will at all times abide by and comply with the same so long as such trial or hearing is pending, and I have not withdrawn as counsel therein.

7. I have completed an application fir a South Dakota Sales and Use Tax License.

DATED this 31 day of August, 2001.

Mary S. Hobson  
Mary S. Hobson

Subscribed and sworn to before me this 31 day of August, 2001.

Carol J. Wren  
Notary Public - Idaho  
5-17-2002  
Commission Expires



STATE OF SOUTH DAKOTA  
CIRCUIT COURT, HUGHES CO.

**FILED**

*Copy*  
SEP 05 2001

Mary L. Erickson CLERK  
By \_\_\_\_\_ Deputy

Department of Revenue  
Sales and Contractors' Excise Tax  
License Application

Revised September 19

Please provide all of the following information that applies to your situation. All applicable information MUST be completed before a license will be issued.

FOR OFFICE USE ONLY

1. Federal Employer's Identification Number (FEIN)(if applicable): 93-0408771

2. Owner, Partner, or Corporation Name (name of persons/entity owning business): Partner

Street Address: 101 S. Capitol Blvd., #1900 E-Mail Address (if applies): \_\_\_\_\_

City: Boise State: ID Zip Code: 83702 County: USA - Ada Daytime Phone: 208 387-4277

3. Mailing Address (if different from 2): Street or PO Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

4. Business Name (if different from 2): Stoel Rives LLP

Business Street Address: 101 S. Capitol Blvd. #1900

City: Boise State: ID Zip Code: 83702 County: ADA Daytime Phone: (208) 389-9000

5. Mailing Address (if different from 4): Street or PO Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FAX Number: (208) 389-9040

6. Tax information and returns mailed to: Street or PO Box Number: 101 S. Capitol Blvd., #1900

City: Boise State: ID Zip Code: 83702 Daytime Phone: 208-389-9000

Attn: Mari Moody

7. Type of Ownership:  Single Owner  Trust  Partnership/Limited Partnership

Corporation/Date of Incorporation: \_\_\_\_\_ If corporation, date of registration with SD Secretary of State: \_\_\_\_\_

Limited Liability Company (Please include articles of organization and operating agreement.)  Other: \_\_\_\_\_

8. Type of License Requested (check all that apply):  Sales  Use  Wholesaler  Manufacturer  Contractors' Excise

9. Brief Description of Business (grocery store, accountant, etc.): Law firm

10. This business is:  Full-time  Part-time  Transient (no permanent South Dakota business location)

11. Start Date: Aug. 31, 2001 12. Accounting Method:  Cash  Accrual

13. Estimated Monthly Taxable Gross in South Dakota resulting from this business: \$

14. Do you have any current or cancelled tax licenses issued by the SD Department of Revenue?  Yes  No  
If "Yes", please list below (includes sales, use, contractors' excise, motor fuel, liquor, cigarette, IFTA, IRP, etc.) and proceed to back page. If "No", proceed directly to back page.

type: \_\_\_\_\_ License Number: \_\_\_\_\_ Operated from: \_\_\_\_\_ to \_\_\_\_\_

type: \_\_\_\_\_ License Number: \_\_\_\_\_ Operated from: \_\_\_\_\_ to \_\_\_\_\_

ST  UT  MT  WT County: \_\_\_\_\_  ET County: \_\_\_\_\_

SIC \_\_\_\_\_ Est. Tax: \_\_\_\_\_ SIC \_\_\_\_\_ Est. Tax: \_\_\_\_\_

FCD: \_\_\_\_\_  C  A License Status: \_\_\_\_\_ FCD: \_\_\_\_\_  C  A License Status: \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE THIS SECTION.**

**\*THIS APPLICATION MUST BE SIGNED** by the owner, by all partners in case of a partnership, or by an executive officer in the case of a corporation. An authorized person may sign for a partnership or corporation if proof of authorization is attached to the application. Attach additional sheets for signatures if necessary. The Department of Revenue requires a new form to be completed when any changes occur in owners, partners or corporate officers. Please include all requested information.

**- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED -**

Sole proprietorships must list sole ownership information; Partnerships must list names of all principal partners; Corporations must list the names of all principal officers.

If the applicant is a corporation, the undersigned acknowledge and agree that the corporate officers are personally liable for the taxes incurred by the corporation unless security is filed in lieu of such liability (SDCL 10-45-55). If the applicant is a limited liability company or trust, the undersigned acknowledge and agree that they are personally liable for filing returns and payment of taxes resulting from the operation of the company or trust. (As provided in Section 7(b) of the Federal Privacy Act of 1974, Public Law 93-579, you are informed that the social security number is a mandatory request and requirement pursuant to ARSD 64:06:01:07.01 and that it will be used as an identification number for file control and record keeping purposes and for possible cross-checking with the Internal Revenue Service.)

15. Name: Mary S. Hobson

Title: Partner

Home Address: 3411 Morris Hill Road

City: Boise

State: ID Zip: 83706

Home Telephone: (208) 344-9294

Date: 8-31-01 SS#: 518-64-4594

SIGN HERE:  Mary S. Hobson

(Application is void without signature)

16. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

SIGN HERE:  \_\_\_\_\_

(Application is void without signature)

17. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

SIGN HERE:  \_\_\_\_\_

(Application is void without signature)

18. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

SIGN HERE:  \_\_\_\_\_

(Application is void without signature)

STAFF USE ONLY

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