

74-090564



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

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

FEE: \$50

For Commission Use Only

50.00

Received Date:

111-2068-200-02 0018227

ID: 5506

Insurance: 5721100

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: 61976 asks the WUTC for authority to change the name of or the business structure of the carrier named below, pursuant to the provisions of 81.80 RCW and WAC 480-1410:

DBA ACC

NEW BUSINESS INFORMATION

NEW NAME: Alcorn Logging Company LLC PHONE#: 425-268-1060
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: 12914 311th AVE SE Sultan WA 98294
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: SAME AS ABOVE
(Street/P.O. Box) (City) (State) (Zip)

UBI #: 602 802 475 921 616

LLC Per Call

with

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION

NAME TITLE STOCK DISTRIBUTION or PERCENTAGE OF SHARE

MIKE Alcorn OWNER 100%

CURRENT BUSINESS INFORMATION

CURRENT NAME: Michael Wesley Alcorn PHONE #: 425-268-1060
(Current name as shown on permit)

ADDRESS: 22914 311 H Ave SE Sultan Wa. 98294
(Street/P.O. Box) (City) (State) (Zip)

INDIVIDUAL PARTNERSHIP CORPORATION- STATE OF INCORPORATION _____

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION or PERCENTAGE OF SHARE</u>
<u>MIKE Alcorn</u>	<u>OWNER</u>	<u>100%</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.

[Signature] _____ 4-17-2009 _____
Signature(s) Date

TYPE OF PAYMENT	
<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard /isa
Credit Card Information (if applicable)	
Exp Date Month/Y ear	
Amount \$ <u>50.00</u>	
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: _____	Date: _____

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

5506
Pending

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ALCORN LOGGING COMP LLC, ALC of 12914 311TH AVE SE, SULTAN, WA 98294-0000 a policy or policies of insurance effective from 03/05/2009 12:01 A.M. 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 endorsement 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 notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 6th day of March, 2009

Insurance Company File No. CA 05329346
(Policy Number)


(Authorized Company Representative)

MC1633a(08/99)

IRB3539B