

5896

Holder of Permit CC- 61647 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>Dan Easter Trucking, Inc</u>	Phone #: <u>360-687-5277</u>
Trade Name: <u>Dan Easter Trucking, Inc</u>	Fax #: <u>360-687-8087</u>
Mailing Address: <u>1811 SE Grace Ave</u>	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip <u>Battle Ground, WA 98604</u>	City, State Zip
USDOT # <u>1295218</u> <input checked="" type="checkbox"/> (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>602-986-396</u> <input checked="" type="checkbox"/>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WA</u> (LP, LLP, LLC) Inc	
<u>NAME</u>	<u>TITLE</u>
<u>Daniel Easter</u>	<u>President</u>
<u>Jennie Easter</u>	<u>Use President / Treasurer</u>
<u>PERCENTAGE OF SHARES</u>	<u>PERCENTAGE OF SHARES</u>
<u>50%</u>	<u>51% - Per call</u>
<u>50%</u>	<u>49%</u>
	<u>3/10</u>

W43480

CURRENT BUSINESS INFORMATION

Current Name: <u>Dan Easter Trucking</u>	Phone #: <u>360-687-5277</u>
Trade Name: <u>Dan Easter Trucking</u>	Fax #: <u>360-687-8087</u>
Mailing Address: <u>1811 SE Grace Ave</u>	Physical Address:
Street/P.O. Box	Street
City, State Zip <u>Battle Ground, WA 98604</u>	City, State Zip
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____	
<u>NAME</u>	<u>TITLE</u>
<u>Dan Easter</u>	<u>owner</u>
<u>PERCENTAGE OF SHARES</u>	<u>PERCENTAGE OF SHARES</u>
<u>100%</u>	<u>Per call</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.

Daniel M Easter
Signature(s)

3-8-10
Date



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

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME _____

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 sign _____

Date 3/5/10

74-100409

For Commission Use Only

111-2068-200-02 50.00

Received date:

ID: 5896

Insurance:

0019923

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

5896
pending

Filed with WASHINGTON Utility and Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 385 WASHINGTON STREET - SAINT PAUL MN 55102
(Home Office Address of Company)

has issued to DAN EASTER TRUCKING INC US DOT 1295218
(Name of Motor Carrier)

of 1811 Southeast Grace Avenue Battle Ground WA 98604
(Address of Motor Carrier)

a policy or policies of insurance effective from 04/01/2010 12:01 A.M. standard time at the address of the insured stated in said

policy or policies and continuing until canceled 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 canceled 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 385 WASHINGTON STREET - SAINT PAUL MN 55102 this 1st day of April 2010

Insurance Company File No WN023326 Frank T Netcoh
(Policy Number) (Authorized Company Representative)