



**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**

<i>For Official Use Only</i>		ID: 16573
111-0268-200-02	Received Date: 8/11/19	Docket TV- 1930FF
Receipt ID:	Payment ID:	Insurance: MD

**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-69460 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: TDC Excavation & Logging Inc Phone: 360-241-3509  
 Trade Name: \_\_\_\_\_ Fax #: 360-241-3509  
 Mailing Address: 120 Bludinghaus Rd. Physical address (if different): \_\_\_\_\_  
 Street/PO Box: \_\_\_\_\_ Street: \_\_\_\_\_  
 City, State Zip Chehalis WA 98532 City, State, Zip \_\_\_\_\_  
 Unified Business Identifier Number (UBI): 603-261-852  
 Email address: hcox425@yuhov.com USDOT number: 1668898

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>
<u>Heather Cox</u>	<u>President</u>	<u>120 Leedinghaus</u>	<u>100%</u>

Current Business Information

Current Legal Name: Heather Cox Phone: 360-291-3509

Trade Name: TDC Excavation, Brushing & Trucking Fax #: 360-291-3509

Mailing Address: 120 Leedinghaus Rd. Physical address: (if different):

Street/PO Box: \_\_\_\_\_ Street: \_\_\_\_\_

City, State Zip: Oronago, WA 98532 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>
<u>Heather Cox</u>	<u>Owner</u>	<u>120 Leedinghaus</u>	<u>100%</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.

Heather Cox \_\_\_\_\_ 8-4-14  
Signature Date



# INSURANCE BINDER

16573

OP ID: DB

DATE (MM/DD/YYYY)  
08/07/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

<b>AGENCY</b> Virgil R. Lee & Son Lovsted Worthington LLC P.O. Box 1226 Chehalis, WA 98532 Larry Petersen PHONE (A/C, No, Ext): 360-748-0051 FAX (A/C, No): 360-748-3941 CODE: SUB CODE:		<b>COMPANY</b> American States Insurance Co BINDER # 4122 DATE EFFECTIVE TIME: 08/05/14 12:01 TIME: X AM PM EXPIRATION DATE TIME: 09/04/14 X 12:01 AM NOON THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>NEW 01C1777621</b>	
<b>AGENCY CUSTOMER ID:</b> TDCX-1 <b>INSURED</b> TDC Excavation & Logging, Inc. 120 Leudinghaus Road Chehalis WA 98532		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)</b> 1978 Peerless Trlr #78280 1992 Kenworth W900 #0823 1973 Peerless Trlr #6829 1999 Kenworth #2133 1964 Pace Trlr #16299	

### COVERAGES

### LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE	\$	
		DAMAGE TO RENTED PREMISES	\$	
		MED EXP (Any one person)	\$	
		PERSONAL & ADV INJURY	\$	
		GENERAL AGGREGATE	\$	
		PRODUCTS - COMP/OP AGG	\$	
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS RETRO DATE FOR CLAIMS MADE:		COMBINED SINGLE LIMIT	\$	1,000,000
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	5000
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE: 1,000 <input checked="" type="checkbox"/> COLLISION: 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: 25 <input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES		<input checked="" type="checkbox"/> ACTUAL CASH VALUE		
		STATED AMOUNT	\$	
		OTHER	\$	
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT	\$	
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT	\$	
		AGGREGATE	\$	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE	\$	
		AGGREGATE	\$	
		SELF-INSURED RETENTION	\$	
		WC STATUTORY LIMITS		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		E.L EACH ACCIDENT	\$	
		E.L DISEASE - EA EMPLOYEE	\$	
		E.L DISEASE - POLICY LIMIT	\$	
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>		FEES	\$	
		TAXES	\$	
		ESTIMATED TOTAL PREMIUM	\$	

### NAME & ADDRESS

Washington Utilities and Transportation Comm P O Box 47250 Olympia WA 98504	MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED <input checked="" type="checkbox"/>
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Larry A. Petersen</i>	