

1300 S. Evergreen Park Dr. SW

P.O. Box 47250

Olympia, WA 98504-7250

Phone: 360-664-1222 Fax: 360-586-1181 TTY: 360-586-8203

> or 1-800-416-5289

E-mail: <u>Transportation@utc.wa.gov</u>

## **AUTO TRANSPORTATION AUTHORITY APPLICATION**

_	Type	of Passenger Transpo	rtation Authority Reque	sted (check one box)		Fee Required	1
		statewide charter	and excursion carrie	company certificates i er service if marked b et A. Submit a propose	elow).	\$200.00	
		If yes, comp	roviding charter/exc lete Attachment F. ing Auto Transportat		Yes □ No		
		\$150.00					
		Complete sections 1-8. Submit a proposed tariff and time schedule.  Transfer or Lease Auto Transportation Authority – Complete sections 1-					
		8 and Attachments C & G.					
		Transferring all	of Certificate C			\$200.00	
L							
		or temporary to o	perate pending a Cor	<u>rity</u> - New temporary mmission decision on	a parallel	\$150.00	
L		filed permanent a	pplication. Complete	sections 1-8 and Atta	achment B.	4	
filed permanent application. Complete sections 1-8 and Attachment B.  Mortgage of Certificate – Complete section 1 and Attachment E.						. N \$\$\$,00	
Name Change – Change in corporate name, change in trade name; adding or deleting a trade name; or change the surname of an 100 635,						WW. Of The	على
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		individual owner or partner. Complete section 1 and Attachment D.					
_				<ul> <li>Complete sections</li> </ul>	1 2 and 8	\$200,000	
					1, 2 and 0.	1/10000	,
			FOR OFFICE	AL USE ONLY	()	W.	
-	Date Fi			ID# 14683	Docket #:		
	LS Staf	f Assigned	Insurance D. DO	Map	Tariff/		
_	DOL /6:		ongell		Time Schedul	e	
i	DOL/SC	23 0400	Safety Inspection		Cert Issued		
-	111-02	68-232-02	111-0268-232-01	Receipt ID	111-0268		
	~~	VU LUE VL	エエエ=ひとひひ"とうと"ひま	111-0268-230-02	1111-0268-230	)~{}`I	

#055331

SECTION 1 – AP	PPLICANT INFORMATION					
Legal Name of Applicant: Everyveen Tra	ils Inc					
Trade Name(s) (if applicable): Horison Courl Live						
Phone #: (256)626 - 5221 Fax #: (206)6	626-5209 E-mail: parythesse houzon coach lines					
Physical Address:	Mailing Address (if different from physical):					
Street: 4500 W. Marginal Way, SW	Street:					
City: Scottle WA.	City:					
State/Zip: Leastington 98106	State/Zip:					
Unified Business Identifier Number (UBI): 578 – number or need to request one, contact Business Licens	- <u>012 - 845</u> If you do not know your UBI sing Services at 1-800-451-7985.					
<b>Type of Business Structure</b> : □ Individual □ Partne If other than individual, list the name, title, and percentastockholders or members:	ership Corporation 🗆 Other (LP, LLP, LLC) age of partner's share or stock distribution for major					
Name TMS West Coast Inc	Stock Distribution or % of Shares / つのども					
USDOT number 12016 If you do not have www.fmcsa.dot.gov/online-registration to apply or call 3  Labor & Industries #: 172, 157-07 Emplo	oyment Security Department #: 48613200					
Provide the following documents with your application:  A map of the proposed line, route, or service term WAC 480-30-051  Support statements for proposed service authorical services and the proposed service authorical services are services as the proposed service authorical services are services as the proposed services are services	ritory that meets the standards described in					
What type of service do you plan on providing: door-to-d	door services and/or scheduled service?					
	een locations identified by the passengers and points specifically schedule. Door-to-door service requires a time schedule in be restricted to "by reservation only"; and/or,					
at 4th and Main) and points specifically named by	n locations specifically named by the company (e.g., the X Hotel by the company in its filed tariff and time schedule. Scheduled dule in compliance with WAC <u>480-30-281 (2)(b)</u> and may be					



## ATTACHMENT D

# <u>AUTO TRANSPORTATION NAME CHANGE</u> (WAC 480-30-146)

A company must file a name change application under the provisions of WAC 480-30-096 to:
Change its corporate name
Change its trade name
Add a trade name to certificate, or
Change the surname of an individual owner or partner to reflect a change resulting in marriage or other legal action.
**If name change results in a change in ownership, the company must file an application to transfer the certificate
according to the provisions of WAC 480-30-141
With your application, you must include:
Copies of any corporate minutes or other legal documents authorizing the name change
Proof that the new name is properly registered with the Department of Licensing, Office of the Secretary of
State, or other agencies, as may be required
Current Name on Certificate: Evergreen Trails Inc Horson Couch live
Current Trade Name on Certificate Evergreen Trailwenes and Gray Line of Scattle Gray Line of
Address: 4500 W. Marginal Way, SW Seattle WA. 98106 Seattle
Current Name on Certificate: Evergreen Trails Inc  Llorizon Couch like Current Trade Name on Certificate Evergreen Trailways and Gray Line of Scattle, Gray Line of Address: 4500 LV. Marginal Way, SW Scottle, WA. 98106  Phone Number: (206)626-5221 Fax Number: 606)626-5209 Email address pgrytnesse hovizon wach lines
If a corporation or LLC, list the name, title, and percentage of partner's share or stock distribution for major stockholders under current name:
Name Stock Distribution or Percentage of Shares
TMS West Coast Inc. 100%
I request the name on Auto Transportation Certificate C- 819 be changed to:
New Name: Evergreen Trails Inc
New Name: Evergreen Trails Inc New Trade Name (if applicable): Horizon Coach Lines UBI# 578-012-845
You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name.
To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:
l certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.
Petter Grafuess  Print Name of Applicant  Divertor  Signature & Title  Divertor  Signature & Title  Date, County, State



U.S. Department of Transportation Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE

November 4, 2011

### DECISION

MC-107638

EVERGREEN TRAILS, INC.
D/B/A GRAY LINE OF SEATTLE
SEATTLE, WA
REENTITLED
EVERGREEN TRAILS, INC.
D/B/A HORIZON COACH LINES

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On October 24, 2011, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

#### It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as EVERGREEN TRAILS, INC., D/B/A HORIZON COACH LINES.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: http://li-public.fmcsa.dot.gov. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: November 1, 2011

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief

Affy to Stant

Information Technology Operations Division

IC/A