



UTILITIES AND TRANSPORTATION  
COMMISSION

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  
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>ka83</u>
111-0268-200-02	Received Date: <u>9/1/15</u>	Docket TV- <u>150631</u>
Receipt ID:	Payment ID:	Insurance: <u>NA</u>

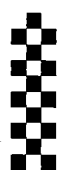
**Application for Change of Name or Business Structure may be used ONLY in the following circumstances:**

- 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 CC65602 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: TM Transport LLC Phone: (509) 380-5129  
 Trade Name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Mailing Address: 1720 W Henry St Physical address (if different):  
 Street/PO Box: 1720 W Henry St Street: 1720 W Henry St  
 City, State Zip: Pasco, WA 99301 City, State, Zip: Pasco, WA 99301  
 Unified Business Identifier Number (UBI): 603472938  
 Email address: Sportsmessage@yahoo USDOT number: 2555363



**Type of Business Structure:**

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

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
Thomas Maydich	OWNER	1720 W Henry St Pasco, WA 99301	100%

**Current Business Information**

Current Legal Name: Thomas Maydich Phone: (509) 380-5129

Trade Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: 1720 W Henry St Pasco Physical address: (if different):  
 Street/PO Box: Pasco WA 99301 Street: 1720 W Henry St  
 City, State Zip: Pasco, WA 99301 City, State, Zip: Pasco WA 99301

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

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
Thomas Maydich	OWNER	1720 W Henry St Pasco, WA 99301	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- LLC 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]  
Signature

4-14-15  
Date

**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 TM TRANSPORT LLC of 1720 W HENRY ST, PASCO, WA 99301 a policy or policies of insurance effective from 03/12/2015 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 17th day of March, 2015

Insurance Company File No. CA 03533059  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B