TV-130222



1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181 Web Site: www.uic.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 <b>ONLY</b> in the following circumstances:		
<ul> <li>Changes of carrier's name, with no change in ownership or business structure.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>		
TYPE OF PAYMENT		
□ Cash □ Check □ Money Order □ AMEX □ MasterCard ☒ Visa Exp Date Credit Card Information (if applicable)  Month/Year		
Amount \$ 50.00 COMPANY NAME: Of STrucking Codd Company Name: Of Strucking Codd Codd Company Name: Of Strucking Codd Codd Company Name: Of Strucking Codd Codd Codd Codd Codd Codd Codd Cod		
Cardholder's signature:	The 2-6-2013	
For Commission Use Only	1103	
111-0268-200-02	Received date 10: 10:	
013959	Insurance:	

Holder of Permit CC-64336 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 BUSINES	SINFORMATION	
New Name: Of STrucking CollC	Phone #: (206) 730-7222	
Trade Name:	Fax #: (253) 896 - 9329	
Mailing Address: 6011 6th St NE	Physical Address: (if different) SAME	
Street/P.O. Box	Street	
City, State Zip TACONA, WH 98422	City, State Zip	
USDOT # 1303 526  www.finesa.dot.gov/online-registration or contact 360-596  Unified Business Identifier Number (UBI):	$\sim$ $\sim$ $\sim$	
☐ Individual ☐ Partnership ★ Corporatio (LP, LLP, LI	n – State of Incorporation	
CURRENT BUSINESS INFORMATION (933)		
Current Name: OLS TRUCK (NG-CO	Phone #: (206) 730 - 7222	
Trade Name:	Fax #: (253) 896 - 9329	
Mailing Address: 6011 6th St NE	Physical Address: S#ME	
Street/P.O. Box	Street	
City, State Zip TACOUH, WA 98422	City, State Zip	
Individual □ Partnership □ Corporation	n (LP, LLP, LLC) State of Incorporation	
NAME TITLE ADD OLEG SHEUCHUR; OWNER 6011 THOOM	PERCENTANGE OF SHARES  61 St Nt 100%  100%	
	nge of name or business structure does not involve a f the operating authority. The undersigned applicant nting its petition as provided in 81.80 RCW.	
I certify or declare under penalty of perjury und information contained in this application is true	and correct.	
* * * * * *		

## **FORM E** UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION Filed with

(hereinafter called Commission)

This is to certify, that the

**GREAT WEST CASUALTY COMPANY** P.O. BOX 277 SO SIOUX CITY NE 68776 (hereinafter called Company)

has

O & S TRUCKING CO LLC

6011 6TH ST NE

issued to: TACOMA WASHINGTON 98422

3/14/13 a policy or policies of insurance effective from 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 1100 W 29TH ST

SOUTH SIOUX CITY NE 6877/60277

14 TH this

MARCH

GWP66409D Insurance Company File No.

0840

(Policy Number)

Authorized Company Representative This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant

to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

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