

TV-101267



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

None

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

Credit Card

Amount \$ 50.00

COMPANY NAME: GREEN RIVER LOG SAND & GRAVEL

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 7-21-10

For Commission Use Only

111-2068-200-02

50.00

Received date: _____

51228A

ID: _____

6099

Insurance: _____

8/19/10
Binder

0025388

VI 51228A

Holder of Permit CC- 24075 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

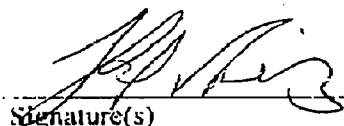
New Name: <u>GREEN RIVER LOGS SAND & GRAVEL LLC</u>	Phone #: <u>425 432 3160</u> <u>206 276 2959</u>						
Trade Name:	Fax #: <u>425 432 8292</u>						
Mailing Address: <u>PO# 1285</u>	Physical Address: (if different)						
Street/P.O. Box MAPLE VALLEY	Street <u>18325 SE 240th ST</u>						
City, State Zip <u>MAPLE VALLEY WA 98043</u>	City, State Zip <u>COVINGTON WA 98042</u>						
USDOT # <u>1876061</u>	(If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or call 360-596-3816 or 360-596-3803 for assistance.)						
Unified Business Identifier Number (UBI): <u>602 019 397</u>							
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WA</u> (LP, LLP, LLC)							
<table border="0"> <thead> <tr> <th>NAME</th> <th>TITLE</th> <th>PERCENTAGE OF SHARES</th> </tr> </thead> <tbody> <tr> <td><u>PAUL O. TEIGE</u></td> <td><u>MGR MEMBER</u></td> <td><u>100%</u></td> </tr> </tbody> </table>		NAME	TITLE	PERCENTAGE OF SHARES	<u>PAUL O. TEIGE</u>	<u>MGR MEMBER</u>	<u>100%</u>
NAME	TITLE	PERCENTAGE OF SHARES					
<u>PAUL O. TEIGE</u>	<u>MGR MEMBER</u>	<u>100%</u>					

CURRENT BUSINESS INFORMATION M 6028

Current Name: <u>PAUL O. TEIGE</u>	Phone #: <u>425-432-3160</u>						
Trade Name: <u>GREEN RIVER LOGS, S&G</u>	Fax #: <u>425-432-8292</u>						
Mailing Address:	Physical Address: 18325 SE 240th ST						
Street/P.O. Box <u>PO# 1285</u>	Street <u>18325 SE 240th ST</u>						
City, State Zip	City, State Zip <u>COVINGTON WA, 98042</u>						
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WA</u>							
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<u>PAUL O. TEIGE</u>	<u>MGR 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.


MGR. OWNER
7-21-10
 Signature(s) Date

THANKS KEAT

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

6099
pending

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

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

has issued to GREEN RIVER LOG, SAND,
& GRAVEL LLC (Name of Motor Carrier) of PO BOX 1285, MAPLE VALLEY, WA, 98038
(Address of Motor Carrier)

A policy or policies of insurance effective from 08/15/2010 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 _____ This 12th day of Jul 20 10
(Address) (Day) (Month) (Year)

Insurance Company File No. 06CC080315 _____
(Policy No) (Authorized Company Representative)

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