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FEB 12 2015

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

WASH. UT. & TP. COMM

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

Per WAC 480-14-210

FEE: \$50.00

For Official Use Only		ID: 16870
111-0268-200-02 \$50.-	Received Date: 2/12/15	Docket TV-150239
Receipt ID: 54042	Payment ID: 28903	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- 006543 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: Taylor's Excavators Inc Phone: 360-629-3078
 Trade Name: Taylor's Excavators Inc Fax #: 360-629-7368
 Mailing Address: _____ Physical address (if different): _____
 Street/PO Box: 3134 268th St NW Street: _____
 City, State Zip Stanwood WA 98292 City, State, Zip _____
 Unified Business Identifier Number (UBI): 601 598 722
 Email address: accounts@tayexinc.com USDOT number: 1893733

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>
Harry Taylor	President	6101 284th St NW Stanwood WA 98292	100%

Current Business Information

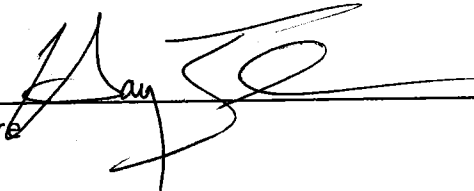
Current Legal Name: Harry Taylor
~~Taylor's Excavators Inc~~ Phone: 360-629-3078
Trade Name: Taylor's Excavators Inc Fax #: 360-629-7368
Mailing Address: 6101 284th St NW Physical address: (if different):
Street/PO Box: _____ Street: _____
City, State Zip: Stanwood WA 98292 City, State, Zip: _____

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Same as above</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- 006543 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.

Signature  Date 2/8/15

US DOT # 1893733

Form E

**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)**

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the BITCO General Insurance Corporation
(Name of Company)

(hereinafter called Company) of 320 - 18th Street, Rock Island, IL 61201
(Home Office Address of Company)

has issued to Taylor's Excavators, Inc. of 3134 268th NW, Stanwood, WA 98292
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from February 17, 2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 320 - 18th Street, Rock Island, IL 61201
(Street Address, City, State, Zip Code)

this 17th day of February 2015

Insurance Company File No. CAP 3615764
(Policy Number)



Authorized Company Representative

GU4292b (09/14)

IRM 3539B

