TC-120237-AN



1300 S. Evergreen Park Dr. SW 9.0. Box 47250 Olympia, WA 98564-7230 Phone: 360-584-1222 Fax: 360-586-181 TTY: 360-586-8203

or 1-800-416-5289 E-mail, <u>Transpormpon@wate,we.sus</u>

Type of Passe	enger Transportation Aut	hority Requested (che	ck one box	() Fee Required
Auto Transportatio New Certificate (\$ 200
Do you pla Extension of Ext	n on providing charter/excursion	n service	□ Yes	□ Ne
WATCHSION OF EXI	sting Auto Transportation Certi s 1-8. Submit a proposed tariff an			\$ 150
	nto Transportation Authority –		Making a county or season of the season of t	
☐ All of Certificate ☐ Portion of Certific		Complete sections 1-8 and A	ttachment B.	\$ 200
sections 1-8 and A		med permanent application)	oorary authorii - Complete	ty to \$ 150
Name Change (Conchange the surn	change company's corporate name, ame of an individual owner or para	charge a trade name, add a mer) Complete section 1 and		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
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Credit Card Information		ard □ Visa		Expiration Date Month/Year 3 / 4
Amount: \$ 35 00 Cardholder's signature:	Company Na	ame: TMS TNC. Date: 2-19	1-17	dans dans
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Date Filed:	Docket #:	Motean: 1400	Cert. Iss	sued:
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The state of the s	ANTONO DATE OF THE PROPERTY OF	111-0268-230-02:	111-026	8-230-01:

2009 (Licensing Services

SECTION 1 – APPLICATION INFORMATION Trails Inc. Name of Applicant: Evergreen Coach Trade Name(s) (if applicable) the Hovizon Unified Business Identification Number (UBI): 578-012-345 (If you do not know your UBI number or need to request one contact the Department of Licensing at (360)6641400) E-mail: horgoncoadines.com Phone Number: (316) 626-5221 Fax Number: (24) 626-5207 Mailing address (if different from Business Address) Physical Address Street: 4500 W. Marginal Chay, Siv Street: City: State/Zip: WA. 98/36 State/Zip:_ SECTION 2 – COMPANY INFORMATION Type of business structure: □ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC)_ List the name, title, and percentage of partner's share or stock distribution for major stockholders: Stock Distribution or Percentage of Shares Title <u>Name</u> Provide the following documents with your application: A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051 Support statements for temporary authority (if applicable) Describe the proposed service including the line, route, or service territory description in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions. State the conditions that justify the granting of this application. Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve? □ No ☐ Yes If yes, list the names and addresses of companies

ATTACHMENT C

AUTO TRANSPORTATION NAME CHANGE (WAC 480-30-146)

A company must file a name change application to change its corporate name, change its trade name, add a trade name to a certificate, or change the surname of an individual owner or partner to reflect a change resulting from marriage or other legal action. If a name change results from a change in ownership the company must file an application to transfer the conficate.

Copies of any corp	orate minutes or other lega	tal documents authorizing the name change and with the Department of Livensing, Office of the Secretary of State.
or other agencies, a	s may be required	so with the Department of Libersing, Office of the Secretary of State.
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Current Name on Certificate		
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Address		and the state of t
(204) 624 - 5221	_ (206) 626-5	5209 partness whorey on case Dines. com
Phone Number	Fax Nu	umber E-mail address
If a corporation, list the name stockholders under current name	, title, and percentage of page:	partner's share or stock distribution for major
<u>Name</u>	Title	
TIMS WEST COAST	TUL	106/
New Trade Name (if applicable	Horizon Couch	Lines UBIH 578 012 845 utner's share or stock distribution for major stockholders under the new name.
<u>Name</u>	<u>Title</u>	Stock Distribution or Percentage of Shares
TMS WEST COAST	INC	100/
You must file a new tariff using	g the same rate levels as ou mat attached to the applica	nurrently on file, or adopt the current tariff in the new name. Faile a new ation or an approved alternate form. Indicate which option you will use:
·		
I certify under penalty of perju- correct.	y under the laws of the sta	ate of Washington that the information ontained in this application is true and
Care A	7	
Print Nanc of Applican Signature and Title of Applican	CONNOR	
Ullin	00	2-14-12 PALM BEACH FL
Signature and Title of Applican		2-14-12 PALM BEACH, FL Date, County, State

4500 W. Marginal Way, SW Seattle, WA. 98106 206.626.5221 206.626.5209 Fax pgrytness@horizoncoachlines.com

Washington State UTC

HORIZON COACH LINES

PETTER GRYTNESS, DIRECTOR OF SAFETY, TRAINING & SECURITY

Petter Grytness



To:

Fax:	(360) 586-1181		Pages:	4 including cover	
Phone:	(360) 664-1222		Date:	2/15/2012	
Re:	Trade Name Change Application		cc:		
🗌 Urge	nt 🛚 For Review	☐ Please Comm	nent	□ Please Reply	☐ Please Recycle
• Com	ments:	·			
Attacher as follow		oplication to formally o	change (our trade name. Th	ne name change will be
Current	Name:				
Evergre	en Trails Inc, dba Gray	Line of Seattle			
New Na	ame:				
Evergre	en Trails Inc. dba Horiz	zon Coach Lines			
Thanky	ou. Please let me kno	w if you need anythin	g furthe	r.	
Sincere	ly, Petter Grytness				

From: