



UTILITIES AND TRANSPORTATION
COMMISSION

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone 360-664-1222
Fax 360-586-1181
Web Site: www.wa.gov/transportation@utc.wa.gov

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: 6790
111-0268-200-02	Received Date: 11/20/14	Docket TV-43929
Receipt ID:	Payment ID:	Insurance: N/A

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-_____ asks the UTC for authority to change the name of its business or the business structure of the carrier named below under RCW §1 80 and WAC 480-14 to:

New Business Information

New Legal Name: Louis R. Lemonds Jr. Phone: 360-274-8106
 Trade Name: L.R. Lemonds Jr. Trucking Fax #: 360-274-4214
 Mailing Address: P.O. Box 593 Physical address (if different):
 Street/PO Box: _____ Street: 485 Beebe Rd.
 City, State Zip Castle Rock WA 98611 City, State, Zip Castle Rock WA 98611
 Unified Business Identifier Number (UBI): 60620002
 Email address: _____ USDOT number: 592423

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>
Louis H. Lemonds Jr.	Owner	Same	100%

Current Business Information

Current Legal Name: Ralph Lemonds + Louis H. Lemonds Phone: _____

Trade Name: _____ Fax #: _____

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

Street/PO Box: _____ Street: _____

City, State Zip: _____ 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>
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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-_____ 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.

Daly Lemonds Signature _____ Date 11-20-14

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 American States Insurance Company
(Name of Company)
(herein after called Company) of 4333 Brooklyn Avenue NE, Seattle, WA, 98185
(Home Address of Company)

(DBA) L.R. LEMONDS JR. TRUCKING

has issued to LOUIS R LEMONDS JR. of PO BOX 592, CASTLE ROCK, WA, 98611
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 10/19/2014 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 OR 97232 This 21st day of Oct 20 14
Portland (Address) (Day) (Month) (Year)

Insurance Company File No. 01-CI-787003
(Policy No)

Jerry Strawn
(Authorized Company Representative)

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