

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 684-1222 Fax (360) 586-1181 Web Site: <u>www.utc.ws.gov</u>

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

TU-140073

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 PA	YMENT	165	256
□ Cash □ Check	□ Money Order	- AMEX	⋈ MasterCard	□ Visa Exp Date
Credit Card Information (if applicable) Month/Year				
Amount \$ 50.00 COMPANY NAME: DC 5 Stur, LLC 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:	Daniel fr		Date1/08/1	4
For Commission Use Only				
111-0268-200-02	Received date:		ID:	
50,0	1-10-14		Insurance:	

Holder of Permit CC- <u>057990</u> asks the the business structure of the carrier named be				
NEW BUSINESS INFORMATION 7655				
New Name: DC 5 Star Trucking LLC	Phone #: (509) 531-0771			
Trade Name:	Fax #: (509) 547-7827			
Mailing Address: 4013 W. Court St.	Physical Address: (if different) 4013 W. Cow+ St.			
Street/P.O. Box	Street			
City, State Zip Pulco, WA 99301	City, State Zip Pasco, WA 99301			
USDOT #_575897 (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3812 for assistance.				
Unified Business Identifier Number (UBI): 603 242 259				
Individual Partnership & Corporation — State of Incorporation Washington (LP, LLP, LLC) NAME TITLE ADDRESS PERCENTANGE OF SHARES Daniel Conty Owner 4019W. Court St. Place, WA 100%				
CURRENT BUSINESS INFORMATION				
Current Name: Daniel Cantu DBA DC Truckingne #: (509) 531-0771				
Trade Name:	Fax #: (509) 547-7827			
Mailing Address: 50016 Springfield Drive	Physical Address:			
Sheed i.o. box	Street			
City, State Zip Pasco, WA 99301	City, State Zip			
Individual Partnership Corporation (LP, LLP, LLC) State of Incorporation				
NAME TITLE ADDRESS PERCENTANGE OF SHARES				

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.

re(s)

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

Filed with

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

(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

DC 5 STAR TRUCKING LLC 5616 SPRINGFIELD DR

issued to:

PASCO WASHINGTON 993012711

1/10/14 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 0277

10 TH day of this

JANUARY MCP08002A

2014

Insurance Company File No.

1027

(Policy Number)

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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