

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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Web Site: [www.utc.wa.gov](http://www.utc.wa.gov)  
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**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: <u>16961</u>
111-0268-200-02	Received Date: <u>2/11/15</u>	Docket TV- <u>150560</u>
Receipt ID:	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 CC27377 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: TJB ENT INC Phone: 360-785-3012  
 Trade Name: \_\_\_\_\_ Fax #: 360-785-3012  
 Mailing Address: 2402 Hwy 603 Physical address (if different): \_\_\_\_\_  
 Street/PO Box: 2402 Hwy 603 Street: \_\_\_\_\_  
 City, State Zip WINLOCK WA 98596 City, State, Zip \_\_\_\_\_  
 Unified Business Identifier Number (UBI): 602217633  
 Email address: EMSQUEAKLY@YAHOO.COM USDOT number: ~~XXXX~~  
 # 350285



Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. WA

NAME TITLE ADDRESS PERCENTAGE OF SHARES

Tim Bowers OWNER Winlock WA 98596 100%

Current Business Information

Current Legal Name: Tim Bowers Log Phone: 360-785-3012  
Trade Name: \_\_\_\_\_ Fax #: 360-785-3012

Mailing Address: 2402 Hwy 603 Physical address: (if different): \_\_\_\_\_

Street/PO Box: 2402 Hwy 603 Street: \_\_\_\_\_

City, State Zip: Winlock WA 98596 City, State, Zip: \_\_\_\_\_

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

NAME TITLE ADDRESS PERCENTAGE OF SHARES

Tim Bowers OWNER Winlock WA 98596 100%

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 27377 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.

Timothy J. Bowers 4-1-15  
Signature Date

16961  
Paddy

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

Filed with WUTC (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the AMERICAN FOREST CASUALTY COMPANY, RISK RETENTION GROUP  
(Name of Company)

(hereinafter called Company) of 1330 LADY STREET COLUMBIA, SC 29211  
(Home Office Address of Company)

Has issued to TJB Ent Inc. of 2402 Hwy 603 Winlock, WA 98596  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 06/15/2014 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 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 affect 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 1800 Second Street Suite 915 Sarasota, Florida 34236  
(Street Address) (City) (State) (Zip Code)

This 6th day of April 2015

Insurance Company File No. 093170  
(Policy Number)

*Whitney Cook*

(Authorized Company Representative)