

**COMMON CARRIER OF PROPERTY**  
 (Excluding Household Goods Carriers and Brokers)

**APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE**

Per WAC 480-14-210

#551057

FEE: \$50.00

For Official Use Only		ID: 16728
111-0268-200-02	Received Date: 6/12/08	Docket TV-193871
Receipt ID:	Payment ID:	Insurance: MD

**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-31259 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: Karl Shoemaker Trucking LLC

Phone: 360-802-2339

Trade Name: \_\_\_\_\_

Fax #: \_\_\_\_\_

Mailing Address: 39703 302<sup>nd</sup> AVE SE

Physical address (if different):

Street/PO Box: \_\_\_\_\_

Street: \_\_\_\_\_

City, State Zip: Enumclaw, WA 98022

City, State, Zip \_\_\_\_\_

Unified Business Identifier Number (UBI): 603 024 981

Email address: CandKfam@yahoo.com

USDOT number: 357505

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>
Karl Shoemaker	Member	39703 302 <sup>nd</sup> AVE SE Enumclaw, WA 98022	50%

Carolyn Shoemaker	Member	Same as above	<del>40%</del>
-------------------	--------	---------------	----------------

Current Business Information

Current Legal Name: Shoemaker, Karl Phone: 360-802-2339

Trade Name: d/b/a Karl Shoemaker Trucking Fax #: \_\_\_\_\_

Mailing Address: Karl Shoemaker Trucking Physical address: (if different):

Street/PO Box: 39703 302<sup>nd</sup> AVE SE Street: \_\_\_\_\_  
*formal WA - 30424 Cumber/KAW Rd SE Palmer, WA 98051*  
 City, State Zip: Enumclaw, WA 98022 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>
Karl Shoemaker	Owner	39703 302 <sup>nd</sup> AVE SE Enumclaw, WA 98022	100%

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-31259 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.

Karl Shoemaker  
Signature

11-10-2014  
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 Ohio Casualty Insurance Company  
(Name of Company)  
(herein after called Company) of 9450 Seward Rd ,Fairfield ,OH ,45014  
(Home Address of Company)

has issued to KARL SHOEMAKER TRUCKING LLC (Name of Motor Carrier) of 39703 302ND AVE SE ENUMCLAW WA 98022  
(Address of Motor Carrier)

A policy or policies of insurance effective from 11/29/2014 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 07th day of Nov 20 14  
Fairfield (Address) (Day) (Month) (Year)

Insurance Company File No. BAO 56324679  
(Policy No)

Darlene Alsdorf  
(Authorized Company Representative)

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