

TG-130088-AT



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A SOLID WASTE COLLECTION COMPANY UNDER CHAPTER 81.77 RCW

1300 South Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250

PHONE 360-664-1222
FAX 360-586-1181
TTY 360-586-8203 TTY TOLL FREE 1-800-416-5289
WEBSITE: www.utc.wa.gov
The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133.

Type of Solid Waste Authority Requested	Fee Required
<input type="checkbox"/> Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<input type="checkbox"/> Temporary Authority (to meet an immediate or urgent need) - Complete entire application and Attachment A	\$ 25
New Permanent Authority (including extension of authority)- (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form	\$200
<input type="checkbox"/> New Certificate	
<input type="checkbox"/> Extension of Existing Certificate No. G-_____	
Permanent Authority to Transfer (WAC 480-70-090) (check appropriate box below) - Complete entire application and Attachments B	\$200
<input type="checkbox"/> All of Certificate No. G-_____	
<input type="checkbox"/> Portion of Certificate No. G-_____	
<input type="checkbox"/> Reinstatement of Cancelled Certificate (must be filed within 30 days of cancellation) -Include a statement justifying the reinstatement and complete sections 1, 2 and 8	\$200
<input checked="" type="checkbox"/> Name Change - does not include changes resulting in change in ownership - Complete section 1 and Attachment C	\$ 35
<input type="checkbox"/> Mortgage of Certificate - Complete section 1 and Attachment D	\$ 35
Lease of Authority - Complete entire application and Attachment B	\$200
<input type="checkbox"/> All of Certificate	
<input type="checkbox"/> Portion of Certificate No. G -_____	

*Transfer of G-191
Fr: Tom Courtney*

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: TOM COURTNEY Mountain Barge Services LLC		
Trade Name(s) (if applicable): STEHEKIN MAINTENANCE & MACHINERY		
Phone Number: ()	Fax Number: ()	E-Mail:
Business Address		Mailing address (if different from Business Address)
Street		Street
City		City
State/Zip		State/Zip

FOR OFFICIAL USE ONLY			
Date Filed: 1/17/13	Docket #: TG-	Tariff: 7151	Permit Issued G-
Staff Assigned:	Insurance	ID#: 7151	Map:
DOL/SOS	Reception #: 010000	227-02: 032-05:	Related App ID:

#35 #3004

ATTACHMENT C

CHANGE OF CORPORATE/INDIVIDUAL/TRADE NAME
(WAC 480-70-121)

RECEIVED

JAN 17 2013

WASH UT & TP COMM

An application for change of corporate/individual name must be filed to change the name or trade name on the certificate, and must not involve a change in ownership, management, or control.

You must include applicable documentation supporting your request for change of name. Specifically, you must include a copy of any corporate minutes, partnership agreements, and/or other proof that the new name or trade name is properly registered with the Department of Licensing, Secretary of State, and/or other appropriate state agencies.

Tom H Courtney M41598
Current Name on Certificate
DBA STEHEKIN MAINTENANCE AND MACHINERY
Current Trade Name on Certificate
1222 W WOODIN AVE. P.O. Box 2638 CHELAN, WA. 98816
Address
509 682 2493 SAME ~~mb~~mbs@nwi.net
Phone Number Fax Number E-mail address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

I request the name on Solid Waste Certificate G- 191 be changed to:
MOUNTAIN BARGE SERVICES LLC 603-257-030
New Name UBI Number

New Trade Name (if applicable)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:
THOMAS COURTNEY (SOLE MBR)

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name. To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:

- Adopt
- File a new tariff

I certify that this information is true and correct, and that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

THOMAS COURTNEY
Print name of Applicant
Thomas Courtney
Signature and Title of Applicant

01/15/2013 CHELAN, WA.
Date, County, State

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

MOUNTAIN BARGE SERVICES LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 11/30/2012

UBI Number: 603-257-030



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

Date of this notice: 12-06-2012

Employer Identification Number:
46-1511455

Form: SS-4

Number of this notice: CP 575 A

MOUNTAIN BARGE SERVICES LLC
THOMAS COURTNEY SOLE MBR
1222 WEST WOODIN AVE
CHELAN, WA 98816

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-1511455. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2013
Form 940	01/31/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.