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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: 1666
111-0268-200-02	Received Date: (1) 4	Docket TV-laz 553
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- 63981 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: Green PC Inc.	Phone: 253-473-4300							
Trade Name: Gleen PC	Fax#: 253-473-4301							
Mailing Address: 3627 S. 54 Hh St.	Physical address (if different):							
Street/PO Box:	Street: Same							
City, State Zip Tacoma, NA. 98409	City, State, Zip							
Unified Business Identifier Number (UBI): 603081169								
Email address: 909reenPCQ live, com	USDOT number: 2050815							

Type of Business Structure:								
☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation State of Inc								
Tai Im President 31500 1st Ave. S. Federal way 1009	6 —							
Current Business Information								
Current Legal Name: Tai Hyun Im Phone: 253-473-4300								
Trade Name: 6 reen PC Fax #: 253-473-4301								
Mailing Address: 3627 S. 54th St. Physical address: (if different):	_							
Street/PO Box: Street: 59mC								
City, State Zip: Tacoma, WA - 98409 City, State, Zip:								
Individual Partnership Limited Liability Company Corporation State of Inc.	_							
NAME TITLE ADDRESS PERCENTAGE OF SHARES Tai IM Owher 33 13 18th Ln. 5. # H202 100 %	—							
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 undersigne applicant requests that the Commission transfer CC-63961 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.								
9-24-14 Signature Date								

56-1430

Form E

Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (Executed in quadruplicate)



Filed with _	WASHIN (Name of Com	IGTON UTILITIES & TI	RANSPORTAT:	ON CO	MMISSION-TRANS	PORTATION SECT	ION
This is to certify, the		MD CENTURY INSURA	ANCE COMPAI	NΥ			
This is to cortify, the		ame of Company)	21102 0011111				
(herein called Comp	any) of	4680 WILSHIRE BLV	D., LOS ANGE	LES, CA	A 90010		
`		(Home Office, Address of Company	9)				
	EEN PC						
•	ne of Mator Ca	,					
of 3627 S 54 M		OMA WA 98409-2722					··········
`	·						
a policy or policies	of insuran	ce effective from _ 08/3	0/14, 12:01 a.m	. standa	rd time at the address	of the insured stated	in said
policy or policies an	d continu	ing until canceled as prov	ided herein, whi	ch, by a	ttachment of the unifo	rm motor carrier bo	dily injury
and property damage	e liability	insurance endorsement, h	as or have been	amende	ed to provide automobi	ile bodily injury and	property
		vering the obligations imp					er law of
the State in which th	e commis	sion has jurisdiction or re	gulation promu	gated in	accordance therewith	L.	
When arrow magnages d	l the Com	pany agrees to furnish the	e commiccion a	dunlicat	e original of said nolic	v or policies and all	ŧ
endorsements there		hairh agi eas to immen m	c commission a	anhiicai	c original or and bone	y or policies and an	•
This certificate and	the endors	ement described herein n	nay not be cance	led with	out cancellation of the	policy to which it i	s attached.
Such cancellation m	ay be effe	ct by the Company or the	insured giving	hirty (3	0) days' notice in writ	ing to the State com	mission,
such thirty (30) days	' notice to	commence to run from t	the date notice is	actually	y received in the office	e of the commission	
Countersigned at	22175	NW BENNETT ST., HIL	AU UAUBAS I	07124	•		
Councisigned at	(Street Add		BBBORO, OR	(Civ)	(State)	(ZIP Code)	,
this IST			day of		OCTOBER,	year	2014.
Insurance Company	File No.	60548-28-06			, ***		
					time Dures		
		(Policy No.)		Authorize	d Company Representative		
This forms determine	J L., 4L. 1	Vational Association of R	amilatom (Titilita	Comm	iccionem and promple	ated has the Interctat	-
Commerce Commis	sa by use s	ant to the provisions of S	egulatory Othica ection 202(h)(2)	of the	interstate Commerce A	ct (49 U.S.C., sec.3	о (02/b)(2)).
Commorce Commis.	man pulse	un, to the broading of p	202(0)(2)	V P. 1010 1	,	(.5 0	(*)(-))
TL-822 (NARUC"E")			Original				L-99
56-1496 (ACT-T-300C)	M-KH						