



TV-102019

January 31, 2011  
Fax 1-360-586-1181  
Washington Utilities & Transportation Commission

1 Page (including cover)

Due to the fact that we do not do business within Washington the name change form was a mistake. Please suspend our CC59660's permit and refund the money.

Thank you,  
Nicole Taylor  
Bar Seven A Companies

TV 102019



RECEIVED

DEC 17 2010

WASH. UT. & TP. COMM

1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 664-1222  
Fax (360) 586-1181  
Web Site: [www.wutlc.wa.gov](http://www.wutlc.wa.gov)

**COMMON CARRIER OF PROPERTY**  
(excluding Household Goods carriers and Brokers)

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

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

- Changes of carrier's name, with no change in ownership or business structure.
- 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.
- 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.
- 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.

**TYPE OF PAYMENT**

Cash     Check     Money Order     AMEX     MasterCard     Visa  
Exp Date  
Month/Year

Credit Card Information (if applicable)

Amount \$ 50.00    COMPANY NAME: Bar Seven A Companies, Inc

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Ruede Taylor    12/15/10

Cardholder's signature: \_\_\_\_\_ Date \_\_\_\_\_

For Commission Use Only

111-2068-200-02

Received date: 12/17/10

ID: 6243

\$50.-

Insurance:

Check # 2407

Receipt # 0029366

*Requested refund 1/1/11*

Holder of Permit CC- 59660 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: <u>Bar Seven A Companies, Inc</u>	Phone #: <u>541-548-4747</u>
Trade Name:	Fax #: <u>541-548-0460</u>
Mailing Address: <u>PO Box 890</u>	Physical Address: (if different) <u>10600 SE Lake Rd</u>
Street/P.O. Box	Street
City, State Zip: <u>Redmond, OR 97756</u>	City, State Zip: <u>Redmond, OR 97756</u>
USDOT # <u>0365960</u> (If you don't have one, you can apply online at <a href="http://www.fmcsa.dot.gov/online-registration">www.fmcsa.dot.gov/online-registration</a> or contact 360-596-3816 or 360-596-3803 for assistance.)	
Unified Business Identifier Number (UBI): _____	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>OR</u> (LP, LLP, LLC)	
<u>NAME</u>	<u>TITLE</u> <u>PERCENTAGE OF SHARES</u>
_____	_____

**CURRENT BUSINESS INFORMATION**

M 3376

Current Name: <u>Bar Seven A Trucking, Inc</u>	Phone #: <u>541-548-4747</u>
Trade Name:	Fax #: <u>541-548-0460</u>
Mailing Address:	Physical Address:
Street/P.O. Box: <u>PO Box 890</u>	Street: <u>10600 SE Lake Rd</u>
City, State Zip: <u>Redmond, OR 97756</u>	City, State Zip: <u>Redmond, OR 97756</u>
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>OR</u>	
<u>NAME</u>	<u>TITLE</u> <u>PERCENTAGE OF SHARES</u>
_____	_____

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.

Ricde M Taylor                      12/15/10  
 Signature(s)                                      Date



# Bar Seven A

COMPANIES

January 6, 2011

Fax: 360-586-1181

Washington Utilities and Transportation Commission

PO Box 47250

Olympia, WA 98504

360-664-1160

2 Pages (including cover)

List of members of our corporation:

Brian & Binny Skidgel 100% Owners

UBI # 601994377

I changed name on the USDOT number to include "Inc"

Insurance is sending over a Certificate of insurance.

If there is anything else you need please let me know.

Thank you,

Nicole Taylor

Bar Seven A Companies

VENDOR NAME AND ADDRESS  <b>Bar Seven A Companies, Inc.</b> <b>PO Box 890</b> <b>Redmond, OR 97756</b>	AGENCY NUMBER <b>2150</b>	LOCATION CODE
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)		
RECEIVED BY <b>BUSINESS OFFICE</b>		DATE RECEIVED

AGENCY P.R. OR AUTHORIZATION NUMBER  
**REFUND**

AGENCY NAME AND LOCATION  
**UTILITIES AND TRANSP. COMM.**  
**1300 S. EVERGREEN PK DRIVE S.W.**  
**P.O. BOX 47250**  
**OLYMPIA, WA 98504-7250**

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED STAPLE INVOICES ON BACK

**REVENUE REFUND – Carrier has requested to withdraw his Household Goods application at this time.**

**RECEPTION OR FIELD RECEIPT NO. 29366 DATED 12/17/10 \$50.00**

PREPARED BY <b>Tina Leipski</b>			TELEPHONE NUMBER <b>664-1170</b>			DATE <b>2/1/11</b>			AGENCY APPROVAL <i>L. Elhardt</i>				DATE <b>2/1/11</b>			
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.			REF. DOC. NO.		VENDOR NUMBER <b>VOD1</b>		VENDOR MESSAGE		USE TAX		UBI NUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	<b>198</b>		<b>111</b>			<b>02</b>	<b>68</b>								<b>\$50.00</b>	<b>REFUND</b>
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$50.00		WARRANT NUMBER	