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WASH. UT. & TP. COMM

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

For Official Use Only		ID: 17929
111-0268-200-02	\$50.00	Received Date: 1/25/16
Receipt ID: 057578	Payment ID: 3004	Docket TV-160128
		Insurance:

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-69100 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: Sunset Delivery LLC Phone: 206-939-2023
 Trade Name: Sunset Delivery LLC Fax #: _____
 Mailing Address: 17253 se Petrovitsky rd Physical address (if different): _____
 Street/PO Box: _____ Street: _____
 City, State Zip Penton WA 98058 City, State, Zip _____
 Unified Business Identifier Number (UBI): 603-566-054
 Email address: Jasondeerns625@gmail.com USDOT number: 2099457

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>

Current Business Information

Current Legal Name: Jason Deems
~~Sunset Delivery LLC~~ Phone: 206-939-2023

Trade Name: _____ Fax #: _____

Mailing Address: 17253 se Petrovitsky rd Physical address: (if different): _____

Street/PO Box: _____ Street: _____


City, State Zip: Renton WA 98058 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>

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.



Signature

1/19/15

Date

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 JASON G DEEMS, SUNSET DELIVERY of 17253 SE PETROVITSKY RD, RENTON, WA 98058 a policy or policies of insurance effective from 05/20/2014 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 23rd day of May, 2014

Insurance Company File No. CA 01305855

(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B