03/09/2009 11:13 FAX 3605861181

LICENSING SERVICES



Received Date:

Licensing Services 1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 360-664-1222 fax 360-586-1181

111-2068-200-02

## APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE (excluding Household Goods carriers and Brokers)

FEE: \$50 For Commission Use Only

D:

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE may be used ONLY in the following circumstances:  • Change of carrier's name, with no change in ownership or business structure.  • Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner, or from a corporation to a proprietorship of the majority shareholder, or by a partnership to a proprietorship of the majority partner.  • Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.  • Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.  Holder of Permit No. CC: 42335 asks the WUTC for authority to change the name of or the business structure of the carrier named below, pursuant to the provisions of \$1.80 RCW and WAC 480-14 to:  **NEW BUSINESS INFORMATION**  NEW BUSINESS INFORMATION**  NEW NAME: **Carrier Construction** Live. Phone#: 360-274-7980*  (StreetPo. Box)		Insurance: Form 5					
NEW BUSINESS INFORMATION  NEW NAME: Carney Construction Live. Phone#: 360-274-7980 (New Individual Partnership or Corporate Name)  MAILING ADDRESS: P.O. Box 327 Toutle WA 98649 (StreeVP.O. Box) (City) (State) (Zip)  PHYSICAL ADDRESS: 231 Frank Smith Rd Toutle WA 98649 (StreeVP.O. Box) (City) (State) (Zip)  UBI#: 601 713 930  DINDIVIDUAL DEPARTNERSHIP DECORPORATION STATE OF INCORPORATION WA  NAME TITLE STOCK DISTRIBUTION OF PERCENTAGE OF SHARE  Arthur L. Carney President 5190	<ul> <li>following circumstances:</li> <li>Change of carrier's name, with no change in ownership or business</li> <li>Change of business structure from individual to corporation to incomplete the individual is the majority stockholder or, by an individual to a majority partner, or from a corporation to a proprietorship of partnership to a proprietorship of the majority partner.</li> <li>Change of name resulting from a change in business structure established to incorporate the partnership business, when the partnership business of name resulting from a change in business structure from the change of name resulting from a change in business structure from</li> </ul>	rporate an individual's business when partnership, when the individual is the f the majority shareholder, or by a from a partnership to a corporation tners are the majority stockholders in a corporation to another corporation					
NEW NAME: Carney Constructuon Live. Phone#: 360-274-7980  (New Individual Partnership or Corporate Name)  MAILING ADDRESS: P.O. Box 327 Toutle WA 98649  (StreetP.O. Box) (City) (State) (Zip)  PHYSICAL ADDRESS: 231 Frank Smith Rd Toutle WA 98649  (StreetP.O. Box) (City) (State) (Zip)  UBI#: 601 713 930  UINDIVIDUAL DARTNERSHIP DEORPORATION STATE OF INCORPORATION WA  NAME TITLE STOCK DISTRIBUTION OF PERCENTAGE OF SHARE  Arthur L. Carney President 5190							
MAILING ADDRESS: D.O. BOX 327 Towle WA 98649  (StreevP.O. Box) (City) (State) (Zip)  PHYSICAL ADDRESS: 231 Frank Smith Rd Toutle WA 98649  (StreevP.O. Box) (City) (State) (Zip)  UBI#: 601 713 930  UINDIVIDUAL   PARTNERSHIP OF CORPORATION STATE OF INCORPORATION WA  NAME TITLE STOCK DISTRIBUTION OF PERCENTAGE OF SHARE  Arthur L. Carney President 5190	NEW BUSINESS INFORMATION						
MAILING ADDRESS: P.O. BOX 327 Towle WA 98649  (StreevP.O. Box) (City) (State) (Zip)  PHYSICAL ADDRESS: 231 Frank Smith Rd Toutle WA 98649  (StreevP.O. Box) (City) (State) (Zip)  UBI#: 601 713 930  UINDIVIDUAL   PARTNERSHIP OF CORPORATION STATE OF INCORPORATION WA  NAME TITLE STOCK DISTRIBUTION OF PERCENTAGE OF SHARE  Arthur L. Carney President 5190	NEW NAME: Carney Constructuon Luc. 1 (New Individual Partnership or Corporate Name)	PHONE#: 360-274-7980					
PHYSICAL ADDRESS: 231 Frank Smith Rd Touth WA 98649  (StreevP.O. Box) (City) (State) (Zip)  UBI#: 601 713 930  UINDIVIDUAL DARTNERSHIP OF CORPORATION STATE OF INCORPORATION WA  NAME TITLE STOCK DISTRIBUTION OF PERCENTAGE OF SHARE  Arthur L. Carney President 5190	MAILING ADDRESS: P.O. Box 327 Tow (Street/P.O. Box) (City	(State) (Zip)					
NAME TITLE STOCK DISTRIBUTION OF PERCENTAGE OF SHARE  Arthur L. Carney President 5150	PHYSICAL ADDRESS: 231 Frank Smith Rd To (Streev P.O. Box) (City	outle WA 98649 (State) (Zip)					
NAME TITLE STOCK DISTRIBUTION OF PERCENTAGE OF SHARE  Arthur L. Carney President 5190	UBI#: 601713930						
Arthur L. Carney President 5190	U INDIVIDUAL D PARTNERSHIP & CORPORATION	STATE OF INCORPORATION W					
		TION of PERCENTAGE OF SHARE					
Debbie L. Carnely Scoretary 49%	Arthur L. Carney President	<u> 5190</u>					
	Debbie L. Carnel Secretary	4920					
	<u> </u>						
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## **CURRENT BUSINESS INFORMATION**

Carney Arthur L.	
CURRENT NAME: A.L. Carney Construction PHONE #: 3602747987 (Current name as shown on permit)	2_
ADDRESS: 231 Smyth Rd (City) (State) (Zip)	49
ØINDIVIDUAL □ PARTNERSHIP □ CORPORATION - STATE OF INCORPORATION_	
NAME STOCK DISTRIBUTION or PERCENTAGE OF SHARE	
Arthur L. Carney Dwner 100	<u>90</u>
Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. Petitioner further submits with this application approved copies of the amended Articles of Incorporation, if applicable. The undersigned applicant requests that the Commission enter an order granting its petition as provided for in Chapter 81.80 RCW.	
Thereby declare and affirm that the above and foregoing information is true to the best of my knowledge and belief.	1
Signature(s) Dwner 3-9-09	
Signature(s) Date	
TYPE OF PAYMENT	
□ Cash □ Check □ Money Order □ AMEX □ MasterCard □ Visa Exp Date Credit Comit To T	
Amount \$ 5000	.
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: Dettil L. Carry Date: 3-9-09	
BEFORE SUBMITTING THIS APPLICATION YOU MUST INCLUDE:	
The completed application form. The \$50.00 fee. If an individual name change, legal proof of the change, e.g. marriage license, divorce decree. If a corporation, a copy of the approved amended Articles of Incorporation.	t

Have your insurance agent submit a new Form E Certificate of Insurance in the new name.

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## Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Offittes & Transportation Committee (Name of Agency)	1001011		-		(nerein arte	a can	u rigolicy)
This is to certify that the Continental Western Insurance (Name of Company)  (herein after called Company) of 11201 Douglas Avenue ,PO BOX 15 (Home Address of Company)	94 ,Des Moines	s ,I <u>A</u> ,5	0306				
has issued to Carney Construction Inc. of 231 F	rank Smith Rd (Address o	.Toutl	e .WA Carrier)	.98649	)		
A policy or policies of insurance effective from 03/10/2009 policy or policies and continuing until cancelled as provided herein, which by Damage Liability Insurance Endorsement, has or have been amended to procovering the obligations imposed upon such motor carrier by the provisions or regulations promulgated in accordance therewith.	/ attachment of the	Unitorm dilv iniur	Motor C	onerty da	ally injury amage liab	and i oility i	nsurance
Whenever requested, the Company agrees to furnish the Agency a du This certificate and the endorsement described herein may not be can cancellation may be effective by the Company or the insured giving thirty (30 commence to run from the date notice is actually received in the office of the	celled without cance i) days' notice in wri	ellation o	it the pol	icy to wh	iich it is at	acne	a. Sucn
3320 East Goldstone Way  Countersigned at Maridian (Address)	83642	_	<u>12th</u> (Day)	day of	Mar (Month)	20	0.9 (Year)
Insurance Company File No. CWP2741275R (Policy No)	_Je	Jennifer Cohen (Authorized Company Representative)					<del>)</del>
ying Limit :750,000.00 Liability Limit :750,000.00	)						