

original

VENDOR NAME AND ADDRESS NORTHWEST LOGISTICAL LLC 14789 RIVERBEND ROAD MT VERNON, WA 98273	AGENCY NUMBER 2150	LOCATION CODE
AGENCY P.R. OR AUTHORIZATION NUMBER REFUND		
AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY BUSINESS OFFICE	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND – Carrier made application for CC permit name change. They withdrew application – CC60594.

RECEPTION OR FIELD RECEIPT NUMBERS 19150 DATED 07/28/09 \$50.00

Note – card holder Coast to Coast Services.

PREPARED BY KEN CHAPMAN			TELEPHONE NUMBER 664-1229			DATE 10/9/09			AGENCY APPROVAL <i>[Signature]</i>				DATE 10/9/09			
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER VOD1		VENDOR MESSAGE		USE TAX		UBI NUMBER		
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU 8 OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								\$50.00	REFUND
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$50.00		WARRANT NUMBER	



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

TV-091198

10/9

Withdrawn - DISMISS

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 <u>50.00</u>	ID: <u>5640</u>
	0019150	Insurance:

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. CC60594 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

360-424-9502 Fax

NEW NAME: Northwest Logistical LLC PHONE#: 360-424-6073
(New Individual, Partnership or Corporate Name)

TRADE NAME: Same UBI No. 602-822-1780

MAILING ADDRESS: 14789 Riverbend Rd Mt. Vernon, WA 9827
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: Same
(Street/P.O. Box) (City) (State) (Zip)

TYPE OF BUSINESS STRUCTURE:

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION _____
(LP, LLP, LLC)

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
<u>Clarence Paul</u>	<u>Officer President</u>	<u>100%</u>

Sole m34198

CURRENT BUSINESS INFORMATION

CURRENT NAME: Northwest Day Sales PHONE #: 360-424-6073
(Current name as shown on permit)

ADDRESS: 14789 Biversland Rd Mt. Vernon, WA
(Street/P.O. Box) (City) (State) (Zip)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME TITLE STOCK DISTRIBUTION or PERCENTAGE OF SHARE
Clarence Paul owner 100%

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.

Clarence Paul
Signature(s)

7/24/09
Date

TYPE OF PAYMENT

Cash Check Money Order Credit Card

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 signature: _____

Date: 7/24/09

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.

STATE OF WASHINGTON



SECRETARY OF STATE

NORTHWEST LOGISTICAL LLC

COLONEL F BETZ
14789 RIVERBEND RD
MOUNT VERNON WA 98273

AMENDMENT

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting Washington statutory requirements have been filed and processed with the Secretary of State on behalf of:

NORTHWEST LOGISTICAL LLC

A Washington Limited Liability Company
UBI: 602 822 178
Filing Date: June 26, 2009
Effective Date: June 26, 2009

Previous Name:

NORTHWEST HAY SALES, LLC

Changing registered office address to:

14789 RIVERBEND RD
MOUNT VERNON WA 98273



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

Sam Reed, Secretary of State

TO 360-424-9502



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Northwest Logistical LLC
14789 Riverbend Rd
Mount Vernon WA 98273

*Delete This Application
AND send me Refund of
\$50.00
TV 091198
Clara Paul*

September 3, 2009

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-091198 for the name change application.

- X Your application is missing some information. Please complete the highlighted areas and return to our office by October 3, 2009.
- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by October 3, 2009) or your application will be dismissed.
- 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 The ownership and management provided does not match your Master Business License (MBL) information Jackie J Paul is listed on the MBL. She may have up to 49 % of the ownership in a name change application. Please correct the information.
- X You need to have a USDOT number. You can obtain one online at www.fmcsa.dot.gov/online-registration or you can contact (360)596-3816 or (360)596-3810 for assistance.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.