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OCT 07 2014

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Web Site: 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		ID: 16682
111-0268-200-02	50.00	Received Date: 10-7-14
Receipt ID: 051257	Payment ID: 17475	Docket TV- 47691
		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- 42633 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: KAMSTRA CONSTRUCTION LLC Phone: 509-754-4438
 Trade Name: RICK KAMSTRA TRUCKING Fax #: 509-754-5530
 Mailing Address: _____ Physical address (if different): _____
 Street/PO Box: 375 3RD AVE N.E. Street: _____
 City, State Zip: EPHRA- WA 98823 City, State, Zip _____
 Unified Business Identifier Number (UBI): 603260179
 Email address: kamstraconstruction@hotmail.com USDOT number: 1982999

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>RICK KAMSTRA</u>	<u>OWNER</u>	<u>375 3RD AVE NE EPHRAIM, WA 98823</u>	<u>100%</u>

Current Business Information

Current Legal Name: KAMSTRA CONSTRUCTION LLC Phone: 509-754-4438
WAS

Trade Name: RICK KAMSTRA TRUCKING Fax #: 509-754-8530

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

Street/PO Box: 375 3RD AVE NE Street: _____


City, State Zip: EPHRAIM, WA 98823 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>

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- 42633 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

10-1-14
Date

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

6688
Pending

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

This is to certify that the American States Preferred Insurance Company
(Name of Company)
(herein after called Company) of 350 E 96th St ,Indianapolis ,IN ,46240
(Home Address of Company)

has issued to KAMSTRA CONSTRUCTION LLC of 375 3RD AVE NE ,EPHRATA ,WA ,98823
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 05/11/2014 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 9450 Seward Rd OH 45014 This 09th day of Oct 20 14
Fairfield (Address) (Day) (Month) (Year)

Insurance Company File No. 01C1342471
(Policy No)

imran Ali
(Authorized Company Representative)

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