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## RECEIVED

JAN 02 2014

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181 Web Site: www.utc.wa.gov

WASH, UT. & TP. COMM

## **COMMON CARRIER OF PROPERTY**

(excluding Household Goods carriers and Brokers)

76-190029

## 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 Check □ Money Order □ Cash □ AMEX □ MasterCard □ Visa Exp Date Credit Card Information (if applicable) Month/Year Amount \$ **COMPANY NAME:** 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. Stm Transportation UC DTH Transportation Cardholder's signature: Date For Commission Use Only 111-0268-200-02 500 Received date: ID:

048753

Pag ID# 4238

Insurance:

Holder of Permit CC-41527 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:					
MH Trusfortation LLC NEW BUSINESS INFORMATION					
New Name: Sim Transportation LLC	Phone #: 5094652483				
Trade Name:	Fax#: 509465 Z483				
Mailing Address: Z10 SW. Abigail CT.					
Street/P.O. Box	Street				
City, State Zip Spokanz WA 99208	City, State Zip				
USDOT #_748887 (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):	605 35450				
☐ Individual ☐ Partnership ★ Corporation — State of Incorporation WA (LP, LLP, LLC)					
NAME TITLE AD David T. Hart Member 2105 Spoken	<u>PERCENTANGE OF SHARES</u>				
Lavid T. Hart Member 2105	W. Abiquil Ct				
Spukan	c, Wa 99708				
CURRENT BUSINESS INFORMATION					
Current Name: David T. Hart	Phone #: 5094652453				
Current Name: David T- Hart  Trade Name: dba Sintransportation	Phone #: 5094652483 Fax #:				
Trade Name: dba Simiransportation	Phone #: 5094652483  Fax #:  Physical Address:				
Mailing Address: 2105 W. A bigail CT Street/P.O. Box	Physical Address: Street				
Mailing Address: 2105 W. A bigail CT Street/P.O. Box	Physical Address: Street				
Mailing Address: 2105 W. A bigail CT Street/P.O. Box	Physical Address: Street				
Mailing Address: 2105 W. A bigail CT Street/P.O. Box  City, State Zip Spo KuneWA 99708  Hindividual - Partnership - Corporation	Physical Address:  Street  City, State Zip  (LP, LLP, LLC) State of Incorporation				
Mailing Address: 2105 W. A bigail CT Street/P.O. Box  City, State Zip Spo KuneWA 99708  Hindividual - Partnership - Corporation	Physical Address:  Street  City, State Zip  (LP, LLP, LLC) State of Incorporation				
Mailing Address: 2105 W. A bigail CT  Street/P.O. Box  City, State Zip Spo KaneWA 99708  Findividual Partnership Corporation  NAME TITLE ADDRESS  Spot  CERTIFICATION: Carrier affirms that the char	Physical Address:  Street  City, State Zip  (LP, LLP, LLC) State of Incorporation  RESS  PERCENTANGE OF SHARES  W. Abigail Ct  Cong WA 99208  ge of name or business structure does not involve a the operating authority. The undersigned applicant ting its petition as provided in 81.80 RCW.				

Signature(s)

/ Z - Z 8 - / 3 Date

L-99

## Form E Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (Executed in quadruplicate)



	INGTON UTILITIES & TRANS	SPORTAT	ION CO	MMISSION - TRANSI	PORTATION SEC	TION
This is to certify, that the	TRUCK INSURANCE EXCH. (Name of Company)	ANGE				
(herein called Company) of		os ange	LES, CA	90010		
has issued to DTH TRA	NSPORTATION LLC					
	CT SPOKANE WA 99208-9286				<del></del>	<u> </u>
policy or policies and conting and property damage liability damage liability insurance of the State in which the community whenever requested, the Condorsements thereon.  This certificate and the endo Such cancellation may be efforted.	ance effective from 01/01/14 nuing until canceled as provided by insurance endorsement, has or covering the obligations imposed hission has jurisdiction or regular empany agrees to furnish the com- corresement described herein may no ffect by the Company or the insu-	herein, when have been upon such tion promusamission a cot be cancered giving	ich, by a amende motor c lgated in duplicate eled with thirty (30	ttachment of the uniform d to provide automobile arrier by the provisions accordance therewith. e original of said policy out cancellation of the policy out cancellation of the policy	m motor carrier bo e bodily injury and of the motor carrie or policies and all policy to which it is g to the State com	dily injury l property er law of l is attached. mission,
	to commence to run from the das 5 NW BENNETT ST., HILLSBO		·	received in the office	of the commission	•
(Ŝtreet /			(City)	(State)	(ZIP Code)	
this 31ST		day of		JANUARY,	уеаг	201.
Insurance Company File No	. 600761460		$\mathcal{B}_{m}$	bon Duras		
	(Policy No.)	-,	Authorize	d Company Representative		
	National Association of Regula suant to the provisions of Section					

Original

TL-822 (NARUC"E")

56-1430 (ACT-T-300C) 9-86