

Sep. 3. 2014 3:35PM

Licensing Services

No. 6123 P. 1



1900 South Evergreen 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

#001637

For Official Use Only		ID: 16674
111-0268-200-02	Received Date: 10/1/14	Docket TV-143664
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- 64118 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: Castro Transportation Services, Inc Phone: 360 848 5842
 Trade Name: _____ Fax #: 360 848 5842
 Mailing Address: 2010 E Fir St Physical address (if different): _____
 Street/PO Box: MT VERNON WA Street: 2010 E Fir St
 City, State Zip: MT VERNON WA 98273 City, State, Zip: MT VERNON WA 98273
 Unified Business Identifier Number (UBI): 603345535
 Email address: Jcastro@mtv.com USDOT number: 2088555

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>
Castro transportation services		2010 E Fir St	0%
MT Vernon WA 98273			
Jose Castro			

Current Business Information

Current Legal Name: Jose Castro
Castro transportation services Phone: 360 848 5842

Trade Name: _____ Fax #: 360 848 5842

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

Street/PO Box: 2010 E Fir St Street: 2010 E Fir St

City, State Zip: MT Vernon WA City, State, Zip: MT Vernon WA 98273

Individual Partnership Limited Liability Company Corporation State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</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-_____ 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.

Jose Castro
Signature

10-1-14
Date

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

1667a
Poulsen

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

This is to certify that the Carolina Casualty Insurance Company
(Name of Company)
(herein after called Company) of 4600 Touchton Road ,Bldg 1, Suite 400 ,Jacksonville ,FL ,32246
(Home Address of Company)

has issued to CASTRO TRANSPORTATION SERVICES, INC of 2010 E. FIR ST. MT. VERNON, WA, 98273
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 10/07/2014 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.

Countersigned at 4600 Touchton Rd. E.
Bldg. 100 Ste. 400
Jacksonville FL 32246 This 07th day of Oct 20 14
(Address) (Day) (Month) (Year)

Insurance Company File No. 498211 (Policy No) Kathleen D. Webb (Authorized Company Representative)

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