

1300 South Evergrean 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

For Official Use Only		1D: (6153
111-0268-200-02	Received Date: (1) 14	Docket TV-193516
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 proprletorship 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-6 SOOX	asks the UTC for authority to change the name of its business or
the business structure of the carrie	r named below under RCW <u>81.80</u> and WAC <u>480-14</u> to:

New Business Information

New Legal Name: I'S Auto Transport L.L.	C Phane: 3605328440
Trade Name:	Fax #.360 532 9887
Mailing Address: 521 E. 15t	Physical address (if different):
Street/PO Box:	Street:
City, State Zip Aberdoon Wa 98520	City, State, Zip
Unified Business Identifier Number (UBI): 653	122 232
Email address:	USDOT number 240 2809

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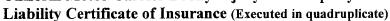
No. 5931

Type of Business Structure:					
☐ Individual ☐ Partnership i Limited Liability Company ☐ Corporation State of Inc					
NAME LASKY OWNER 53 PAYETICHRO 98520 100%					
Current Business Information					
Current Legal Name: TS Auto Transports Phone: 8605338440					
Trade Name: 505th Lusky V Fax #: 360 532 988 7					
Mailing Address: 52(E. 15t) Physical address: (If different):					
Street/PO Box: Street:					
City, State Zip, 10100 Wa 9850 City, State, Zip:					
🖆 Individual 🖸 Partnership 🗖 Limited Liability Company 🗖 Corporation State of Inc.					
NAME TITLE ADDRESS PERCENTAGE OF SHARES					
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 Date Date					

≈ | Received Time—Sep. 18. –2014–12:13 PM—No. 5934——

16653

Form E Uniform Motor Carrier Bodily Injury and Property Damage





	WASHINGTON UNTILITIES AND TRANSPORTATION COMMISSION (Name of Commission)
This is to certify, the	at the MID CENTURY INSURANCE COMPANY (Name of Company)
(herein called Comp	pany) of 4680 WILSHIRE BLVD., LOS ANGELES, CA 90010 (Home Office, Address of Company)
	S AUTO TRANSPORT LLC ne of Motor Carrier)
of 521 E 1ST S	ST, ABERDEEN, WA 98520

a policy or policies of insurance effective from 11/03/2014, 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 regulation 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 canceled without cancellation of the policy to which it is attached. Such cancellation may be effect 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	23175 NW BENNETT ST., HILLSBORO, OR 97124					
	(Street Address)	(City) (State)	(ZIP Code)		
this 3RD		day of	NOVEMBER,	year	2014.	
Insurance Company File No. 605040493		Babar Duces				
	(Policy No.)	Autho	orized Company Representative			

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., sec.302(b)(2)).

TL-822 (NARUC"E") 56-1430 (ACT-T-300C) 9-86 Original

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