



UTILITIES AND TRANSPORTATION COMMISSION

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APR 27 2015

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
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

FEE: \$50.00

Table with 3 columns: For Official Use Only, ID, Receipt ID, Received Date, Payment ID, Insurance. Includes handwritten values like \$50.00, 54707, 5121, and 16046.

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:
a. From an individual to a corporation or limited liability company (LLC), when the individual is the majority stockholder.
b. From an individual to a partnership, when the individual is the majority partner.
c. From a corporation or LLC to a sole proprietorship of the majority shareholder.
d. 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- 64281 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: DAVE OWENS INC. Phone: 509-350-0551
Trade Name: DAVE OWENS TRUCKING Fax #:
Mailing Address: P.O. Box 871 Physical address (if different):
Street/PO Box: 2581 Rd 11.7 N.W. Street:
City, State Zip: EPHRATA WA 98823 City, State, Zip
Unified Business Identifier Number (UBI): 603-470-852
Email address: daveowens Trucking55@gmail.com USDOT number: 1948284

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. WA.

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
DAVID B. OWENS	PRES	2581 Rd. 11.7 Ephrata WA.	50
SAUDRA L. OWENS	SEC.	P.O. 871 98823	50

Current Business Information

Current Legal Name: DAVID B. OWENS Phone: _____

Trade Name: DAVE OWENS TRUCKING Fax #: _____

Mailing Address: P.O. 871 Physical address: (if different): _____

Street/PO Box: 2581 Rd 11.7 Street: _____

City, State Zip: Ephrata 98823 City, State, Zip: _____

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
David B. OWENS	OWNER	SAME	

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-_____ 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.

D. Owens Signature 4-24-15 Date

Form E

**UNIFORM MOTOR CARRIER BODILY INJURY AND
PROPERTY DAMAGE LIABILITY CERTIFICATE OF
INSURANCE (EXECUTED IN QUADRUPPLICATE)**



Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

(hereafter called commission)

(Name of Commission)

This is to certify, that the MID-CENTURY INSURANCE COMPANY

(Name of Company)

(hereinafter called Company) of 4680 WILSHIRE BLVD. LOS ANGELES CA, 90010

(Home Office Address of Company)

has issued to DAVE OWENS INC

(Name of Motor Carrier)

of PO BOX 871. EPHRATA WA, 98823 - 0871

(Address of Motor Carrier)

a policy or policies of insurance effective from 06/18/2015, 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 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 canceled 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 5665 N. KRAFT LAKE CALEDONIA MI 49316

(Street Address)

(City)

(State)

(ZIP Code)

this 19 day of JUNE, year 2015

Insurance Company File No. 605006463

(Policy No.)

(Authorized Company Representative)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act(49 U.S.C., sec. 302(b)(2)).