



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

| | | |
|------------------------------|------------------------|-------------------|
| <i>For Official Use Only</i> | | ID: 16559 |
| 111-0268-200-02 | Received Date: 8/11/14 | Docket TV- (4309) |
| Receipt ID: | Payment ID: | 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- 60714 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: DRJ Construction Inc Phone: 253-606-3251
 Trade Name: Same Fax #: 253-846-5792
 Mailing Address: _____ Physical address (if different): _____
 Street/PO Box: P.O. Box 732154 Street: _____
 City, State Zip: Puyallup, WA 98373 City, State, Zip _____
 Unified Business Identifier Number (UBI): 602-598-550
 Email address: drjconstruction@comcast.net USDOT number: 1488093

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>Dean Johnson</u> | <u>President</u> | <u>19902 113th AVE E Graham, WA 98338</u> | <u>100%</u> |

Current Business Information

Current Legal Name: Dean Johnson DRJ Construction Phone: 253-606-3251

Trade Name: _____ Fax #: 253-846-5712

Mailing Address: _____ Physical address: (if different): _____

Street/PO Box: P.O. Box 732154 Street: _____

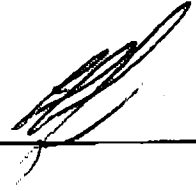
City, State Zip: Puyallup WA 98373 City, State, Zip: _____

Individual Partnership Limited Liability Company Corporation State of Inc. _____

| <u>NAME</u> | <u>TITLE</u> | <u>ADDRESS</u> | <u>PERCENTAGE OF SHARES</u> |
|---------------------|-------------------|--|-----------------------------|
| <u>Dean Johnson</u> | <u>Owner/Oper</u> | <u>19902 113th AVE E Graham, WA 98338</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- 65714 as provided in RCW 8.1.80.

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  Date 8-11-14

16588
pending

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **Alaska National Insurance Company** (hereinafter called Company)
of **7001 Jewel Lake Road, Anchorage, AK 99502**

has issued to **DRJ Construction Inc of PO Box 732154, Puyallup, WA 98373**

a policy or policies of insurance effective from **1/07/08 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 **1111 Third Ave., Suite 2600, Seattle, WA 98101**

this **30th** day of **January, 2008**

Insurance Company File No. **08A AT 31986**
(Policy Number)

Alan Vahrenkamp
(Authorized Company Representative)