

09/29/2009 12:03 FAX 3605861181

LICENSING SERVICES

TV-091565



1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181
Web Site: www.wulc.wa.gov

COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE
FEE: \$50.00

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes 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.

TYPE OF PAYMENT

036247.

Cash Check Money Order

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: Lionscastle Transport

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 sig _____ Date 9-29-09

<i>For Commission Use Only</i>		
111-2068-200-02	Received date:	ID: <u>5739</u>
		Insurance: <u>00</u>

0019438

Holder of Permit CC- 59342 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

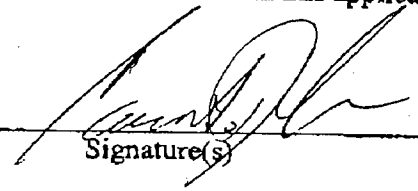
New Name: <u>Lionscast Transport, Inc.</u>	Phone #: <u>509-349-0238-cell 509-250-848*</u>
Trade Name:	Fax #: <u>509-349-8302</u>
Mailing Address: <u>PO Box 843</u>	Physical Address: (if different)
Street/P.O. Box: <u>219 W 8th ave</u>	Street
City, State Zip: <u>WARDEN WA 98859</u>	City, State Zip: <u>Warden WA 98859</u>
USDOT # <u>602440</u>	(If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.
Unified Business Identifier Number (UBI): <u>602 949 596</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WA</u> (LP, LLP, LLC)	
<u>Carmela DeLeon</u>	<u>President</u>
<u>Elena DeLeon</u>	<u>Secretary</u>
	<u>50%</u>
	<u>50%</u>

CURRENT BUSINESS INFORMATION

Current Name: <u>Lionscastle Transport LLC</u>	Phone #: <u>509-349-0238</u>
Trade Name:	Fax #: <u>509-349-8302</u>
Mailing Address: <u>PO Box 843</u>	Physical Address:
Street/P.O. Box: <u>219 W 8th ave</u>	Street
City, State Zip: <u>warden WA 98859</u>	City, State Zip: <u>Warden WA 98859</u>
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____	
<u>Carmela DeLeon</u>	<u>member</u>
<u>Elena DeLeon</u>	<u>member</u>
	<u>50%</u>
	<u>50%</u>

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.


 Signature(s) _____ Date 9-29-09

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the GREAT WEST CASUALTY COMPANY (hereinafter called Company)

of PO BOX 277 SOUTH SOUX CITY NE 68776

has issued to LIONCASTLE TRANSPORT INC of PO BOX 843 WARDEN WA 98857

a policy or policies of insurance effective from 10/2/09 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 2950 E GOLDSTONE, MERIDIAN, ID 83642

this 2ND day of OCTOBER, 2009

Insurance Company File No. CLP93487H
(Policy Number)

CATHY THOMSON
(Authorized Company Representative)