



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

For Official Use Only	ID: 12046	
111-0268-200-02 50.00	Received Date: 6-3-15	Docket TV-\\$\\\17
Receipt ID: 55969	Payment 1D: 7002194	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 CC60084	asks the UTC for authority to change the name of its business or
the business structure of the carri-	er named below under RCW <u>81.80</u> and WAC <u>480-14</u> to:

New Business Information

New Legal Name:_Northstar CG, LP	Phone:_425-881-0623	
Trade Name:_ReNu Recycling Services	Fax #:425-881-5935	
Mailing Address:	Physical address (if different):	
Street/PO Box:_8160 304 th Ave SE	Street:	
City, State Zip_Issaquah, WA 98027	City, State, Zip	
Unified Business Identifier Number (UBI):602 614 420		
Email address: tsmith@northstar.com	USDOT number:_419176	

Type of Business Structure:

☐ Individual ☐ Pa	artnership 🗆 Limited	Liability Compar	ny X Corporation State of Inc. Delaware		
		Ave, Suite 1803	PERCENTAGE OF SHARES New York, NY 10001; 99.99% te 2300, Seattle WA 98101 0.01%		
Current Business	Information	· · · · · · · · · · · · · · · · · · ·			
Current Legal Name	:_NCM Contracting Gr	oup, LP	Phone:_425-881-0623		
Trade Name:_ReNu	Recycling Services		Fax #:425-881-5935		
Mailing Address:	· · · · · · · · · · · · · · · · · · ·		Physical address: (if different):		
Street/PO Box:_816	0 304 th Ave SE	,	Street:		
City, State Zip:_Issac	quah, WA 98027	<u> </u>	City, State, Zip:		
☐ Individual ☐ Partnership ☐ Limited Liability Company X Corporation State of Inc. Delaware_					
•	TITLE gs LLC; LP; roup GP, Inc.; GP;	Same address;			
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 CC60084 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	£ .		5 27 15 Date		

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission	(herein after called Agency)
(Name of Agency)	
This is to certify that the National Union Fire Ins. Co. of Pittsburgh PA	
(Name of Company)	
(herein after called Company) of 175 WATER STREET , New York ,NY ,10038	
(Home Address of Company)	
(DBA) RENU RECYCLING SERVICES	
has issued to NORTHSTAR CG LP of 8160 304TH AVE SE ISSAQUAH	.WA .98027
(Name of Motor Carrier) (Address of Motor Carrier)	
A policy or policies of insurance effective from 07/01/2014 , 12:01 A.M. standard time at the add- policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Ca Damago Liability insurance Endorsement, has or have been amended to provide automobile bodily injury and pro- covering the obligations larposed upon such motor carrier by the provisions of the motor carrier law of the State in regulations promulgated in accordance therewith.	anter Bodily Inlury and Property
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or polici. This certificate and the endorsement described herein may not be cancelled without cancellation of the polici cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State accommence to run from the date notice is actually received in the office of the Agency.	cy to which it is attached. Such
175 Water Street, 38th FL	day of Jun 20 15
Countersigned at New York NY 10038 This O9th (Address)	day of Jun 20 15 (Year)
	-
Insurance Company File No. 5101688 Joseph Davide	·
(Policy No) (Authorized Co	ompany Representative)

Liability Limit :2,000,000.00