

1300 South Evergreen Park Drive SW PO 80x 47250 Olympia, WA 98504-7250 Phone 360-664-1222 Fax 350-586-1181 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

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For Official Use Only		ID: 1093		
111-0268-200-02	Received Date: 6 8	Docket TV-		
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- 203 89 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: Huson Trucking Company	Phone: 30-532- 821
Trade Name:	Fax#: 360-532-0607
Mailing Address: N box 43	Physical address (if different):
Street/PO Box:	Street: 110 CHMMCVLE GVELT
City, State Zip Ablvalla Wa 98520	City, State, Zipkblydeln Wa 48520
	39 447
Email address: Suny Ctrailer Service 6. NEt	USDOT number: 513036

Type of Business Structure:								
☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation State of Inc. ☐								
NAME TIMES C Mason Middlent 10 Commerce 4 Abbrille Wa 48520								
John Con 102 M								
Current Business Information								
Current Legal Name: HUSIN Trucking Compliant Phone: 340 53 2 (8 2) Trade Name: Fax#: 310 53 2 0607 Mailing Address: 10 614 13 Physical address: (if different): Street/PO Box: Street: 110 Company State of Inc. WK								
NAME TITLE ADDRESS PERCENTAGE OF SHARES								
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- 20369 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 U-18-2015 Date								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/18/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ertificate holder in lieu of su	cn endor	seme	nt(s)		1 000:	O.T.			
TABBOOK						CONTACT Joanne Hurley				
WCLA Insurance Agency					PHONE (A/C, No. Ext): (360) 352-5033 x2 FAX (A/C, No): (360) 352-1689					
P O Box 2168						E-MAIL ADDRESS: joanne@loggers.com				
						INSURER(S) AFFORDING COVERAGE NAIC #				
Olympia WA 98507-2168						INSURER A American Forest Cas. Co., RRG				
INSURED						INSURER B: Landmark American Insurance Co				
Mas	son Trucking Co.,	Inc.				INSURER C:				
P. O. Box 43						INSURER D :				
						INSURER E :				
Abe	erdeen	WA 98	520							
CO	VERAGES	CER	TIFIC	CATE NUMBER:2014			REVISION NUMBER:			
					1	VE BEE	EN ISSUED TO		ED NAMED ABOVE FOR THE P	OLICY PERIOD
CI		OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	ES DESCRIBE	DOCUMENT WITH RESPECT T D HEREIN IS SUBJECT TO AL S.	
INSR		-	ADDL	SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMITS	
LTR	GENERAL LIABILITY		INSR	WVD	POLICY NUMBER		(MM/DD/TTTT)	(MIN/DD/TTTT)		
	COMMERCIAL GENERAL LIAB	II 1 T 37	1						DAMAGE TO RENTED	
			i				l		PREMISES (Ea occurrence) \$	
	CLAIMS-MADE OC	CCUR							MED EXP (Any one person) \$	
	<u> </u>								PERSONAL & ADV INJURY \$	
	<u> </u>								GENERAL AGGREGATE \$	
	GEN'L AGGREGATE LIMIT APPLIES								PRODUCTS - COMP/OP AGG \$	
		LOC							\$ COMBINED SINGLE LIMIT	
	AUTOMOBILE LIABILITY								(Ea accident) \$	1,000,000
Α	ANY AUTO ALL OWNED SCHEI	חוובה			NECO40650-14		7/15/2014	7/15/2015	BODILY INJURY (Per person) \$	
	L AUTOS AUTOS	SWNED			AFC040650-14		//15/2014	7/15/2015	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
	HIRED AUTOS AUTOS								(Per accident)	
									Uninsured motorist combined \$	1,000,000
	UMBRELLA LIAB OC	CCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CL	AIMS-MADE						1	AGGREGATE \$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECU	JTIVE TIN	N/A						E.L. EACH ACCIDENT \$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	L	N'A						E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS be	low						İ	E.L. DISEASE - POLICY LIMIT \$	
В	Motor Truck Cargo				LAN040019		7/15/2014	7/15/2015	Single Conveyance/\$400,000 De	duct/50,000
									- Carigio Contro Januaro 100,000	4400,00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Proof of liability insurance.										
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CEF	RTIFICATE HOLDER					CANC	ELLATION			 1
(360) 586-1181 Washington Utilities and Transportation				nsportation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Commission P.O. Box 47250 Olympia, WA 98504						AUTHORIZED REPRESENTATIVE				
					Joanne Hurley/JOANNE Channe Hurley					