



RECEIVED

TV-091901

UTILITIES AND TRANSPORTATION COMMISSION

DEC 07 2009

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

WASH. UT. & TP. COMM

**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)      Month/Year

Amount \$ 50.00      COMPANY NAME: Hiatt Logging, Inc.

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 \_\_\_\_\_

*For Commission Use Only*

111-2068-200-02	Received date: <u>12-8-09</u>	ID: <u>5802</u>
<b>0019619</b>		Insurance: <u>Verdely 12/9</u>

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Holder of Permit CC- 35566 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**

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WASH. UT. & TP. COMM

New Name: Hielt Logging, Inc.	Phone #: (360) 724-5505
Trade Name:	Fax #: (360) 724-5505
Mailing Address: 2540 Old Hwy 99N Rd	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip Burlington, WA 98233	City, State Zip

USDOT # 554616 (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): 602 516 496

Individual  Partnership  Corporation - State of Incorporation WA per call  
(LP, LLP, LLC)

NAME	TITLE	PERCENTAGE OF SHARES
William Roy Hielt		35%
Marian V Hielt		35%
Jeffrey E Hielt		20%
	Richard Arendse	10%

OK  
Per  
D.P.

7894

**CURRENT BUSINESS INFORMATION**

Current Name: William Roy Hielt	Phone #: (360) 724-5505
Trade Name: Hielt Log	Fax #: (360) 724-5505
Mailing Address: 2540 Old Hwy 99N Rd	Physical Address:
Street/P.O. Box	Street
City, State Zip Burlington, WA 98233	City, State Zip

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

NAME	TITLE	PERCENTAGE OF SHARES
William Roy & Marian V Hielt		100%

WV

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.

William Roy Hielt Signature(s) 12-7-09 Date

TV-091901  
5802

N/K - see  
u7894

**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
12/8/2009

PRODUCER (360) 734-1161 FAX: (360) 734-1173  
Rice Insurance LLC  
1400 Broadway  
P.O. Box 639  
Bellingham WA 98227

INSURED  
Hiatt Logging Inc  
2540 Old Highway 99  
Burlington WA 98233

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	American States Ins. Co.	19704
INSURER B		
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 LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	01CH6712973	11/14/2009	11/14/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	X		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	06CC0114993	11/14/2009	11/14/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
			<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A			<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	01SU4103332	11/14/2009	11/14/2010	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A			<del>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</del> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below	01CH6712973	11/14/2009	11/14/2010	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
			OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 ref: CC35566  
 Certificate holder is named additional insured in respects to the ongoing operations of the named insured.

**CERTIFICATE HOLDER**  
 Washington Utilities & Transportation  
 PO Box 47250  
 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
 Dan Dahlberg/RMF *Dan A. Dahlberg*