

**RECEIVED**

FEB 05 2015

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

53989

FEE: \$50.00

<i>For Official Use Only</i>		ID: 16852
111-0268-200-02 \$50	Received Date: 2/5/15	Docket TV-15045
Receipt ID:	Payment ID: 0109	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-\_\_\_60611\_\_\_ 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: Mike Hadeen Trucking

Phone: 360-815-

LLC \_\_\_\_\_

6395 \_\_\_\_\_

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

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

Mailing Address: PO Box 115

Physical address (if different):

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

3052 Goshen Rd.

Everson, WA 98247

Bellingham, WA 98226

Unified Business Identifier Number (UBI): \_\_\_\_\_ 603-463-

326 \_\_\_\_\_

Email address: \_\_\_\_\_mhadeen22@gmail.com\_\_\_\_\_ USDOT

number: \_\_\_\_\_1772929\_\_\_\_\_

Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

NAME TITLE ADDRESS PERCENTAGE OF SHARES

\_\_\_\_ Michael Hadeen Owner 3052 Goshen Rd Bellingham, WA 98226 50% *o of*

~~Amanda Hadeen Owner 3052 Goshen Rd. Bellingham, WA 98226 50%~~

Current Business Information

Current Legal Name: \_\_\_\_\_ Mike Hadeen

Phone: \_\_\_\_\_ 360-592-

Trucking \_\_\_\_\_

8812 \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_ PO Box 115

Physical address: (if different):

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

Street: \_\_\_\_\_ 3052 Goshen Rd.

City, State Zip: \_\_\_\_\_ Everson, WA 98247

City, State, Zip: \_\_\_\_\_ Bellingham, WA

98226 \_\_\_\_\_

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

NAME TITLE ADDRESS PERCENTAGE OF SHARES

\_\_\_\_ Michael Hadeen 3052 Goshen Rd. Bellingham, WA 98226 50%

Amanda Hadeen 3052 Goshen Rd. Bellingham, WA 98226 50%

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- \_\_\_\_\_ 60611 \_\_\_\_\_ 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.

*[Handwritten Signature]*

Signature

*1-30-2015*

Date

6852  
Pending

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MIKE HADEEN TRUCKING LLC of PO BOX 115, EVERSON, WA 98247-0000 a policy or policies of insurance effective from 01/26/2015 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 13th day of February, 2015

Insurance Company File No. CA 03477946  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B