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FEB 27 2015

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Web Site: <u>www.utc.wa.gov</u> transportation@utc.wa.gov

COMMON WARRIER OF PROPERTY

(Excluding Household Goods Carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE Per WAC 480-14-210

Pay ID: 19	24 FEE: \$50.00	14.
For Official Use Only		ID: 690
111-0268-200-02 \$50.	Received Date: 2\27\15	Docket TV-\ \$\ightarrow334
Receipt ID: 51157	Payment ID:	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-<u>62353</u> asks the UTC for authority to change the name of its business or the business structure of the carrier named below under RCW <u>81.80</u> and WAC <u>480-14</u> to:

New Business Information

New Legal Name: アルドゥ レレ こ	Phone: 503-539-4841
Trade Name: Toku LLC / at A Toku	Fax #:
Mailing Address: Po Box 563	Physical address (if different):
Street/PO Box: Po Box 563	Street: 18735 Shirley Aue
City, State Zip Couby Casses 97013	City, State, Zip Hobbard Oreson 97037
Unified Business Identifier Number (UBI): 603 -	115 652
Email address:	USDOT number: 0778187

Type of Business Structure:					
☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation State of Inc					
NAME TITLE ADDRESS PERCENTAGE OF SHARES Richard Chaisterson Owner Po Box 563 Comby Onegon 97013 100 8					
Current Business Information Take LLC					
Current Legal Name: Richard Chaisterson Phone: 503-539-41841					
Trade Name: Toko LLC / CLS RC Brooking Fax #: Mailing Address: PS 1869 563 Physical address: (if different):					
Street/PO Box: Po Box 563 Street: 18735 Shinkley Ave					
City, State Zip: CANBY OREGON 97013 City, State, Zip: 16-66000 OREGON 97032					
☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation State of Inc					
NAME TITLE ADDRESS PERCENTAGE OF SHARES ALCHORD CHRISTERISER, OWNER POBOX 563 CONDY CARSON 97013 100 8					
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- <u>62353</u> 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 2-18-15 Date					

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (EXECUTED IN QUADRUPLICATE)



Filed with Washington Utilities and Transport	ation Commission			
			. (hereafter called commission)
(Nam	e of Commission)			•
This is to certify, that the MID-CENTURY INSI	JRANCE COMPANY			
· · · · · · · · · · · · · · · · · · ·	4)	lame of Compa	ıny)	
(hereinafter called Company) of 4680 WILSHI	RE BLVD. LOS ANGE	LES CA, 90	010	
	(Home C	Office Address o	f Company)	
has issued to TAKU LLC			*	
	(Name of Motor	Carrier)		
of PO BOX 563. CANBY OR, 97013-0563				
	(Address of Motor Cari	rier)		
a policy or policies of insurance effective from at the address of the insured stated in said policattachment of the uniform motor carrier bodily been amended to provide automobile bodily in	cy or policies and conti y injury and property da njury and property dam	mage liabilit age liability	anceled as pr ty insurance e insurance cov	ndorsement, has or have vering the obligations
imposed upon such motor carrier by the provising jurisdiction or regulations promulgated in accommodate with the company agrees to endorsements thereon.	ordance therewith.			
This certificate and the endorsement described attached. Such cancellation may be effected by State commission, such thirty (30) days' notice the commission.	y the Company or the ir e to commence to run fr	nsured giving om the date	g thirty (30) da	ays' notice in writing to the
Countersigned at 5665 N. KRAFT LAKE	CALEDONIA MI	49316		
(Street Address)	(City)	•	(State)	(ZIP Code)
this 3	day of	MARCH		year <u>2015</u>
Insurance Company File No. 604828684			don	a. withans
(Policy	No.)	(Authorized Con	nany Repressentative)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act(49 U.S.C., sec. 302(b)(2)).