



1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 864-1222  
Fax (360) 586-1181  
Web Site: [www.utc.wa.gov](http://www.utc.wa.gov)

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

T-140082

**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**

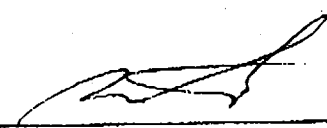
013027

Cash     Check     Money Order     AMEX     MasterCard     Visa  
Exp Date  
Month/Year

Credit Card Information (if applicable)

Amount \$ 50<sup>00</sup>    COMPANY NAME: Letterback Randall L

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:     Date 1-11-14

<i>For Commission Use Only</i>		
111-0268-200-02	50.00	Received date:
048972		Insurance:

Holder of Permit CC- 64175 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** 7682

New Name: <u>Utterback Randall L.</u>	Phone #: <u>425 442 2396</u>
Trade Name: <u>Same</u>	Fax #:
Mailing Address: <u>11804 123<sup>rd</sup> Ave NE</u>	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip <u>Puyallup, Wa 98374</u>	City, State Zip

USDOT # \_\_\_\_\_ (If you don't have one, you can apply online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact 360-596-3812 for assistance.)

Unified Business Identifier Number (UBI): 607 451 781

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

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES

**CURRENT BUSINESS INFORMATION** 6331

*Past*


Current Name: <u>Utterback LLC</u>	Phone #: <u>425 442 2396</u>
Trade Name:	Fax #:
Mailing Address: <u>4277 S. Meridian</u>	Physical Address:
Street/P.O. Box <u>4577</u>	Street
City, State Zip <u>Puyallup, Wa 98375</u>	City, State Zip

Individual     Partnership     Corporation (LP, LLP, LLC) State of Incorporation Wa.

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Randall Utterback, Member</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.

  
Signature(s)

1-11-14  
Date



RAND-00

OP ID: EH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/14

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> Lovsted-Worthington LLC P.O. Box 607 Bothell WA 98041 424 Third Ave W Seattle, WA 98119 Lovsted Worthington LLC	<b>206-285-7735</b> <b>206-285-3461</b>	<b>CONTACT NAME:</b> Edward Hadley <b>PHONE (A/C, No, Ext):</b> 206-838-1017 <b>FAX (A/C, No):</b> 206-285-3461 <b>E-MAIL ADDRESS:</b> edward@lovstedworthington.com
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : Mutual of Enumclaw</b>		<b>NAIC #</b> 14761
<b>INSURED</b> Randall Utterback 118204 13rd Ave Ct E Puyallup, WA 98374		<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

**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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BAP0003649	01/16/14	01/16/15	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <b>UM/UM</b> \$ <b>1,000,000</b>
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					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	Y/N	N/A			WC STATU-TORY LIMITS OTH-ER 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)

RE: 2012 Ford Transit Connect VIN#: NM0LS6BN3CT106204  
 CC-64175 - Evidence Of Insurance.

**CERTIFICATE HOLDER****CANCELLATION**

<b>WASHU-2</b>  <b>Washington Utilities &amp; Transportation Commission</b> Attn: Tina PO Box 47250 Olympia, WA 98504	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 <i>Edward Hadley</i>
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