

ATTACHMENT D

**CHANGE OF CORPORATE/INDIVIDUAL NAME
(WAC 480-15-400)**

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You **may not** advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit

B&K LOGISTICS, LLC

Current Trade Name on Permit

DBA 3B'S MOVING & STORAGE

Address

1392 PORT DRIVE CLARKSTON, WA 99403

Phone Number

509-751-1964

Fax Number

509-751-1966

Email Address

BLPETERS@MOVE3BS.COM

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

I request the name on household goods permit HG- 60462 be changed to:

New Name

B&K COMPANY, LLC

UBI Number

601 683 808

New Trade Name (if applicable)

DBA 3B'S MOVING & STORAGE

Address (if changed)

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

Bryan Peters 50%

Mary Kay Peters 50%

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


Signature & Title of Applicant

GENERAL PARTNER

11/15/04 CLARKSTON, WA
Date & Location

INQR UTL024P1 MASTER LICENSE SERVICE 11/17/04
BUSINESS ENTITY INQUIRY 10:27:40

UBI: 601 683 808 001 0001 State of Inc: WA Loc Status: A
Type: LIMITED LIABILITY COMPANY Date of Inc: 01 17 1996 Corp Status: A

Owner Name: B & K CO., L.L.C.

Reg. Agent: DAVID A GITTINS
Reg. Address: 843 7TH ST Exp. Date: 01 31 2005
PO BOX 191 Total Shares authzd:
CLARKSTON WA 99403 Total Shares issued:
Firm Name : B & K CO., L.L.C. DBA 3 B'S MOVING & STORAGE
Loc: 1392 PORT DR Mail: PO BOX 1163
CLARKSTON WA 99403 LEWISTON ID 83501

Phone: (509) 751-1964 Registered Tradenames for this UBI? No
RFI: No NSF: No Location First Activity: 01 29 1996
RFP: No Withhold: No Last License Issue: 02 29 1996
TRANSFER: _____ {Press <ENTER> for Endorsements List}
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

INQR UTL024P1 MASTER LICENSE SERVICE 11/17/04
BUSINESS ENTITY INQUIRY 10:27:56

UBI: 601 683 808 001 0001 Loc Status: A
Type: LIMITED LIABILITY COMPANY

Owner Name: B & K CO., L.L.C.
Firm Name : B & K CO., L.L.C. DBA 3 B'S MOVING & STORAGE
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	02 23 1996	
UNEMPLOYMENT INSURANCE			A	02 23 1996	
INDUSTRIAL INSURANCE			A	02 23 1996	

TRANSFER: _____ End of Endorsement List

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

**FAX MEMO:** December 06, 2004

TO: TINA LEIPAKI
COMPANY: Washington Utilities and Transportation Commission
FAX NUMBER: (360) 586-1181

FROM: Jackie Peterson
RE: B & K Company, LLC dba 3B's Moving & Storage #TCP110499

MESSAGE:

Attached is copy of information you need as sent to our insured.

With this fax is a copy of the Uniform Motor Carrier Form E filing faxed to you by the company on 12/3/04

Attached is Certificate of Insurance to your office verifying renewal of the insured's policy on 12/1/04. If this is not what you need in this regard, please let me know.

Transmitting a total of 4 pages including this page.
If you do not receive all pages please call me immediately.

-Confidentiality Notice -

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone or fax.

TU Julie

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 12-01-2004 Staff: Tina Leipski

P079330
B&K CO., LLC.
3B'S MOVING & STORAGE
1392 PORT DRIVE
CLARKSTON, WA 99403

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X Also, your current insurance on file has expired. We cannot transfer a permit that is currently Suspended. Please have your insurance agent send us a Certificate of Liability so we can continue to process your Name Change Application. Thanks! Tina

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with the Washington Utilities & Transportation Commission hereinafter called Commission
(Name of Commission)

This is to certify that TransGuard Insurance Company of America, Inc. hereinafter called Company
(Name of Company)

of: 700 Oakmont Lane, Westmont, IL 60559
(Home Office Address of Company)

has issued to: B & K Company, LLC dba 3B's Moving & Storage
(Name of Motor Carrier)

of: P. O. Box 1163, Lewiston, ID 83501
(Address of Motor Carrier)

a policy or policies of insurance effective from 06/01/04 12:01 AM standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This Certificate and the endorsements described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the Insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at: 3250 Wilshire Blvd., #1200, Los Angeles, CA 90010-1602 on 12/03/04

Insurance Company File Number: TCP110499

Auto Liability Coverage Amount: \$1,000,000.00

Replaces Prior Policy Number: _____

Carol S. Boudreau
(Authorized Company Representative)

FORM E Insurance Agent's Copy

(White)

FAXED

751-1966
KEVIN - COMPANY FAXED
THIS TO TINA AT
WUTC ALSO.
PAT

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2004

PRODUCER (208)746-9646 FAX (208)746-9640
AMERICAN INSURANCE AGENCY
PO Box 559
Lewiston, ID 83501

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED B & K Co. LLC
dba 3B's Moving & Storage
P O Box 1163
Lewiston, ID 83501

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Transguard Insurance Company of American, Inc	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRP	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COM/OP AGG	\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TCP110499	06/01/2004	06/01/2005	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Washington Utilities and Transportation Commission
ATTN: Tina Leipaki
P O Box 47250
Olympia, WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Dave Root/JP

Dave Root