



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

<i>For Official Use Only</i>		ID: 16675
111-0268-200-02	Received Date: 10/2/14	Docket TV-143611
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-___59553___ 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: Jordan Excavating, Inc. Phone: 360-452-3270
 Trade Name: Same Fax #: 360-452-2009
 Mailing Address: Same Physical address (if different):
 Street/PO Box: Same Street:
 City, State Zip Same City, State, Zip
 Unified Business Identifier Number (UBI): 602-191-505
 Email address: jkono@olypen.com USDOT number: 1864881

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>
Jeffrey W. Konopaski, President		1826 S Golf Course Road, Port Angeles, WA 98362	50%
Jenny L. Konopaski, Secretary/Treasurer		Same	50%

Current Business Information

Current Legal Name: Jordan Excavating Phone: (360) 452-3270
Trade Name: Same Jenny Konopaski Fax #: (360) 452-2009
Mailing Address: 1826 S. Golf Course Rd. Physical address: (if different):
Street/PO Box: _____ Street: _____

City, State Zip: Port Angeles, WA 98362 City, State, Zip: _____

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Jeffrey Konopaski, President</u>		<u>Same</u>	<u>50%</u>
<u>Jenny Konopaski, Sec/Treas</u>		<u>Same</u>	<u>50%</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- 59553 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.

Jenny L Konopaski
Signature

10/1/14
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 West American Insurance Company
(Name of Company)
(herein after called Company) of 62 Maple Ave ,Keene ,NH ,03431
(Home Address of Company)

has issued to JORDAN EXCAVATING INC of 1826 S GOLF COURSE RD ,PORT ANGELES ,WA
(Name of Motor Carrier) (Address of Motor Carrier)
98362-4901

A policy or policies of insurance effective from 08/18/2014 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 62 Maple Ave Keene NH 03431 This 20th day of Aug 20 14
(Address) (Day) (Month) (Year)

Insurance Company File No. BAW 54726629
(Policy No)

Darlene Alford
(Authorized Company Representative)

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