



UTILITIES AND TRANSPORTATION  
COMMISSION

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OCT 03 2014

1300 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](http://www.utc.wa.gov)  
transportation@utc.wa.gov

WASH. UT & TP. COMM

**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 10-3-14	ID: 16679
111-0268-200-02 50.00	Received Date: 10/3/14
Receipt ID: 051243	Payment ID:
	Insurance:

6701

**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- 22598 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: Don Palmer Enterprises Inc Phone: 360-461-3787  
 Trade Name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Physical address (if different):  
 Street/PO Box: PO Box 300 Street: ~~45032 Hwy #2~~ 991 Highway 12  
 City, State Zip Ethel, WA 98542 City, State, Zip ~~Port Angeles, WA 98283~~  
Ethel WA, 98542  
 Unified Business Identifier Number (UBI): 602316034  
 Email address: Don & Palmer 200 TD Yahoo USDOT number: 810455

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>Donald L Palmer</u>	<u>President</u>	<u>PO Box 300, Ethel, WA 98542</u>	<u>100%</u>

Current Business Information

Current Legal Name: Donald Palmer Phone: 360 461 3787

Trade Name: D & D Cedar Products Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical address: (if different):

Street/PO Box: PO Box 300 Street: ~~45032 Hwy 12~~ 991 Highway 12

City, State Zip: Ethel, WA 98542 City, State, Zip: ~~Port Angeles, WA 98263~~ Ethel, WA, 98542

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Donald Palmer</u>	<u>President</u>	<u>PO Box 300, Ethel, WA 98542</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-22598 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

9/25/14

Date

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

16629  
Pending

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

This is to certify that the North Pacific Insurance Company  
(Name of Company)  
(herein after called Company) of One Liberty Centre, 650 N E Holladay Street, Portland, OR, 97232  
(Home Address of Company)

has issued to DON PALMER ENTERPRISES  
INC (Name of Motor Carrier) of PO BOX 300, ETHEL, WA, 98542-0300  
(Address of Motor Carrier)

A policy or policies of insurance effective from 10/03/2014 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 650 NE Holladay  
Portland (Address) OR 97232 This 07th day of Oct 20 14  
(Day) (Month) (Year)

Insurance Company File No. C21 129710 (Policy No) Jerry Strawn  
(Authorized Company Representative)

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