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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

<i>For Official Use Only</i>		ID: <u>16821</u>
111-0268-200-02	Received Date: <u>1/15/15</u>	Docket TV- <u>150087</u>
Receipt ID:	Payment ID:	Insurance: <u>6</u>

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-61293 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: Whitey's Trucking & Repair LLC Phone: 360-661-0107
 Trade Name: SAME Fax #: 360-399-1235
 Mailing Address: 22741 Ricky LN Physical address (if different):
 Street/PO Box: _____ Street: _____
 City, State Zip Sedro-Woolley WA 98234 City, State, Zip _____
 Unified Business Identifier Number (UBI): 603-462-372
 Email address: whiteystrucking@hotmail.com USDOT number: 1753525

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. WASH

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>KIRK LINDERMAN</u>	<u>OWNER</u>	<u>SAME</u>	<u>100%</u>

Current Business Information

Current Legal Name: Kenneth KIRK LINDERMAN Phone: 360-661-0107

Trade Name: Whitey's Trucking & Repair Fax #: 360-399-1235

Mailing Address: 92741 Rocky LN Physical address: (if different):

Street/PO Box: _____ Street: _____

City, State Zip: Sedro-Woolley, WA, 98284 City, State, Zip: _____

Individual Partnership Limited Liability Company Corporation State of Inc. WASH

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>KIRK LINDERMAN</u>	<u>OWNER</u>	<u>SAME</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-6293 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.

Kirk Linderman owner 1-1-15
 Signature Date

16824
Pending

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **COUNTRY Mutual Insurance Company** (hereinafter called Company)
of **1701 N Towanda Ave Bloomington IL 61704**

has issued to **Whitey's Trucking and Repair LLC** of **22741 Ricky Ln Sedro Woolley WA 98284**

a policy or policies of insurance effective from **01/20/2015 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at **1701 N Towanda Ave, Bloomington, IL 61704**

this **9th** day of **February**, 2015

Insurance Company File No. **AB9022526**
(Policy Number)

Doug Bova
(Authorized Company Representative)