

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

TV 130345

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

**COMMON CARRIER OF PROPERTY**  
(excluding Household Goods carriers and Brokers)

*AME 6/19/13*

**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 \_\_\_\_\_  
Month/Year \_\_\_\_\_

Credit Card Information (if applicable) \_\_\_\_\_

Amount \$ 50.00    COMPANY NAME: Mark Swanson Logging Inc

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: Mark Swanson    Date 3-6-13

*For Commission Use Only*

111-2068-200-02	VISA	Received date: <u>3/8/13</u>	ID: <u>7221</u>
<u>044279</u>	<u>0115567</u>		Insurance: <u>under rec'd</u>

Holder of Permit CC- 67359 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>Mark Swanson Logging Inc</u>	Phone #: <u>208-476-5587</u>
Trade Name:	Fax #: <u>208-476-7203</u>
Mailing Address: <u>P.O. Box 629</u>	Physical Address: (if different)
Street/P.O. Box <u>125 1st St.</u>	Street
City, State Zip <u>Orlando Id, 83544</u>	City, State Zip
USDOT # <u>286233</u> (If you don't have one, you can apply online at <a href="http://www.fmcsa.dot.gov/online-registration">www.fmcsa.dot.gov/online-registration</a> or contact 360-596-3812 for assistance.)	

Unified Business Identifier Number (UBI): 603263182

Individual  Partnership  Corporation - State of Incorporation Idaho  
(LP, LLP, LLC)

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Mark Swanson</u>	<u>President</u>	<u>P.O. Box 1578 Lewiston, Idaho 83501</u>	<u>100%</u>

**CURRENT BUSINESS INFORMATION**

Current Name:	Phone #: <u>444666</u>
Trade Name:	Fax #:
Mailing Address:	Physical Address:
Street/P.O. Box	Street
City, State Zip	City, State Zip

Individual  Partnership  Corporation (LP, LLP, LLC) State of Incorporation \_\_\_\_\_

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Mark Swanson</u>	<u>owner</u>	<u>same</u>	<u>100%</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.

Mark Swanson

Signature(s)

3-6-13

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Associated Insurance Svcs LLC P O Box 16410 Boise, ID 83715 Dan L Musselman	Phone: 208-336-7733 Fax: 208-336-0376	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):																				
	<b>INSURED</b> Mark Swanson Logging Inc PO Box 629 Orofino, ID 83544		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Alaska National Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Progressive Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Alaska National Insurance Co		INSURER B:	Progressive Insurance Company		INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER E:																							
INSURER F:																							

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Logger Broad Form</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		13A PS 31860	01/22/2013	01/22/2014	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		02019537-0	01/22/2013	01/22/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Logging & Lumbering

<b>CERTIFICATE HOLDER</b>  STATE OF WASHINGTON UTILITIES & TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA, WA 98504-7250	<b>STATOL2</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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