



The 90 STO

1300 South Evergreen Park Drive SW

PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181 Web Site: <u>www.utc.wa.gov</u>

## **COMMON CARRIER OF PROPERTY**

(excluding Household Goods carriers and Brokers)



## APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE FEE: \$50.00

		FEE:	\$50.00					
Application for Chacircumstances:	inge of Nam	e or Business Stru	icture may be us	sed ONLY in the	following			
<ul> <li>Changes of carrier's name, with no change in ownership or business structure.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>								
		TYPE OF P	AYMENT		,, <u>, , , , , , , , , , , , , , , , , , </u>			
Credit Card Informat	ion (if applica  L OO  I, the undersignd correct, tha	COMPANY NA gned, under penalty t I am authorized to	for false statement execute and file		ollowing			
Cardholder's signatu		La Bala	<u></u>	Date $3/z6$	/14			
For Commission U.		D . 11.	2 2 4 5	ID. 6/65	0//0==			
111-0268-200-02	5000	Received date:	3-31-14	ID: 5/97 Insurance:	U73/5.			

<del>58198</del>								
Holder of Permit CC-5 8998, 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: Baldwin Loggina Inc	Phone #: 360-985-04//							
Trade Name:	Fax #: 360-985-0811							
Mailing Address: ROBON 292	Physical Address: (if different)							
Street/P.O. Box Salkum laA	Street							
City, State Zip 98582	City, State Zip							
*USDOT # 673709 (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): 603-365-5/2								
☐ Individual ☐ Partnership ☐ Corporation — State of Incorporation								
NAME TITLE ADDRESS PERCENTANGE OF SHARES  Tasson Baldwin President RO. Box 292  Salkumuk 100%								
98582								
CURRENT BUSINESS INFORMATION								
Current Name: Jasson Lee Baldwin Trucki	19 Phone #: 360 - 985 - 04/1							
Trade Name:	Fax #: 360-985-0811							
Mailing Address: RO, BOX 292	Physical Address:							
Street/P.O. Box Salkum WA	Street							
City, State Zip 98582	City, State Zip							
Individual   Partnership   Corporation (LP, LLP, LLC)   State of Incorporation								
NAME JUSSON BUILDING OWNER ROBOX  Salkumu 498582								
J4100m 1 10382								

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)

Baldwri

Date

## Form E

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

(Executed in Triplicate)

7904 Dodag

Filed with	Washington	UTC		(hereinafter called Commission)				
		(N	lame of Commission)					
This is to ce	rtify, that the	Sparta Insurai	nce Company					
		(Name of Company)						
(hereinafter called	Company) of	185 Asylum S	Street Hartford, CT 0610					
		(Home Office Address of Company)						
has issued to B	ALDWIN LO	GGING INC of POBOX 292 SLAKUM WA 98582						
	:							
	(	Name of Motor Carri	er)	`	(Address of Motor Carrier)			
a policy or policies of insurance effective from 08/20/13				12:01 A.M. standard time at the address of the insured stated in				
said policy or poli	cies and conti	nuing until cancele	d as provided herein, w	hich, by attachment of the Un	iform Motor Carrie	Bodily Injury and		
Property Damage	Liability Insu	rance Endorsemer	nt, has or have been ar	nended to provide automobil	e bodily injury and	l property damage		
liability insurance	covering the	obligations impose	d upon such motor car	rrier by the provisions of the n	notor carrier law of	the State in which		
the Commission h	as jurisdiction	or regulations pro-	mulgated in accordance	therewith.				
****		7		1 2		1 11 1		
	equested, the	Company agrees to	turnish the Commission	on a duplicate original of said p	olicy or policies an	d all endorsements		
thereon.						•		
This certific	ate and the er	dorsement describ	oed herein may not be	canceled without cancellation	of the policy to w	hich it is attached.		
			~	g thirty (30) days' notice in v				
	•	-	-	y received in the office of the	-			
• ` , •			•					
Countersigned at	520 Pike St	eet, Suite 1150		Seattle	WA	98101		
		(Street Add	dress)	(City)	(State)	(Zip Code)		
this 13	day of	June	2014					
Insurance Compar	ov File No	044CP03582		00	10			
msurance Compa	iy The No.	01103382		7 Daniel	Short	-		
(Policy Number)				Autho	Authorized Company Representative			
Underlying Limit :0.0	00 Liability L	imit :1000000						
, 5	<i>y</i> =							

MC1633 (Ed. 6-71)

044CP0358200

IRB 3539B