FAX No.

70-172270



1300 South Evergreen Park Drive SW PO Box 47250 Оlуттрів, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181

Web Site: www.utc.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. <u>TYPE OF PAYMENT</u> □ Cash □ Check □ Money Order □ AMEX MasterCard **№** Visa Exp Date Credit Card Information (if applicable) Month/Year COMPANY NAME: DLS II EXCAVATING LLC Amount \$ 50 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: k 048336 For Commission Use Only 111-0268-200-02 Received date: Insurance: M

| Holder of Permit CC- 42617 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: DLS II EXCAVATING LLC | | |
| Trade Name DLS IT EXCAVATING LLC | Fax #: | |
| Mailing Address: 7/53 | Physical Address: (if different) | |
| Street/P.O. Box MECKLEM Rd. | Street | |
| City, State Zip EVERSON, WA. 98247 | City, State Zip | |
| USDOT # 3445676 (If you don't have one, you can apply online at www.fincsa.dot.gov/online-registration or contact 360-596-3812 for assistance. | | |
| Unified Business Identifier Number (UBI): 603 337 547 | | |
| Individual Partnership Corporation - State of Incorporation LLC (LP, LLP, LLC) NAME TITLE ADDRESS PERCENTANGE OF SHARES DENNIS L. SORENSON MN/GR, 7/53 MECKLEM Rd. EVERSON, WA 50% LORRHINE A. SORENSON MN/GR. 7/53 MECKLEM Rd. EVERSON, WA 50% | | |
| CURRENT BUSINESS INFORMATION | | |
| Current Name: D.L. SORENSON CONST. TNC | Phone #: | |
| Trade Name: DL. SORENSON COUST. INC. | rax #: | |
| Mailing Address: 7 | Physical Address: | |
| Street/P.O. Box | Street | |
| City, State Zip | City, State Zip | |
| □ Individual □ Partnership □ Corporation (LP, LLP, LLC) State of Incorporation NON-EXIST | | |
| NAME TITLE ADDR DENNIS L. SORENSON LORANNE A. SORENSON | PERCENTANGE OF SHARES 50% | |
| 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. | | |
| Dennis L. Serenson | 12-11-13 | |
| Signature(s) | Date | |

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

| Filed with Washington Utilities & Transportation Commission | (herein after called Agency) |
|---|--|
| (Name of Agency) | |
| | |
| This is to certify that the Ohio Security Insurance Company | |
| (Name of Company) | |
| (herein after called Company) of 9450 Seward Rd., Fairfield ,OH, 45014 (Home Address of Company) | |
| (nome Address of Company) | |
| | |
| | |
| 7153 MECKLEM 5 | RD. EVERSON WA 98247 |
| | ss of Motor Carrier) |
| (Marie of Motor Carrior) | |
| A policy or policies of insurance effective from 10/04/2013 12:01 A.M. star | ndard time at the address of the insured stated in said |
| | the Uniform Motor Carrier Bodily Injury and Property |
| | |
| covering the obligations imposed upon such motor carrier by the provisions of the motor can | ier law of the State in which the Agency has jurisdiction to |
| regulations promulgated in accordance therewith. | |
| Whenever requested, the Company agrees to furnish the Agency a duplicate original of | of said policy or policies and all endorsements thereon. |
| This confidente and the endorsement described herein may not be cancelled without co | ancellation of the policy to which it is attached. Such |
| cancellation may be effective by the Company or the insured giving thirty (30) days' notice in | n writing to the State Agency, such thirty (30) days' notice |
| commence to run from the date notice is actually received in the office of the Agency. | |
| | |
| 9450 Seward Rd | This 18th day of Dec 20 13 |
| Countersigned at Fairfield OH 45014 | 1110 110(11) 00) 01 |
| (Address) | (Day) (Month) (Year) |
| | |
| | |
| - PAS 55759701 | Regina Sortman |
| Insurance Company File No. BAS 55752701 (Policy No.) | (Authorized Company Representative) |
| (Folicy (ADV) | |
| | |

Underlying Limit::0.00

Liability Limit: 1,000,000.00