

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

TV 09/1605  
1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 684-1222  
Fax (360) 586-1181  
Web Site: www.wyutc.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**

Cash       Check       Money Order       AMEX       MasterCard       Visa  
Exp Date

Credit Card Information (if applicable)

Amount \$ 50.00      COMPANY NAME: Lankhaar Co LLC

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 \_\_\_\_\_      te 10-6-09

*For Commission Use Only*

111-2068-200-02	Received date:	ID: <u>5750</u>
		Insurance:

**0019462**

*50.00*

TV-091605

Holder of Permit CC-29977 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>Lankhaar Co LLC</u>	Phone #: <u>360-815-4793</u>
Trade Name: <u>Same</u>	Fax #: <u>360-988-0338</u>
Mailing Address: <u>8731 N. Pass Rd</u>	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip <u>Sumas Wa. 98295</u>	City, State Zip

USDOT # 980301 (If you don't have one, you can apply online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact 360-596-3816 or 360-596-3803 for assistance.

Unified Business Identifier Number (UBI): ~~27-0544582~~ 667-790-226 Personal

Individual  Partnership  Corporation - State of Incorporation WA

NAME	TITLE	PERCENTAGE OF SHARES
<u>Dale Lankhaar</u>	<u>Owner</u>	<u>100</u>

**CURRENT BUSINESS INFORMATION**

W 23707

Current Name: <u>Lankhaar Co.</u>	Phone #:
Trade Name: <u>Same</u>	Fax #:
Mailing Address: <u>8731 N. Pass Rd</u>	Physical Address:
Street/P.O. Box	Street
City, State Zip <u>Sumas Wa. 98295</u>	City, State Zip

Individual  Partnership  Corporation - State of Incorporation \_\_\_\_\_

NAME	TITLE	PERCENTAGE OF SHARES
<u>Dale Lankhaar</u>	<u>Owner</u>	<u>100%</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.

Dale Lankhaar

Signature(s)

10-6-09

Date

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 FORMATION

to

LANKHAAR COMPANY, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 1/1/2008

UBI Number: 602-790-226

APPID: «AppiDInternal»



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

Sam Reed, Secretary of State

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the American States Insurance Company  
(Name of Company)  
(herein after called Company) of 4333 Brooklyn Avenue NE ,Seattle ,WA ,98185  
(Home Address of Company)

has issued to LANKHAAR COMPANY, LLC of 8731 N PASS RD ,SUMAS ,WA ,98295  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 10/15/2009 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at Safeco Center  
1191 Second Avenue WA 98101 This 12th day of Oct 20 09  
Seattle (Address) (Day) (Month) (Year)

Insurance Company File No. 01-CI-218642 (Policy No) Rick Witham  
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00