



RECEIVED

MAR 07 2014

WASH. UT. & TP. COMM

TU 14040

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](http://www.utc.wa.gov)

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

7753

**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  
Credit Card Information (if applicable)      Month/Year

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Amount \$ 50.00      COMPANY NAME: David Hannah Transportation, 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: \_\_\_\_\_ Date \_\_\_\_\_

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

# 14840      049498

Holder of Permit CC-061280 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>David Hannah Transportation, Inc</u>	Phone #: <u>509-486-2201</u>
Trade Name:	Fax #:
Mailing Address:	Physical Address: (if different)
<del>Street</del> /P.O. Box <u>365</u>	Street <u>341 Rehmkc Rd</u>
City, State Zip <u>Tonasket WA 98855</u>	City, State Zip <u>Tonasket WA 98855</u>

USDOT # 493927 (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): 601 526 367

Individual     Partnership     Corporation – State of Incorporation WA  
(LP, LLP, LLC)

NAME                      TITLE                      ADDRESS                      PERCENTAGE OF SHARES

David Hannah                      PO Box 365 Tonasket WA 98855                      100%

**CURRENT BUSINESS INFORMATION**

Current Name: <u>Hannah David Palmer</u>	Phone #: <u>509-486-2201</u>
Trade Name: <u>David Hannah Transportation</u>	Fax #:
Mailing Address:	Physical Address: <u>341 Rehmkc Rd</u>
Street/P.O. Box <u>365</u>	Street <u>1</u>
City, State Zip <u>Tonasket WA 98855</u>	City, State Zip <u>Tonasket WA 98855</u>

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

NAME                      TITLE                      ADDRESS                      PERCENTAGE OF SHARES

David Hannah owner                      PO Box 365 Tonasket WA 98855                      100

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)

3-4-14

Date

7753

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No.

Approved

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate)

Filed with WUTC (hereinafter called Commission) (Name of Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY (Name of Company)

(hereinafter called Company) SCHAUMBURG, IL (Home Office Address of Company)

has issued to DAVID HANNAH TRANSPORTATION INC to 341 REHMKE RD TONASKET, WA 98855 (Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 03/01/2014 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 herewith.

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 affected 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 1333 S RUSTLE RD SPOKANE WA 99224 (Street Address) (City) (State) (Zip Code)

this 14TH day of MARCH 2014

INS. CO. ID#

Tom Cochran (Authorized Company Representative)

Insurance Company File No. PRA-9194340-01 (Policy Number)

PO BOX 19150 SPOKANE, WA 99219 (Address of Authorized Company Representative)