

RECEIVED

JUL 10 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

WASH. UT. & TP. COMM

**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: 1129
111-0268-200-02 \$50.00	Received Date: 7/10/15	Docket TV-151415
Receipt ID: 55758	Payment ID: 24152	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- 161DD 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: Claude B Renfro & Sons, Inc. Phone: (509) 674-2734  
Trade Name: Same Fax #: (509) 674-5749  
Mailing Address: P.O. Box 848 Physical address (if different):  
Street/PO Box: 1158 Nelson Siding Rd Street:  
City, State Zip: Cle Elum, WA 98922 City, State, Zip:  
Unified Business Identifier Number (UBI): 602-353-073  
Email address: \_\_\_\_\_ USDOT number: 532589

Type of Business Structure:

☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
Claude B. Renfro	President	1150 Nelson Siding Rd, Cle Elum, WA	55%
Anthony L. Luchau	V. President	1150 Nelson Siding Rd, Cle Elum, WA	32.5%
David W. Renfro	V. President	50 Wallace Dr. Cle Elum, WA	5%
Donovan B. Renfro	V. President	4410 Westside Rd Cle Elum, WA	5%
Cynthia L. Luchau	Sec/Treas	1150 Nelson Siding Rd, Cle Elum	2.5%

Current Business Information

Current Legal Name: Claude B. Renfro Phone: (509) 674-2734

Trade Name: Claude B. Renfro & Sons Fax #: (509) 674-5749

Mailing Address: 1150 Nelson Siding Rd Physical address: (if different): \_\_\_\_\_

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

City, State Zip: Cle Elum, WA 98922 City, State, Zip: \_\_\_\_\_

☒ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
Claude B. Renfro	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- 116100 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.

Claude B. Renfro  
Signature

July 6, 2015  
Date

## TYPE OF PAYMENT

☒ Check    ☐ Money Order

Amount \$ 50<sup>00</sup>

☐ Amex    ☐ Discover    ☐ Mastercard    ☐ Visa

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

Credit Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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: Claude B. Renfro & Sons, Inc.

Name (printed): Claude B. Renfro    Date: July 6, 2015

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)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2015

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).

<b>PRODUCER</b> Wycoff Insurance Agency Inc. 501 South 2nd Street P. O. Box 1010 Mount Vernon WA 98273	<b>CONTACT NAME:</b> Molly Saben <b>PHONE (A/C, No, Ext):</b> (360) 336-2112 <b>FAX (A/C, No):</b> (360) 336-5241 <b>E-MAIL ADDRESS:</b> MollyS@wycoffinsurance.com														
<b>INSURED</b> Claude B. Renfro & Sons Inc. 1150 Nelson Siding Road Cle Elum WA 98922	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Alaska National Ins Co</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Alaska National Ins Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Alaska National Ins Co															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:** 14-15 auto liab**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			14JAT31424	10/1/2014	10/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**WUTC  
P.O. BOX 9022  
OLYMPIA, WA 98504

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.