

TG-041973

ADA-LIN WASTE SYSTEMS INC.  
2405 N UNIVERSITY RD.  
SPOKANE, WA 99206

Washington Utilities & Transportation Commission  
1300 S. Evergreen Park Drive SW  
PO BOX 47250  
Olympia, WA 98504-7250

November 8, 2004

RE: Certificate G-104

Dear Sirs:

Enclosed please find our application for a Name Change, and the appropriate fee. Ada-Lin Waste systems, Inc. has registered a Trade Name with the State of Washington and would like to add this name to our Tariff #10. The Trade Name is Sunshine Disposal & Recycling. The Tariff will be adopted in its entirety under our new trade name, including any changes proposed by Ada-Lin's filing on november 8, 2004.

If you need any other information regarding this change, please contact Marc Torre at (509) 928-6272 or by fax at (509) 924-7448.

Thank you for your assistance.

Sincerely,



Adrienne Choate  
Secretary/Treasurer

RECEIVED

NOV 10 2004

WASH. UT. & TP. COMM.

**APPLICATION FOR CERTIFICATE OF PUBLIC  
 CONVENIENCE TO OPERATE AS A SOLID WASTE  
 COLLECTION COMPANY UNDER CHAPTER 81.77 RCW**

**RECEIVED**

1300 South Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250

PHONE 360-664-1222

FAX 360-586-1181

TTY 360-586-8203 TTY TOLL FREE 1-887-210-5963

WEBSITE: [www.wutc.wa.gov](http://www.wutc.wa.gov)

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133.

NOV 10 2004

WASH. UT. & TP. COMM

Type of Solid Waste Authority Requested	Fee Required
<u>Expedited Temporary Authority</u> (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<u>Temporary Authority</u> (to meet an immediate or urgent need) - Complete entire application and Attachment A	\$ 25
<u>New Permanent Authority</u> (including extension of authority)- (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form New Certificate Extension of Existing Certificate No. G- _____	\$200
<u>Permanent Authority to Transfer</u> (WAC 480-70-090) (check appropriate box below) - Complete entire application and Attachments B All of Certificate No. G- _____ Portion of Certificate No. G- _____	\$200
<u>Reinstatement of Cancelled Certificate</u> (must be filed within 30 days of cancellation) -Include a statement justifying the reinstatement and complete sections 1, 2 and 8	\$200
<u>Name Change</u> - does not include changes resulting in change in ownership - Complete section 1 and Attachment C	\$ 35
<u>Mortgage of Certificate</u> - Complete section 1 and Attachment D	\$ 35
<u>Lease of Authority</u> - Complete entire application and Attachment B All of Certificate Portion of Certificate No. G - _____	\$200

**SECTION 1 - APPLICATION INFORMATION**

Name of Applicant: <u>Ada-Lin Waste Systems Inc.</u>		
Trade Name(s) (if applicable): <u>Sunshine Disposal &amp; Recycling</u>		
Phone Number: <u>509) 928-6272</u>	Fax Number: <u>509) 924-7448</u>	E-Mail:
Business Address		Mailing address (if different from Business Address)
Street <u>2405 N. University Rd</u>	Street <u>same</u>	
City <u>Spokane</u>	City	
State/Zip <u>WA 99206</u>	State/Zip	

**FOR OFFICIAL USE ONLY**

Date Filed: <u>11-10-04</u>	Staff Assigned: <u>CBA</u>	Motcar: <u>4767</u>	Permit Issued G-
Tariff:	Insurance: <u>OK - Jca</u>	Contract:	DOL/SOS:
Application: <u>GA-079325</u>	RMS Docket #: <u>TG-041973</u>	Related App ID:	Map:
Text approved for docket	Reception #: <u>0008911</u>	227-02: <u>35.00</u>	032-05:

**SECTION 2 - BUSINESS INFORMATION**

**SECTION 7 – HEARING INFORMATION**

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.	
Number of witnesses:	Amount of time:
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

**TYPE OF PAYMENT:**

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<b>Credit Card Information:</b>					
Expiration Date: _____			Amount: _____		

**SECTION 8 – DECLARATION OF APPLICANT:**

I understand that filing this application **does not** in itself constitute authority to operate as a solid waste collection company.

As the applicant for a solid waste collection company certificate, I understand the responsibilities of a solid waste collection company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant: Marc B. Torre

Signature of Applicant: \_\_\_\_\_

Date, County, State: 11-5-04 Spokane County, WA

**ATTACHMENT C**

**CHANGE OF CORPORATE/INDIVIDUAL/TRADE NAME**

(WAC 480-70-121)

An application for change of corporate/individual name must be filed to change the name or trade name on the certificate, and must not involve a change in ownership, management, or control.

You must include applicable documentation supporting your request for change of name. Specifically, you must include a copy of any corporate minutes, partnership agreements, and/or other proof that the new name or trade name is properly registered with the Department of Licensing, Secretary of State, and/or other appropriate state agencies.

Ada-Lin Waste Systems, Inc.  
Current Name on Certificate

none

Current Trade Name on Certificate

2405 N. University Rd. Spokane, WA 99206  
Address

509-928-6272 509-924-7448

Phone Number Fax Number E-mail address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

Michael L. Torre President

Marc B. Torre Vice President

Adrienne M. Choate Secretary/Treasurer

I request the name on Solid Waste Certificate G- 104 be changed to:

Ada-Lin Waste Systems, Inc. 601 045 883  
New Name UBI Number

d/b/a Sunshine Disposal & Recycling

New Trade Name (if applicable)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

same as above

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name. To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:

- Adopt
- File a new tariff

I certify that this information is true and correct, and that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

Marc B. Torre  
Print name of Applicant

[Signature]  
Signature and Title of Applicant

Nov. 5, 2004 Spokane County, WA  
Date, County, State

LOCATION LIST

TRDN TRD352P1  
-----  
SEARCH: SUNSHINE DISPOSAL & R  
SEL \_\_\_\_\_ TRADE\_NAME(S) \_\_\_\_\_

TRADE NAM  
4) SUNSHINE DISPOSAL & RE  
  
UBI: 601 045 883 BUS  
CORPORATION  
ADA-LIN WASTE SYSTEMS,  
  
601 UNION STREET SUITE  
PO BOX 21926 SEATTLE W  
  
REGISTRATION DATE: 03  
  
ORIG APPL ID: 04 075 0  
  
TRANSFER: \_\_\_\_\_

ADA-LIN WASTE SYSTEMS, INC.  
1 UBI: 601 045 883 - City: \_\_\_\_\_  
Locn\_Stat\_ Location\_ Act\_Date\_ Trd  
0001 A SUNSHINE DISPOSAL & RECYCLING Y  
2405 N UNIVERSITY RD  
SPOKANE WA 99200  
(509) 924-5678 12/01/1987

\*\*\*\*\* END OF LIST \*\*\*\*\*  
TRANSFER: \_\_\_\_\_ PF4=COMPLETE PF9=TOP

# TARIFF ADOPTION NOTICE

Tariff No. 10

Ada-Lin Waste Systems, Inc. G-104  
(Name of new company) (Permit No.)

Sunshine Disposal & Recycling  
(Trade name of new company)

adopts all tariffs and supplements to the tariffs,  
filed with the Washington Utilities and Transportation by

Ada-Lin Waste Systems, Inc.  
(Name of prior company)

before the date of its (new company) acquired possession  
of that (prior) company, or a portion of the authority  
of that (prior) company.

Notice issued by:

Name: Marc B. Torre

Title: Vice President

Telephone Number: 509-928-6272

FAX Number: 509-924-7448

E-mail Address: mtorre@sunshinedisposal.com

Date filed with Commission: \_\_\_\_\_