

TY 121357

AUG. 9. 2012 2:04PM Licensing Services

No. 5397 P. 2



Jack Munch

1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 684-1222
Fax (360) 586-1181
Web Site: www.wta.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

011702

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

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: TU Enterprises LLC

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: Lucas Munch Date 8-15-2012

For Commission Use Only

111-2068-200-02	Received date:	ID:
039483		Insurance

Becker rec'd

50.00

Aug. 9. 2012 2:04PM Licensing Services

See Replacement
No. 5397 P. 3
7007

64233

Holder of Permit CC-742604 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: TU Enterprises LLC	Phone #: 360-306-8184
Trade Name:	Fax #: same
Mailing Address: PO Box 1015	Physical Address: (if different)
Street/P.O. Box	Street 321 Fleur Valley DR
City, State Zip Maple Falls WA 98266	City, State Zip Maple Falls WA 98264

USDOT # 1545619 (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): 603189004

Individual Partnership Corporation - State of Incorporation WA per SOS

NAME	TITLE	PERCENTAGE OF SHARES

CURRENT BUSINESS INFORMATION

Current Name: Jack Munch DBA	Phone #: 360-306-8184
Trade Name: JLM Enterprises	Fax #: same
Mailing Address: Same as above	Physical Address: Same as above
Street/P.O. Box	Street
City, State Zip	City, State Zip

Individual Partnership Corporation - State of Incorporation

NAME	TITLE	PERCENTAGE OF SHARES
JACK H. Munch		100% - per WUTC 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.

Jack H. Munch
Signature(s)

8-15-2012
Date

Aug. 9. 2012 2:04PM Licensing Services

64233

Holder of Permit CC-742604 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: TU Enterprises LLC	Phone #: 360-306-8184
Trade Name:	Fax #: same
Mailing Address: PO Box 1015	Physical Address: (if different)
Street/P.O. Box	Street 321 Fair Valley DR
City, State Zip Maple Falls WA 98266	City, State Zip Maple Falls WA 98266
USDOT # 1545619 (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): 603182004	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation WA per SOS (LP, LLP, LLC)	
<u>NAME</u>	<u>TITLE</u>
Jack A Munch	owner
Teresa L Munch	owner
<u>PERCENTAGE OF SHARES</u>	
60%	
30%	

CURRENT BUSINESS INFORMATION

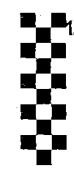
Current Name: Jack Munch DBA	Phone #: 360-306-8184
Trade Name: JLM Enterprises	Fax #: same
Mailing Address: Same as above	Physical Address: Same as above
Street/P.O. Box	Street
City, State Zip	City, State Zip
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation	
<u>NAME</u>	<u>TITLE</u>
JACK A Munch	
<u>PERCENTAGE OF SHARES</u>	
100% - per WAC	

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.

Teresa L Munch
Signature(s)

8-15-2012
Date



From TU Enterprises LLC

- O 360-306-8184
- C 360-920-3568 Jack
- 360-920-1664 Lynn



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/20/2012

PRODUCER A-1 TRUCK INSURANCE AGENCY 15265 SW ALEXANDER STREET ALOHA, OREGON 97006		Phone 503-356-9303 Fax 503-591-9370	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.
INSURED TU ENTERPRISES LLC 321 FLAIR VALLEY DR MAPLE FALLS, WA 98266		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: NORTHLAND INSURANCE COMPANY	
		INSURER B:	
		INSURER C:	
		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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	WN090641	4/10/2012	4/10/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER PHYSICAL DAMAGE MOTOR TRUCK CARGO	WN090641 WN090641	4/10/2012 4/10/2012	4/10/2013 4/10/2013	100COLL/COMP DED 100,000 CARGO BROADFORM CARGO

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
PER SCHEDULE OF VEHICLES ON FILE WITH COMPANY

CC64233
 360-586-1150 ATTN KEN

CERTIFICATE HOLDER

WASHINGTON UTILITY
 TRANSPORTATION COMMISSION
 P.O. 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 30 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
Kristin S Bongiorno