

TV 090660

done 6/4/09



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

Received Date:	111-2068-200-02 0018607 50.00	ID: 5525	Insurance: 61
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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: 57206 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 480-14 to:

NEW BUSINESS INFORMATION

NEW NAME: SUNDANCE ROCKERY BE INC ^{15 Per CC 4} PHONE#: 360-518-5507
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: P.O. Box 315 BATTLE GROUND WA 98604
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: 19302 NE 132 AVE BATTLE GROUND WA 98604
(Street/P.O. Box) (City) (State) (Zip)

UBI #: 602 266 886 ✓

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
<u>CHARLES D. MERGER</u>	<u>PRES.</u>	<u>95%</u> ✓
<u>JAKE R. MERGER</u>	<u>TREASURY</u>	<u>5%</u>

CURRENT BUSINESS INFORMATION

M 30469-

Charles D Mercer Percau

CURRENT NAME: ~~BUD SON PACIFIC ROCK TRANSPORT~~ PHONE # ~~360-518-5507~~
(Current name as shown on permit)


ADDRESS: P.O. BOX 315 BATTLE GROUND WA 98604
(Street/P.O. Box) (City) (State) (Zip)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
CHARLES D. MERCER	PRES.	95% 100% Percau
JACK R. MERCER	PRES.	5%

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(s)

4-29-2009
Date

TYPE OF PAYMENT

Cash Check Money Order AMEX MasterCard

Credit Card Information (if applicable)

Exp Date
Month/Year

Amount \$ _____

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 signa _____ Date: 4/29/09

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

1-800 878-2114

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
SUNDANCE ROCKERY B ES INC.

2 Trade name of business (if different from name on line 1)
SUNDANCE ROCKERY INC.

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
P.O. Box 315

4b City, state, and ZIP code
BATTLE GROUND WA. 98604

4c Street address (if different) (Do not enter a P.O. box.)
19302 NE 132 AVE

4d City, state, and ZIP code
BATTLE GROUND WA. 98604

5a Street address (if different) (Do not enter a P.O. box.)

5b City, state, and ZIP code

6 County and state where principal business is located
CLARK

7a Name of principal officer, general partner, grantor, owner, or trustee
CHARLES D. MERCER

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

Sole proprietor (SSN)

Partnership

Corporation (enter form number to be filed) ▶

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify) ▶

Other (specify) ▶

Estate (SSN of decedent)

Plan administrator (SSN)

Trust (SSN of grantor)

National Guard

Farmers' cooperative

REMIC

State/local government

Federal government/military

Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **WASHINGTON** Foreign country

9 Reason for applying (check only one box)

Started new business (specify type) ▶ **RETAIL BUILDING MATERIALS**

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Created a trust (specify type) ▶

Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) **1-1-03**

11 Closing month of accounting year **12**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **3-1-03**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".

Agricultural **0** Household **0** Other **0**

14 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other Retail

Real estate Manufacturing Finance & insurance Other (specify)

Health care & social assistance Wholesale-agent/broker

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
TOP SOIL/LANDSCAPE MATERIALS

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ **CHARLES D. MERCER** Trade name ▶ **SUNDANCE ROCKERY LLC**

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) **6-1-07** City and state where filed **VANC. WA.** Previous EIN **9112134769**

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee

Designee's name **N/A** Designee's telephone number (include area code) ()

Address and ZIP code Designee's fax number (include area code) ()

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **CHARLES D. MERCER PRES.** Applicant's telephone number (include area code) **(360) 687-7033**

Signature ▶ *Charles D. Mercer* Date ▶ **2-19-03** Applicant's fax number (include area code) ()

Corporation / Limited Liability Company Renewal



Secretary of State

Department of Licensing

Profit Corporation
 Completed Annual Report

Print

PRINT THIS SCREEN AND RETAIN IT FOR YOUR RECORDS.

Your annual report has been completed and submitted. Your renewal is not complete until payment is received from your credit card provider. Please allow 14 days to receive your license document in the mail. If you have any questions contact us at mls@dol.wa.gov.

Completed Date and Time: Jan 21 2004 7:00PM (Pacific Time Zone)

Transaction Number: 2004 021 5338
 (Refer to this number if you have questions about this application.)

Credit Card Approval Number: 0747404320003322364176

Business Entity Information:

SUNDANCE ROCKERY B & S INC
Profit Corporation

Your license will be mailed to the registered agent below.
 ANGELA J MERCER
 19302 NE 132ND AVE
 PO BOX 315
 BATTLE GROUND, Washington 98604

Unified Business ID: 602 266 886
State of Incorporation: Washington
Date of Incorporation: 01/27/2003
Expiration Date: 01/31/2005

Annual Report:

Principal place of business in Washington: 19302 NE 132nd Ave
 Battle Ground, Washington 98604

Telephone Number: (360) 518 5507

Nature of your business: Retail Trade

Confirmed Governing People:

Name	Address	Title(s)
Charles DeWayne Mercer	19302 NE 132nd Ave Battle Ground, Washington 98604	President, Secretary, Chairman of the Board
Jake Ryan Mercer	19302 NE 132nd Ave Battle Ground, Washington 98604	Treasurer

Fee Statement:

Domestic Profit Corporation	\$50.00
Renewal Application Fee	\$9.00

Total Fees \$59.00

Received: 2/14/03 18:02;

3608968049 -> Bud and Son; Page 4

FROM :

PHONE NO. : 3608968049

Feb. 14 2003 01:35PM P4

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

SUNDANCE ROCKERY B & S INC

A Washington Profit Corporation. Articles of Incorporation were filed for record in this office on the date indicated below

UBI Number: 602 266 886

Date: January 27, 2003

Given under my hand and
the Seal of the State of
Washington at Olympia,
the State Capital



Sam Reed
Secretary of State

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/2009

PRODUCER (509)545-3800 FAX (509)547-7960
 Conover Insurance, Inc. (P)
 1804 W. Lewis St.
 P.O. Box 2528
 Tri-Cities, WA 99302

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.

Inactive

INSURED
 Sundance Rockery B&S, Inc
 P.O. Box 315
 Battle Ground, WA 98604

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: First National Ins. Co. of America	
INSURER B: American Economy Ins. Co.	
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 TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	01CG330590	04/22/2009	04/22/2010	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
B		AUTOMOBILE LIABILITY	01CG330590	04/22/2009	04/22/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
		GARAGE LIABILITY				OTHER THAN EA ACC AGG \$
		<input type="checkbox"/> ANY AUTO				
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 RE: State of Washington and Utilities and Transportation Commission is listed as additional insured as respects to the insureds operations.

Blanket Add'l Insured Endorsement on Contractors Liability Plus Endorsement #CG 86 74 (12/07)

CERTIFICATE HOLDER
 State of Washington
 Attn: Utilities and Transportation Commission
 1300 S Evergreen Park Drive
 Olympia, WA 98504

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
 Jared Haff/JAREDH *J Haff*