

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		ID: 16656
111-0268-200-02	Received Date: 4/11/17	Docket TV- 173520
Receipt ID:	Payment ID:	Insurance: M

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- 16 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:

UNKNOWN

New Business Information

Since 1968
 New Legal Name: CITY TRANSFER, INC Phone: 253.850.1775
 Trade Name: CITY TRANSFER, INC Fax #: 253.850.1797
 Mailing Address: _____ Physical address (if different):
 Street/PO Box: PO Box 1850 Street: 2720 E VALLEY HWY E
 City, State Zip: SUMNER WA 98390 City, State, Zip: SUMNER WA 98390
 Unified Business Identifier Number (UBI): 173-005-384
 Email address: KATHERINEH@ USDOT number: 11991
citytransferinc.com UNKNOWN

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>KEITH R BENSON</u>	<u>PRES</u>	<u>Po Box 1850 Sumner WA 98390</u>	<u>100%</u>

Current Business Information

Current Legal Name: CITY TRANSFER, INC Phone: 253.850.1795

Trade Name: CITY TRANSFER, INC Fax #: 253.850.1797

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

Street/PO Box: PO Box 1850 Street: 2720 E. VALLEY HWY E.

City, State Zip: SUMNER WA 98390 City, State, Zip: SUMNER WA 98390

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>KEITH R BENSON</u>	<u>PRES</u>	<u>Po Box 1850 Sumner WA 98390</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-UNKNOWN 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.

Katharine Hummer
Signature

2/19/14
Date

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Zurich American Insurance Company
(Name of Company)
(herein after called Company) of 1400 American Lane, Schaumburg, IL, 60196
(Home Address of Company)

has issued to City Transfer, Inc. of 2720 E Valley Hwy E, Sumner, WA, 98390
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 06/01/2014 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

1400 American Lane
T1/10
Countersigned at Schaumburg IL 60196 This 11th day of Sep 20 14
(Address) (Day) (Month) (Year)

Insurance Company File No. BAP4277157 (Policy No) Kelly Cada (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00