

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222

Fax (360) 586-1181 Web Site: <u>www.wutc.wa.gov</u>

TV-102037

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.

III tile s	same proportion				
		TYPE OF PAYM	<u>MENT</u>		
□ Cash	□ Check	□ Money Order			
Credit Card Info	ormation (if appli	cable)	ľ		Eap Date Month/Vear
Amount \$ 5	D. 00	COMPANY NAME:_	UniGn	oup, Inc.	* ***********************************
information is t	rue and correct, the	signed, under penalty for fathat I am authorized to execute on on file is current and valid	ate and file t		
Cardholder's si	gnature: Lau	ul E Soykin Recephon # 000	 2 9516	Pate/2 -/6	- 10
For Commissi	on Use Only	1,00		6240	7
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50.				Insurance:	
		AND MARKET MARKET			

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Holder of Permit CC62979	asks the UTC for authority to change the name		
of or the business structure of the carrier n	amed below under 81.80 RCW and WAC 480-14		
to:			
NEW BUSINE	ESS INFORMATION		
	DI		
New Name: United Mayflower Container	Phone #: 800-438-2726		
Services, LLC			
Trade Name:	Fax #: 636-305-6298		
Mailing Address:	Physical Address: (if different)		
Street/P.O. Box: One Premier Drive	Street		
City, State Zip: Fenton, MO 63026	City, State Zip		
USDOT # 1483713	(If you don't have one, you can apply online at		
	-596-3816 or 360-596-3803 for assistance.		
www.fmcsa.dot.gov/online-registration or contact 360-			
www.fmcsa.dot.gov/online-registration or contact 360- Unified Business Identifier Number (UBI):	602-662-981		
Unified Business Identifier Number (UBI):			
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor	ration – State of Incorporation - Missouri		
Unified Business Identifier Number (UBI):	ration – State of Incorporation - <u>Missouri</u>		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor (LP, LLP,	ration – State of Incorporation - <u>Missouri</u> LLC) PERCENTANGE OF SHARES		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor (LP, LLP, NAME TITLE	ration – State of Incorporation - <u>Missouri</u> LLC) PERCENTANGE OF SHARES		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor (LP, LLP, NAME TITLE) Transportation Services, Group, Inc	ration – State of Incorporation - Missouri LLC) PERCENTANGE OF SHARES 100%		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor (LP, LLP, NAME TITLE) Transportation Services, Group, Inc	ration – State of Incorporation - <u>Missouri</u> LLC) PERCENTANGE OF SHARES 100%		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor (LP, LLP, NAME TITLE Transportation Services, Group, Inc CURRENT BUSI	ration – State of Incorporation - Missouri LLC) PERCENTANGE OF SHARES 100% INESS INFORMATION 5349		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor (LP, LLP, NAME TITLE) Transportation Services, Group, Inc CURRENT BUSICAL CURRENT BUS	ration – State of Incorporation - Missouri LLC) PERCENTANGE OF SHARES 100% INESS INFORMATION 5349 Phone #: 800-438-2726		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor (LP, LLP, NAME TITLE) Transportation Services, Group, Inc. CURRENT BUSI Current Name: SAM (Store and Move), LLC Trade Name:	Phone #: 800-438-2726 Fax #: 636-305-6298		
Unified Business Identifier Number (UBI): Individual Partnership X Corpor (LP, LLP, NAME TITLE Transportation Services, Group, Inc CURRENT BUSI Current Name: SAM (Store and Move), LLC Trade Name: Mailing Address:	ration – State of Incorporation - Missouri LLC) PERCENTANGE OF SHARES 100% INESS INFORMATION Phone #: 800-438-2726 Fax #: 636-305-6298 Physical Address:		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpon (LP, LLP, NAME) Transportation Services, Group, Inc. CURRENT BUSI Current Name: SAM (Store and Move), LLC Trade Name: Mailing Address: Street/P.O. Box: One Premier Drive City, State Zip: Fenton, MO 63026	ration – State of Incorporation - Missouri LLC) PERCENTANGE OF SHARES 100% INESS INFORMATION Phone #: 800-438-2726 Fax #: 636-305-6298 Physical Address: Street: One Premier Drive		
Unified Business Identifier Number (UBI): □ Individual □ Partnership □X Corpor (LP, LLP, NAME TITLE) Transportation Services, Group, Inc CURRENT BUSIC Current Name: SAM (Store and Move), LLC Trade Name: Mailing Address: Street/P.O. Box: One Premier Drive City, State Zip: Fenton, MO 63026	PERCENTANGE OF SHARES 100% INESS INFORMATION Phone #: 800-438-2726 Fax #: 636-305-6298 Physical Address: Street: One Premier Drive City, State Zip: Fenton, MO 63026 ration — State of Incorporation - Missouri		

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): Thomas K. McCormick, President

Date

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

Filed with Washington Utilities & Transportation Commission (Name of Agency) This is to certify that the Vanliner Insurance Company (Name of Company)
(herein after called Company) of One Premier Drive ,St. Louis ,MO ,63026 (Home Address of Company) UNITED MAYFLOWER has issued to <u>CONTAINER SERVICE</u> ONE PREMIER DRIVE FENTON MO ,63026 (Address of Motor Carrier) (Name of Motor Carrier) A policy or policies of insurance effective from 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 dupticate 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. One Premier Drive Countersigned at St Louis This 03rd day of Jan 63026 (Month) (Year) (Address) (Day) Insurance Company File No. TRT5073400 Richard Mayo (Policy No) (Authorized Company Representative)

Liability Limit :1,000,000.00

Underlying Limit:0.00