

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: 17025
111-0268-200-02	Received Date: 5/18/15	Docket TV-151076
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 CC- 65635 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: CARRIGAN LLC Phone: 509-770-1324
 Trade Name: _____ Fax #: 253-373-1574
 Mailing Address: 1851 CENTRAL PL S, #205 Physical address (if different):
 Street/PO Box: _____ Street: 5012 W ARGENT RD
 City, State Zip KENT, WA 98030 City, State, Zip PASCO, WA 99301
 Unified Business Identifier Number (UBI): 603 480 691
 Email address: CARRIGAN396@GMAIL.COM USDOT number: 2436298

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
CARRIGAN LLC	MANAGING MEMBER	5012 W ARGENT RD, PASCO, WA 99301	100%

Current Business Information

Current Legal Name: CARRIGAN, CALEB Phone: 509-770-1324

Trade Name: D/B/A CARRIGAN Fax #: 253-373-1574

Mailing Address: 1402 AUBURN WAY N, #457 Physical address: (if different):

Street/PO Box: _____ Street: 5012 W ARGENT RD

City, State Zip: AUBURN WA 98002 City, State, Zip: PASCO WA 99301

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</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- 65635 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.

Dana Brady
Signature

5-18-2015
Date

Handwritten signature
M 5444 (01/2010)

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPPLICATE)

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

This is to certify, that the National Indemnity Company
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to CARRIGAN LLC
(Name of Motor Carrier)

of 5012 ARGENT RD, PASCO, WA 99301
(Address of Motor Carrier)

a policy or policies of insurance effective from 06/16/2015 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 Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 17th day of June, 20 15

Handwritten signature

Authorized Representative

Insurance Company File No. 70TRS051028-01
(Policy Number)

750,000 CSL