

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: Lund Transportation 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 04.19.10

For Commission Use Only		APPL-044105B		5998	
111-2068-200-02	50.00	Received date:		ID:	
				Insurance:	

0020840 Auth: 044105B

Holder of Permit CC- 63828 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

Lund Transportation, Inc

New Name: Lund Transportation, Inc Phone #: 360 951 3495

Trade Name: _____ Fax #: 360 767 0603

Mailing Address: 205 SE Winchester Hill Ave Physical Address: (if different)

Street/P.O. Box _____ Street

City, State Zip Chobasco WA 98532 City, State Zip

USDOT # 1012960 (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-regis or contact 360-596-3816 or 360-596-3803 for assistance.)

Unified Business Identifier Number (UBI): 602 990 928

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

NAME	TITLE	PERCENTAGE OF SHARES
<u>Jeffrey Lund</u>	<u>owner</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION 5857

Current Name: Jeffrey A Lund DBA Phone #: 360 951 3495
Lund Enterprises

Trade Name: _____ Fax #: _____

Mailing Address: 205 SE Winchester Hill Ave Physical Address:

Street/P.O. Box _____ Street

City, State Zip Chobasco WA 98532 City, State Zip

Individual Partnership Corporation - State of Incorporation _____

NAME	TITLE	PERCENTAGE OF SHARES
<u>Jeffrey A. Lund</u>	<u>DBA Lund Enterprises</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 4-79-10



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Lund Transportation, Inc.
205 SE Winchester Hill Drive
Chehalis WA 98532

May 17, 2010

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X The Form E we received was in the wrong name. Please contact your insurance agent to obtain a Uniform Motor Carrier Certificate of Insurance (Form E). The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

5998
plus.

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 Continental Western Insurance
(Name of Company)
(herein after called Company) of 11201 Douglas Avenue ,PO BOX 1594 ,Des Moines ,IA ,50306
(Home Address of Company)

has issued to LUND TRANSPORTATION INC of 1924 BISHOP ROAD CHEHALIS WA 98532
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 06/04/2010 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 3320 East Goldstone Way IL 83642 This 04th day of Jun 20 10
Meridian (Address) (Day) (Month) (Year)

Insurance Company File No. MCP2863519BNPG Lindsey Boepple
(Policy No) (Authorized Company Representative)

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