WASHINGTON

UTILITIES AND TRANSPORTION
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TV-101849

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

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.

in the same pro	ortions.													l
		TYI	PE OF	PAY	ME]	<u>NT</u>		_						
□ Cash □ Che Credit Card Information		•	y Order	,	AME	X	□ N	/laste	erCarc	d c	•	isa Date hth/Yes	ar	
Amount \$CERTIFICATION: I, the information is true and coapplicant, and that all info	e undersig	gned, und t I am au	thorized t	y for f to exec	alse si	tatem	ent, ce	ruty	that 1	ne to	llowi	ng	ml	ser
Cardholder's signature: For Commission Use Comm							Date_		·····					
111-2068-200-02 S		Receiv	ed date:	 ·			ID:		62	-16	-			
AAPT		Receiv	ca date.						ice: I		Tun			

Ck# 50032315

Holder of Permit CC- 20 78 7 asks the	e UTC for authority to change the name of or							
	elow under 81.80 RCW and WAC 480-14 to:							
NEW BUSINES	S INFORMATION 6216							
New Name: CASCADE POLE & LUMBER CO. Trade Name: CASCADE POLE & LUMBER CO.	Phone #: 253-572-3033							
Trade Name: CASCADE POLE LUMBER Co.	Fax #: 253-621-6887							
Mailing Address: P.O. Box 1496	Physical Address: (if different) 1640 E MARC							
Street/P.O. Box 1640 E MARC	Street							
City, State Zip TACONA, WA 98401	City, State Zip TACOMA WA 98421							
USDOT #_534588 (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): 278-008-953								
□ Individual □ Partnership ☑ Corporation — State of Incorporation WA (LP, LLP, LLC) NAME TITLE PERCENTANGE OF SHARES								
								
	INC 100%							
METARO CASCADE PROGRAM	,TNC. 100%							
	IESS INFORMATION M6[47							
CURRENT BUSIN	IESS INFORMATION							
CURRENT BUSIN Current Name: CASCADE POLE C Trade Name: CASCADE POLE C	ESS INFORMATION							
CURRENT BUSIN Current Name: CASCADE POLE C Trade Name: CASCADE POLE C Mailing Address: PO BOX 1496	Phone #: 253-572-2033 Fax #: 253-627-6887 Physical Address:							
CURRENT BUSIN Current Name: CASCADE POLE C Trade Name: CASCADE POLE C Mailing Address: PO BOX 1496 Street/P.O. Box 1640 E MARC	Phone #: 253-572-2033 Fax #: 253-627-6887 Physical Address: Street							
CURRENT BUSIN Current Name: CASCADE POLE CA	IESS INFORMATION							
CURRENT BUSIN Current Name: CASCADE POLE CA	IESS INFORMATION							
CURRENT BUSIN Current Name: CASCADE POLE CA	Phone #: 253-572-2033 Fax #: 253-627-6887 Physical Address: Street City, State Zip On - State of Incorporation \(\mathreau\)A PERCENTANGE OF SHARES							
Current Name: CASCADE POLE CASC	Phone #: 253-572-2033 Fax #: 253-627-6887 Physical Address: Street City, State Zip PERCENTANGE OF SHARES							
Current Name: CASCADE POLE CASC	Phone #: 253-572-2033 Fax #: 253-627-6887 Physical Address: Street City, State Zip On - State of Incorporation WA							

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



FAX TRANSMITTAL

TO:

Ken Chapman

COMPANY:

State of Washington

FAX NUMBER:

360-586-1181

DATE:

December 9, 2010

SUBJECT:

Re: Common Carrier Application

FROM:

Christy Cloud, Transportation Coordinator

FAX: (253) 382-3103

TOTAL NUMBER OF PAGES (including this cover sheet): If you do not receive all pages, PLEASE call (253) 572-3033 ext. 3303 or 888-418-4283

Hi Ken,

Please withdraw our Common Carrier application for name change for Cascade Pole Company and refund our money.

Thank you,

Christy Cloud

Transportation Coordinator

McFarland Cascade Pole and Lumber Company

PO Box 1496

Tacoma, WA 98421

christyc@ldm.com

Tel: 888-418-4283

Fax: 253-382-3103