

RECEIVED

AUG 20 2010

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

WASH. UT & TP COMM PROPERTY

(excluding Household Goods carriers and Brokers)

11-101426

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) Month/Year
Amount \$ 50.50 COMPANY NAME: TER Legacy LLC
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 8/17/W
For Commission Use Only
111-2068-200-02 50.00 Received date: 0 90 W ID: 0
CK#54 Insurance: DUVCLC
VURJURE

· · · · · · · · · · · · · · · · · · ·	e UTC for authority to change the name of or elow under 81.80 RCW and WAC 480-14 to:						
	SS INFORMATION						
THE WOODSTAN	S IN ORGANITOR						
New Name: TER Legacy LLC	cy LLC Phone #: 509 - 366-3151						
Trade Name:	Fax #:						
Mailing Address: 48/2 Salvia CT	Physical Address: (if different)						
Street/P.O. Box	Street						
City, State Zip Pasco, w.A. 9930/	City, State Zip						
USDOT #							
Unified Business Identifier Number (UBI):	62979533 0						
□ Individual □ Partnership ☑ Corporation — State of Incorporation(LP, LLC)							
Antonio campos TITLE	PERCENTANGE OF SHARES						
CURRENT BUSIN	ESS INFORMATION						
Current Name: TaR Legaly	Phone #:						
Trade Name:	Fax #:						
Mailing Address: 4812 Salvia CT	Physical Address:						
Street/P.O. Box Street							
City, State Zip Pasco, wA 9930) City, State Zip							
■Individual □ Partnership □ Corporation – State of Incorporation							
NAME ANTONIO CAMPUS OWNE	PERCENTANGE OF SHARES						

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.



CERTIFICATE OF LIABILITY INSURANCE

OPID AW

DATE (MM/DD/YYYY)

09/24/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	NAME				
RIS Insurance Services PO Box 1059 Anacortes WA 98221 Phone:360-293-2135 Fax:360-293-2385	PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: T&RLE-1				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED T&R LEGACY LLC 4812 Salvia Ct	INSURER A: Progressive Insurance Cos.				
	INSURER B :				
Pasco WA 99301	INSURER C:				
	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR I	TYPE OF INSURANCE	ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	GENERAL LIABILITY					EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	. CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC						\$
_	AUTOMOBILE LIABILITY			00 (00 (10		COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
A	ANY AUTO		07645157-0	09/28/10	09/28/11	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	X SCHEDULED AUTOS HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS						\$
			-	-			\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
]	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
A	CARGO/BROAD FORM		07645157-0	09/28/10	09/28/11	\$1000	\$10,000
A	PHYSICAL DAMAGE		07645157-0	09/28/10	09/28/11	\$500/1000	COMP & COLL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

FAX 360-586-1181

CERTIFICATE HOLDER

CANCELLATION

WUTCOOO

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



WASHINGTON UTILITIES & TRANSPORTATION COMMISSION P.O. BOX 47250 OLYMPIA WA 98504-7250