

TV-111788

#6085

Attn: Colleen

Holder of Permit CC- 62169 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

New Name: Peninsula Distribution Phone #: 360-340-6783

Trade Name: Service Incorporated Fax #: NA

Mailing Address: 3839 SW Huckleberry Rd Physical Address: (if different) ---

Street/P.O. Box Port Orchard, WA Street ---

City, State Zip 98367 City, State Zip ---

USDOT # 1449081 (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): 602 805 500 1 OK

Individual Partnership Corporation - State of Incorporation WA
(LP, LLP, LLC)

NAME	TITLE	PERCENTAGE OF SHARES
<u>Jeff Connelly</u>	<u>President</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

m44206

Current Name: Jeff Connelly Phone #: 253-988-4533

Trade Name: Peninsula Distribution Fax #: NA

Mailing Address: 3839 SW Huckleberry Rd Physical Address: Same

Street/P.O. Box --- Street ---

City, State Zip Port Orchard, WA 98367 City, State Zip ---

Individual Partnership Corporation - State of Incorporation ---

NAME	TITLE	PERCENTAGE OF SHARES
<u>Jeff Connelly</u>	<u>Owner</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.

Jeff Connelly
Signature(s)

10/4/11
Date

#6085

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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 App'd 135993

Cash Check Money Order AMEX MasterCard Visa
 Exp Date
 Credit Card Information (if applicable) Month/Year

Amount \$ 50.00 COMPANY NAME: Peninsula Distribution Service Inc.

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: Jeff Cornoff Date 10/4/11

<i>For Commission Use Only</i>		
111-2068-200-02 <u>\$50.-</u>	Received date:	ID:
<u>AMEX</u>		Insurance:

Receipt # 033742

6685
pending
RECEIVED

OCT 05 2011

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

WASH. UT. & TP. COMM

(EXECUTED IN TRIPLICATE)

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

This is to certify, that the **Mutual of Enumclaw Insurance Company #1359**

(hereinafter called Company) of **1460 Wells Street, Enumclaw WA 98022**

has issued to **PENINSULA DISTRIBUTION SERVICE INC** of **3839 HUCKLEBERRY RD PORT ORCHARD WA 98367**

a policy or policies of insurance effective from **08/31/2011 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 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 cancelled without cancellation of the policy to which it is attached. Such cancellation may be affected 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 **1460 Wells St, Enumclaw WA 98022**

this **20TH** day of **SEPTEMBER** 2011.

Insurance Company File No: **CPP0007942**


(Authorized Company Representative)