

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

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

Amount \$ _____ COMPANY NAME: _____

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 _____

m-04013

For Commission Use Only

111-2068-200-02	Received date:	ID: <i>6985</i>
938328		Insurance:

TV-120485
6885

Holder of Permit CC-58113 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

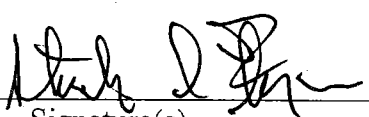
New Name: <u>J+L ENTERPRISES LLC</u>	Phone #: <u>360 791-7283</u>	
Trade Name: <u>DBA STAN FYE TRUCKING</u>	Fax #: <u>360 289 0750</u>	
Mailing Address: <u>PO BOX 519</u>	Physical Address: (if different)	
Street/P.O. Box	Street <u>134 MARINE VIEW DR</u>	
City, State Zip <u>OCEAN SHORES WA 98569</u>	City, State Zip <u>OCEAN SHORES WA</u>	
USDOT # <u>667 307</u> (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>603-191-0B</u>		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WA</u> (LP, LLP, <u>(LLC)</u>)		
<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>STAN FYE</u>	<u>OWNER</u>	<u>51</u>
<u>LANA FYE</u>	<u>CO-OWNER</u>	<u>49%</u>

CURRENT BUSINESS INFORMATION

Current Name: <u>STAN FYE TRUCKING LLC</u>	Phone #: <u>360 791 7283</u>	
Trade Name:	Fax #: <u>360 289-0750</u>	
Mailing Address: <u>PO Box 519</u>	Physical Address:	
Street/P.O. Box	Street	
City, State Zip <u>OCEAN SHORES WA 98569</u>	City, State Zip	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation _____		
<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>STAN FYE</u>	<u>OWNER</u>	<u>51</u>
<u>LANA FYE</u>	<u>CO-OWNER</u>	<u>49%</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.


 Signature(s) _____ Date 4-10-12

6885

WN063127

CC-58113

Form E
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
 DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

Filed with WASHINGTON Utilities & Transportation Comm (hereinafter called Commission)
 (Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
 (Name of Company)

(hereinafter called Company) of 385 Washington Street, Saint Paul, MN 55102
 (Home Office Address of Company)

has issued to S & L ENTERPRISES LLC dba STAN FYE TRUCKING
 (Name of Motor Carrier)

of P O BOX 519 OCEAN SHORES WA 98569
 (Address of Motor Carrier)

a policy or policies of insurance effective from 04/10/2012 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 385 Washington Street, Saint Paul, MN 55102 this 12th day of April, 2012
 (Address)

Insurance Company File No. WN063127
 (Policy Number)

[Signature]
 Authorized Company Representative