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COMMON CARRIER OF PROPERTY
(Including Household Goods Carriers and Drivers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

Per WAC 490.14.210

Fee: \$50.00

For Official Use Only	Received Date: <u>11/15/14</u>	ID: <u>1666</u>
111-0268-200-02	Payment ID:	Docket No. <u>97546</u>
Receipt 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 LLCs are wholly owned by the same stockholders in the same proportions.

Holder of Permit CC: 41284 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 490.14 to:

New Business Information

New Legal Name: RANDY'S POLARIS Phone: 208 255 6369
 Trade Name: _____ Fax #: 208 263-3540
 Mailing Address: 2195 Westmond Rd Physical address (if different):
 Street/PO Box: _____ Street: 2195 Westmond Rd
 City, State Zip: SALMON, ID 83824 City, State, Zip: SALMON, ID 83824
 Unified Business Identifier Number (UIN): 8603924040
 Email address: kutkd65m@yahoo.com Toll-free number: 359 7050

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. **TD,**

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
R. POWERS	CEO	2195 Westwood Rd	45.0%
Kim Powers	Sec	11210 Pacific Ridge Rd.	48.9%
Linda Fagera			2.0%

KVA, LLC Current Business Information

Current Legal Name: **Powers, RANDY** Phone: **208 255 6369**

Trade Name: **R** Fax #: **208 763 3540**

Mailing Address: **2195 Westwood Rd** Physical address: (if different):

Street/PO Box: _____ Street: _____

City, State, Zip: **SALE, ID, 83860** City, State, Zip: _____

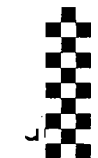
Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES

Certification: I, the undersigned, affirm that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned affirm that the Commission transfer CC-1728 (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: **R. POWERS** Date: **8/20/14**



16660
Pending

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to RANDY POWERS of 2195 WESTMOND RD, SAGLE, ID 83860 a policy or policies of insurance effective from 10/09/2014 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 9th day of October, 2014

Insurance Company File No. CA 06018421

(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B