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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: 17050
111-0268-200-02	Received Date: 6/5/15	Docket TV-151184
Receipt ID:	Payment ID:	Insurance: 02

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:
 - From an individual to a corporation or limited liability company (LLC), when the individual is the majority stockholder.
 - From an individual to a partnership, when the individual is the majority partner.
 - From a corporation or LLC to a sole proprietorship of the majority shareholder.
 - 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 LLCs are wholly owned by the same stockholders in the same proportions.

Holder of Permit CC- 6502 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: KTE company LLC Phone: 425-864-3009
 Trade Name: KTE Express LLC Fax #: N/A 253-872-5307
 Mailing Address: 3811 NE 3rd St # 9107 Physical address (if different):
 Street/PO Box: SAME Street: SAME
 City, State Zip: Renton WA 98056 City, State, Zip: SAME
 Unified Business Identifier Number (UBI): 603-450-161
 Email address: N/A USDOT number: N/A

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
KEVIN EITERNICK	owner	3811 E 3 rd St of 9107 Renton WA 98056	100
	owner		

Current Business Information

Current Legal Name: KTEXPRESS LLC Phone: 425-864-3009
 Trade Name: N/A Fax #: 253-872-5307
 Mailing Address: 3811 E 3rd St of 9107 Physical address: (if different):
 Street/PO Box: SAME Street: SAME
 City, State Zip: Renton WA 98056 City, State, Zip: SAME

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
KEVIN EITERNICK	owner	SAME	100
	owner		

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-65662 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

5/21/15
Date

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (EXECUTED IN QUADRUPPLICATE)



Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

_____ (hereafter called commission)

(Name of Commission)

This is to certify, that the FARMERS INSURANCE EXCHANGE

_____ (Name of Company)

(hereinafter called Company) of 4680 WILSHIRE BLVD LOS ANGELES CA 90010

_____ (Home Office Address of Company)

has issued to KTE COMPANY LLC

_____ (Name of Motor Carrier)

of 3811 NE 3RD CT #G107 RENTON, WA 98056

_____ (Address of Motor Carrier)

a policy or policies of insurance effective from 06/05/2015, 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 5665 Kraft Lake Caledonia MI 49316

(Street Address)

(City)

(State)

(ZIP Code)

this 5TH

day of JUNE

, year 2015

Insurance Company File No. 605014925

(Policy No.)

(Authorized Company Representative)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act(49 U.S.C., sec. 302(b)(2)).