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Fax 360-586-1181  
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transportation@utc.wa.gov

**COMMON CARRIER OF PROPERTY**  
(Excluding Household Goods Carriers and Brokers)

**APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE**

Per WAC 480-14-210

*Handwritten:* 6/30/14

FEE: \$50.00

For Official Use Only		ID: 7029
111-0268-200-02	Received Date: 6/22/14	Docket TV- 41332
Receipt ID:	Payment ID:	Insurance: <i>OK</i>

**Application for Change of Name or Business Structure may be used ONLY in the following circumstances:**

- Carrier changes registered name, with no change in ownership or business structure.
- The carrier changes its business structure:
  - From an individual to a corporation or limited liability company (LLC), when the individual is the majority stockholder.
  - From an individual to a partnership, when the individual is the majority partner.
  - From a corporation or LLC to a sole proprietorship of the majority shareholder.
  - From a partnership to a sole proprietorship of the majority partner.
- Carrier changes from partnership to a corporation or LLC when the partners are the majority stockholders in the same proportionate ownership.
- Carrier changes from a corporation or LLC to another corporation or LLC where both corporations or LLC's are wholly owned by the same stockholders in the same proportions.

Holder of Permit CC- 63176 asks the UTC for authority to change the name of its business or the business structure of the carrier named below under RCW 81.80 and WAC 480-14 to:

New Business Information

New Legal Name: LAWS ENTERPRISES LLC Phone: 360-520-7303  
 Trade Name: LAWS TRANSPORT Fax #: 360-262-9671  
 Mailing Address: PO Box 777 Physical address (if different):  
 Street/PO Box: NAPAUNE Street: 105 AVERY RD E  
 City, State Zip WA, 98565 City, State, Zip CHEHAUS, WA 98532  
 Unified Business Identifier Number (UBI): 603401086  
 Email address: craiglaws@lawsrucking.com USDOT number: 2504259

Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
CRAIG LAWS	<del>MEMBER</del> MEMBER	423 SEARS RD WINLOCK, WA 98596	100%

Current Business Information

Current Legal Name: CWL TRANSPORTATION INC Phone: 360-520-7303  
 Trade Name: LAWS TRUCKING Fax #: 360-262-9671  
 Mailing Address: PO Box A Physical address: (if different):  
 Street/PO Box: WINLOCK, WA 98596 Street: 105 AVERY RD E  
 City, State Zip: \_\_\_\_\_ City, State, Zip: CHEHALIS, WA 98532

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
CRAIG LAWS	PRESIDENT	423 SEARS RD WINLOCK, WA 98596	100%

Certification: I, the undersigned, 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 transfer CC- 63176 as provided in RCW 81.80.

I, the undersigned, under penalty for false statement, certify that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

[Signature]  
Signature

6-24-14  
Date

7929  
(P)

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to LAWS ENTERPRISES LLC, LAWS TRANSPORT of PO BOX 777, NAPAVINE, WA 98565 a policy or policies of insurance effective from 06/25/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 28th day of June, 2014

Insurance Company File No. CA 03176975  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B