

TV-111792



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

TYPE OF PAYMENT

\$989.538

Cash
 Check
 Money Order
 AMEX
 MasterCard
 Visa
 Exp Date _____
 Month/Year _____

Credit Card Information (if applicable)

Amount \$ 50.00

COMPANY NAME: COURTIERS NW

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 10-10-11

For Commission Use Only

111-2068-200-02 *\$50.-*

Received date: _____

ID: m33786

Master Card

Insurance: 11/30/11

Reception # 033759

Budley

TY-111792

Holder of Permit CC- 58408 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

TYAN, Bruce W

New Name: <u>COURIERS NW</u>	Phone #: <u>253-220-8013</u>		
Trade Name:	Fax #: <u>253-220-8982</u>		
Mailing Address:	Physical Address: (if different)		
Street/P.O. Box <u>98598</u>	Street <u>6624 S. 196TH ST #J-103</u>		
City, State Zip <u>SEATTLE, WA 98198</u>	City, State Zip <u>KENT, WA 98032</u>		
USDOT # _____ (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): <u>601-659-768</u>			
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____ (LP, LLP, LLC)			
<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>BRUCE TYAN</u>	<u>OWNER</u>	<u>21911 39TH PL S, KENT, WA 98032</u>	<u>100</u>

CURRENT BUSINESS INFORMATION WV 38002

Current Name: <u>NORTHWEST COURIERS, INC</u>	Phone #: <u>253-220-8013</u>		
Trade Name:	Fax #: <u>253-220-8982</u>		
Mailing Address: <u>90</u>	Physical Address:		
Street/P.O. Box <u>98662</u>	Street <u>21911 39TH PL S.</u>		
City, State Zip <u>SEATTLE WA 98198</u>	City, State Zip <u>KENT, WA 98032</u>		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (LP, LLP, LLC) State of Incorporation <u>WA</u>			
<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>BRUCE TYAN</u>	<u>PRESIDENT</u>	<u>21911 39TH PL S, KENT, WA 98032</u>	<u>55</u>
<u>MARK TYAN</u>	<u>V-P</u>	<u>35145 MONAT AV, WILSONIA, CA 92595</u>	<u>45</u>

60 Pgs
40
Record

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]
Signature(s)

10-10-11
Date

Client#: 14655

COURNW

*Penans
M 33796*

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2011

PRODUCER
Bell-Anderson Ins. - Kent C/L
600 SW 39th St, Ste 200
Renton WA 98057

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

mcg-

*Per call
Benjamin Hathaway Homestead*

INSURED
Bruce Tyau, Individually,
DBA: Couriers NW
PO Box 98662
Seattle WA 98198

INSURERS AFFORDING COVERAGE	
INSURER A:	Gornhusker Casualty Company
INSURER B:	Brookwood Insurance
INSURER C:	Great American Insurance Co
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	WBP002202	01/07/2011	01/07/2012	EACH OCCURRENCE	\$1,000,000
B		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	OBP001478	01/07/2011	01/07/2012	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$
A		AUTOMOBILE LIABILITY	WAA100108	01/07/2011	01/07/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		GARAGE LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> ANY AUTO				AGGREGATE	\$
							\$
		EXCESS / UMBRELLA LIABILITY					\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				OTH-ER	
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
C		OTHER CARGO	IMP791707904	01/07/2011	01/07/2012	\$50,000 Per Vehicle	
						\$100,000 Any One Loss	
						\$1,000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: Evidence of Insurance

CERTIFICATE HOLDER

Washington Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

James D. [Signature]