

TV-101390



1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 864-1222
Fax (360) 586-1181
Web Site: www.wylo.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 AMEX MasterCard Visa
Credit Card Information (if applicable) Exp Date
Month/Year

Amount \$ 50.00 COMPANY NAME Pete Muller Logging

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: [Signature] Date 8-9-10

For Commission Use Only

111-2068-200-02	Received date:	ID: <u>6122</u>
<u>0025740</u>		Insurance:

50.00

CC-59494

Holder of Permit CC- 59494 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

Pete Muller

New Name: <u>Pete Muller Logging</u>	Phone #: <u>360-482-1363</u>	
Trade Name: <u>7</u>	Fax #: <u>360-482-6396</u>	
Mailing Address: <u>180</u>	Physical Address: (if different)	
Street/P.O. Box <u>Muller Rd</u>	Street	
City, State Zip <u>Montesano, WA 98563</u>	City, State Zip	
USDOT # <u>817561</u> (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>600-509-408</u>		
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____ (LP, LLP, LLC)		
<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Peter E Muller</u>	<u>Owner</u>	<u>100</u>

CURRENT BUSINESS INFORMATION

M-36634

Current Name: <u>Pete Muller Logging & Construction ^{IN}</u>	Phone #: <u>360-482-1363</u>	
Trade Name:	Fax #: <u>360-482-6396</u>	
Mailing Address: <u>180</u>	Physical Address: <u>same</u>	
Street/P.O. Box <u>Muller Rd</u>	Street	
City, State Zip <u>Montesano, WA 98563</u>	City, State Zip	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation _____		
<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Peter Muller</u>	<u>President/Sec</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.

Pete Muller
Signature(s)

8-9-10
Date

6122
pending

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 American States Preferred Insurance Company
(Name of Company)
(herein after called Company) of 4333 Brooklyn Avenue NE, Seattle, WA, 98185
(Home Address of Company)

(DBA) PETE MULLER LOGGING

has issued to PETER MULLER of 180 MULLER RD, MONTESANO, WA, 98563
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 08/06/2010 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 136 N 3rd Street OH 45025 This 24th day of Aug 20 10
Hamilton (Address) (Day) (Month) (Year)

Insurance Company File No. 06-CC-013834
(Policy No)

William Washburn
(Authorized Company Representative)

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