

Corporations Division

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HTI, LLC

UBI Number	602928624
Category	LLC
Profit/Nonprofit	Profit
Active/Inactive	Active
State Of Incorporation	WA
WA Filing Date	06/01/2009
Expiration Date	06/30/2011
Inactive Date	
Registered Agent Information	
Agent Name	RUTH CARLISLE
Address	1560 HIGHLAND DR
City	ZILLAH
State	WA
ZIP	98953
Special Address Information	
Address	
City	
State	
Zip	

FYI
 ← Looks like seed
 state hasn't entered
 a 2011 filing for HTI.LLC

Governing Persons

Title	Name	Address
Manager	CARLISLE, RUTH	ZILLAH, WA

[Purchase Documents for this Corporation »](#)

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REINSTATEMENT

TV111450

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250
 Olympia, WA 98504-7250
 Telephone (360) 664-1222 - Fax (360) 586-1181
 Intrastate Common Carrier Operating Authority
APPLICATION FOR PERMIT
 (excluding Household Goods and Common Carrier Brokers)

VISA

FOR OFFICIAL USE ONLY

Reception Number: 033449	Safety: E-0-4	Carrier ID#: 5077
111 0268 200 02 100.-	Insurance: Home 8-10-4	Employee: lwe

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
 (Must be filed within 10 months of cancellation)

For Commission Use Only
 Auth # **030071**

Business Check Card TYPE OF PAYMENT **HTI, LLC CARD**

Check Money Order Amex Discover Mastercard Visa

Expiration Date _____

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.

Name (printed): Ruth Carlisle Date: August 9, 2011

Signature: _____ Title: Manager

MOTOR CARRIER IDENTIFICATION

CC#: 22880	US DOT# 601779	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-928624
APPLICANT NAME: HTI, LLC / Ruth Carlisle		PHONE#: 509-829-5421
d/b/a: HTI, LLC	FAX #: _____	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1560 Highland Drive		
(city, state, zip) Zillah, WA 98953		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA
(LP, LLP, LLC)

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Ruth Carlisle manager/owner 100% ✓

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: HTI, LLC PERMIT NUMBER: CO 22880
Ruth Carlisle ✓ 8-9-2011
Signature of current permit holder Date

INSURANCE REQUIREMENTS (must check one)

(Permit will not be issued until acceptable insurance is received)

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating—\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.
- The applicant WILL NOT HAUL hazardous materials in any quantity — \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.
- The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.
- The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
<u># See Attached List</u> ✓			

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Ruth Carlisle Aug 9, 2011
Signature(s) Date

EQUIPMENT LIST

Ruth

Supplement to Binder # B10072900819
Conover Insurance, Tran

HTI LLC

HTI, LLC

07/29/2010

Vehicle List

*year, make #
VIN #*

Year	Make/Model VIN	Coverage	Deductible
2000	*Internatio/Convention #1 2HSCNAMR2YC07294 - 2HSCNAMR24 #1 C072194	Comprehensive Collision	1,000 1,000
2002	*Internatio/Convention 2HSCNAMR12C026168 #4	Comprehensive Collision	1,000 1,000
1984	Fruehauf/Flatbed Tr. 1H4P04502EF080502	Comprehensive Collision	1,000 1,000
1972	Trailmobil/Pup Flatbe WA86125756	Comprehensive Collision	1,000 1,000
1979	Alloy/Flatbed Tr 79041	Comprehensive Collision	1,000 1,000
1972	Trailmobil/Pup Flatbe J20974	Comprehensive Collision	1,000 1,000
1973	Brown/Dolly Trai S737005	Comprehensive Collision	1,000 1,000
1966	Brown/Dolly Trai WA66125757	Comprehensive Collision	1,000 1,000
2000	*Internatio/Convention #10 2HSCEAMR9YC071125	Comprehensive Collision	1,000 1,000
1998	*Internatio/Convention #11 1HSRSMR8WH556218 - 1HSRSMR8WH #4 556218	Comprehensive Collision	1,000 1,000
1996	*Internatio/Convention #5 1HSRDALR8TH217384	Comprehensive Collision	1,000 1,000
1996	*Internatio/Convention #7 1HSRDALR3TH217387	Comprehensive Collision	1,000 1,000
1996	*Internatio/Convention #3 1HSRDALR9TH217393	Comprehensive Collision	1,000 1,000
1996	*Internatio/Convention #13 1HSRDALRXTH217385	Comprehensive Collision	1,000 1,000
1996	*Internatio/Convention #2 1HSRDALR5TH217391	Comprehensive Collision	1,000 1,000
2002	*Internatio/Convention #6 2HSCEAMR82C033232	Comprehensive Collision	1,000 1,000
1980	*Chevrolet/Service Va #20 CPM32A3303265	Comprehensive Collision	1,000 1,000

*Insured
with
Ed
Chadwick
Yakima*

*#8 Back
up*

*#
Missing #9 - 200
International Tractor
2HSCEAMR52C035052*

*#12 2005 Int. Convention
VIN# 3HSCNAPR45N0
51855*

Supplement to Binder # B10072900819
 Conover Insurance, Tran

HTI LLC

07/29/2010

Vehicle List

(Continued)

Year	Make/Model VIN	Coverage	Deductible
1973	Peerless/Flatbed 736905	Comprehensive Collision	1,000 1,000
1979	Alloy/Flatbed 79040	Comprehensive Collision	1,000 1,000
1979	Trailmobil/Flatbed T51194	Comprehensive Collision	1,000 1,000
1980	Trailmobil/Flatbed V50478	Comprehensive Collision	1,000 1,000
1980	Daco/Flatbed 02374	Comprehensive Collision	1,000 1,000
1966	Utility/Flatbed Tr 6L60143003	Comprehensive Collision	1,000 1,000
1975	Trailmobil/Flatbed Tr L20792	Comprehensive Collision	1,000 1,000
1978	Comet/Flatbed Tr 77821703	Comprehensive Collision	1,000 1,000
1968	Alloy/Flatbed Tr 68882	Comprehensive Collision	1,000 1,000
1964	Peerless/Flatbed Tr 644794	Comprehensive Collision	1,000 1,000
1973	Trailmobil/Flatbed Tr K20584	Comprehensive Collision	1,000 1,000
1965	Utility/Flatbed Tr 44137	Comprehensive Collision	1,000 1,000
1966	Utility/Flatbed Tr 44798	Comprehensive Collision	1,000 1,000
1965	Utility/Flatbed Tr 44135	Comprehensive Collision	1,000 1,000
1968	Trailmobil/Flatbed Tr E20036	Comprehensive Collision	1,000 1,000
1968	Alloy/Dolly Trail 68878	Comprehensive Collision	1,000 1,000
1985	Utility/Dolly Trail 1UYDD1003FC262115	Comprehensive Collision	1,000 1,000

5577
pending

CC22880

**FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**
(hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)
P.O. BOX 277 SO SIOUX CITY NE 68776

has
issued to: **HTI LLC**
1560 HIGHLAND DR
ZILLAH WASHINGTON 98953

a policy or policies of insurance effective from **8/08/11** 12:01 A.M, standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at **1100 W 29TH ST SOUTH SIOUX CITY NE 687760277**
this **9 TH** day of **AUGUST 2011**
Insurance Company File No. **GWP88441A**
1011 (Policy Number)


Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

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ORIGINAL