

W-151019



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MAY 12 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

WASHINGTON  
**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>7102</u>
111-0268-200-02 <u>50.00</u> <u>55.00</u>	Received Date:
Receipt ID:	Payment ID: <u>3018</u>
	Insurance: <u>on file</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 CC- 23609 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: Casey Winters Trucking, Inc Phone: 360-477-0618  
 Trade Name: CWT INC per email Fax #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Physical address (if different): \_\_\_\_\_  
 Street/PO Box: P.O. Box 932 Street: \_\_\_\_\_  
 City, State Zip: Chehalis, WA 98532 City, State, Zip \_\_\_\_\_  
 Unified Business Identifier Number (UBI): 603 249 080  
 Email address: \_\_\_\_\_ USDOT number: 2353370

Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. S

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
Casey Winters	president	same	100%

Current Business Information

Current Legal Name: Casey Winters Trucking LLC Phone: 360-477-0618

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

Mailing Address: 2034 W. 16th St. Physical address: (if different): \_\_\_\_\_

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

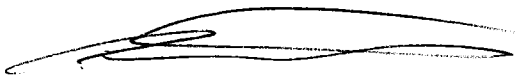
City, State Zip: Port Angeles, WA 98363 City, State, Zip: \_\_\_\_\_

Individual  Partnership  Limited Liability Company  Corporation State of Inc. S

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
Casey Winters	president	same	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- 23409 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

5/8/15

Date

**TYPE OF PAYMENT**

Check     Money Order

Amount \$ \_\_\_\_\_

Amex     Discover     Mastercard     Visa

Expiration Date \_\_\_\_\_

Credit Card number:

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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: Casey Winters Trucking, Inc.

Name (printed): Casey Winters                      Date: 5/8/15

Signature:                       Title: President

If paying by credit card, you may fax your application to 360-586-1181 or scan to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)