



UTILITIES AND TRANSPORTATION  
COMMISSION

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SEP 02 2014

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 9-1-14	ID: 16629
111-0268-200-02 50.00	Received Date: 9/2/14
Receipt ID: 051116	Payment ID: 1541
	Docket TV-192264
	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-61877 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: TRIPLE L FARMS INC

Phone: 509-244-6114

Trade Name: TRIPLE L FARMS INC

Fax #: 509-244-6114

Mailing Address: 18218

Physical address (if different):

Street/PO Box: W BOWIE RD

Street: \_\_\_\_\_

City, State Zip SPOKANE WA 99224

City, State, Zip \_\_\_\_\_

Unified Business Identifier Number (UBI): 603-385-368

Email address: [tlf6114@gmail.com](mailto:tlf6114@gmail.com)

USDOT number: 952669

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>
JAMES BE LEONARD	PRESIDENT	18218 W BOWIE RD SPOKANE WA 99224	50%
KIMBERLY E LEONARD	VICE PRESIDENT		50%

Current Business Information

Current Legal Name: ~~TRIPLE L FARMS INC~~ Phone: 509-244-6114  
 Trade Name: ~~TRIPLE L FARMS INC~~ *James B. Leonard* Fax #: 509-244-6114  
*Hotel Stair & Lobby Dory*  
 Mailing Address: 18218 Physical address: (if different):  
 Street/PO Box: W BOWIE RD Street: \_\_\_\_\_  
 City, State Zip: SPOKANE WA 99224 City, State, Zip: \_\_\_\_\_

Individual  Partnership  Limited Liability Company  Corporation State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
JAMES B LEONARD	PRESIDENT	18218 W BOWIE RD SPOKANE WA 99224	50%
KIMBERLY E LEONARD	VICE PRESIDENT		50%

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-61877 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.

*James B Leonard* *President* *8-25-14*  
 Signature Date



**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 **COUNTRY Mutual Insurance Company** (hereinafter called Company)  
of **1701 N Towanda Ave Bloomington IL 61704**

has issued to **Triple L Farms Inc of 18218 W Bowie Rd Spokane WA 99224**

a policy or policies of insurance effective from 09/08/2014 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 **1701 N Towanda Ave, Bloomington, IL 61704**

this **8th** day of **September, 2014**

Insurance Company File No. **AB9049696**  
(Policy Number)

**Doug Bova**  
(Authorized Company Representative)