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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:	
111-0268-200-02	Received Date: [azilla		Docket TV-(437'36	
Réceipt ID:	Payment ID:		Insurance: MO	
individual is the material b. From an individual c. From a corporation d. From a partnership Carrier changes from part	I name, with no chang siness structure: to a corporation or lin ajority stockholder. to a partnership, whe n or LLC to a sole proportions nership to a corporati	e in owners nited liabili the indivi rietorship of hip of the mon or LLC w	ty company (LLC), when the idual is the majority partner.	
	rporation or LLC to an wholly owned by the same asks the UTC for au	other corpo ame stockh thority to c	holders in the same proportions. hange the name of its business or	
New Business Information				
New Legal Name: Claudio Garra Phone: 509-331-8047 Trade Name: Double G Fax #: 509-488-6331 Mailing Address: 1679 W Gillis Fd Physical address (if different): Street/PO Box: 1679 W Gillis Fd Street: City, State Zip Ottello, WA 99344 City, State, Zip Unified Business Identifier Number (UBI): 602-705-125				
Email address: +Vdar19756	_ '	/	mber: 2436177	

Type of Business Structure:
🕱 Individual 🗆 Partnership 🗖 Limited Liability Company 🗖 Corporation State of Inc
NAME Claudid Gaza owner 1679 W Gils PERCENTAGE OF SHARES
Current Business Information
Current Legal Name: Claudid Garza Phone: 509-331-8047 Trade Name: Fax #: 509-488-6331
Trade Name: Fax #: Fax #:
Mailing Address: 1679 W Gillis Rd Physical address: (if different):
Mailing Address: 1679 W Gillis Rd Physical address: (if different): Street/PO Box: 1679 W Gillis Rd Street: Oh II HAR 09244 City Street Zin:
City, State Zip: Ottello, WA 99344 City, State, Zip:
☑ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation State of Inc.
NAME Claudio Garza Crurer ADDRESS GILIS PERCENTAGE OF SHARES
Claudio Jures ormer 1679 W 51/15 100 y
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-65102 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.
Claração Bargen 10/20/14 Signature Date