

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 686-1181
Web Site: www.wulc.wa.gov

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

TV-100268

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
Month/Year

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: Abco Wood Recycling L.L.C.

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.

214032

Cardholder's signature: _____

Date

Feb/4/2010

For Commission Use Only

111-2068-200-02

50.00

Received date:

2/8/10

ID:

58570

Insurance:

0019810

done 2/23/10

Holder of Permit CC-063508 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

5856

New Name: <u>Abco Wood Recycling L.L.C.</u>	Phone #: <u>(208) 777-2500</u>
Trade Name: <u>Abco Wood Recycling L.L.C.</u>	Fax #: <u>(208) 777-2029</u>
Mailing Address: <u>P.O. Bx 1329</u>	Physical Address: (if different) <u>3175</u>
Street/P.O. Box <u>P.O. Bx 1329</u>	Street <u>W. SELTICE WAY</u>
City, State Zip <u>Post Falls, ID. 83877</u>	City, State Zip <u>Post Falls ID. 83877</u>

USDOT # 1283293 (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): 602-898-086

Individual Partnership Corporation - State of Incorporation ID
(LP, LLP, LLC)

NAME	TITLE	PERCENTAGE OF SHARES
<u>SHAWN Montee</u>	<u>PRESIDENT</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

5434

Current Name: <u>NW TRANSPORT INC</u>	Phone #: <u>(208) 777-2500</u>
Trade Name: <u>NW TRANSPORT INC</u>	Fax #: <u>(208) 777-2029</u>
Mailing Address:	Physical Address: <u>3175</u>
Street/P.O. Box <u>P.O. Bx 1329</u>	Street <u>W SELTICE WAY</u>
City, State Zip <u>Post Falls ID 83877</u>	City, State Zip <u>Post Falls ID 83877</u>

Individual Partnership Corporation - State of Incorporation ID

NAME	TITLE	PERCENTAGE OF SHARES
<u>SHAWN Montee</u>	<u>PRESIDENT</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.

[Signature]
Signature(s)

Feb/4/2010
Date

FILED EFFECTIVE

251



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 JAN 10 PM 2:29

STATE OF IDAHO

1. The name of the limited liability company is:

ABCO WOOD RECYCLING, L.L.C.

2. The street address of the initial registered office is:

110 E. WALLACE AVENUE, COEUR D'ALENE, ID 83814

and the name of the initial registered agent at the above address is:

PAUL W. DAUGHARTY

3. The mailing address for future correspondence is:

110 E. WALLACE AVENUE, COEUR D'ALENE, ID 83814

4. Management of the limited liability company will be vested in:

Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>SHAWN T. MONTEE</u>	<u>2251 Ironwood Center Drive</u> <u>Coeur d'Alene, ID 83814</u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: [Handwritten Signature]

Typed Name: SHAWN T. MONTEE

Capacity: Member

Signature: _____

Typed Name: _____

Capacity: _____

IdahoForm LLC Form 1001 (Rev. 07/2002)

Secretary of State use only

IDAHO SECRETARY OF STATE
01/10/2005 05:08
CK: 7872 CT: 44523 BH: 786318
I @ 100.00 = 100.00 ORGAN LLC # 2
I @ 20.00 = 20.00 EXPEDITE C # 3

Wsh Form

W 35693

02/09/2010 09:42 FAX 800 254 1592

HALLMARK GA Ft Worth

M O C J SPOKANE 002/002

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

5856
(P)

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

(Executed In Triplicate)

Filed with WASHINGTON STATE DEPT. OF TRANSPORTATION (hereinafter called Commission)
(Name of Commission)

This is to certify, that the AMERICAN HALLMARK INSURANCE CO. OF TEXAS
(Name of Company)

(hereinafter called Company) of 777 Main St., Suite 1000, Ft. Worth, Texas 76102
(Home Office Address of Company)

has issued to ABCO Wood Recycling LLC of P.O. Box 1329, Post Falls, Id. 83877
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 8/1/2009 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

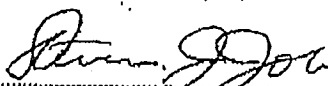
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

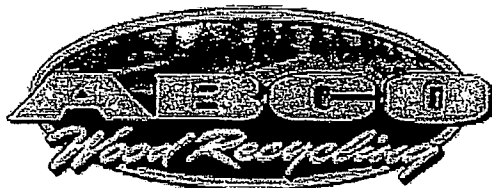
This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 777 Main St., Suite 1000, Fort Worth, Texas 76102
(Street Address) (City) (State) (Zip Code)

this 2nd day of February 20 10

Insurance Company File No. 44CI460941
(Policy Number)


(Authorized Company Representative)



Fax

To: UTC - STATE OF WA From: Mike - Abco Wood Recycling LLC.

Fax: 1-360-586-1181 Pages 2 w/cover

Phone: 1-208-777-2500 Date: 2-23-10

Re: NAME CHANGE ONLY APPLICATION

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:** ATTACHED IS INFO YOU REQUESTED. IF YOU HAVE ANY FURTHER CONTACT ME AT ~~208~~ 777-2500

TO: Abco Wood Recycling LLC.

FROM: NW TRANSPORT INC