



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

<i>For Official Use Only</i>		ID: 17214
111-0268-200-02	Received Date:	Docket TV- 151730
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- 23881 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: JJ Kooy Truckin, Inc. Phone: 425-754-8492
 Trade Name: _____ Fax #: 360-794-1820
 Mailing Address: 12714 - 251 st Ave. SE. Physical address (if different): _____
 Street/PO Box: _____ Street: _____
 City, State Zip MONROE, Wa. 98272 City, State, Zip _____
 Unified Business Identifier Number (UBI): 602 936 744
 Email address: AKooy@Frontier.com USDOT number: 2148828

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>
Jerry L. Koog Jr	Pres	12714-251st Ave. Se. Monroe, WA. 98272	100%

Current Business Information

Current Legal Name: Jerry Koog Jr. DBA Phone: 425-754-8492
 Trade Name: JJ Koog Truckin Fax #: 360-794-1820
 Mailing Address: 12714-251st Ave. Se. Physical address: (if different):
 Street/PO Box: _____ Street: _____
 City, State Zip: Monroe, WA. 98272 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>
Jerry Koog Jr.	Owner	12714-251st Ave. Se. Monroe, WA. 98272	100%

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- 23881 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.

Jerry Koog Jr. _____ 8-14-2015
 Signature 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 Ohio Security Insurance Company
(Name of Company)
(herein after called Company) of 9450 Seward Rd. ,Fairfield ,OH ,45014
(Home Address of Company)

has issued to J J KOQY TRUCKIN, INC. of 10918 227TH AVE SE ,MONROE ,WA 98272
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 07/01/2015 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 9450 Seward Rd.
Fairfield OH 45014 This 05th day of Aug 20 15
(Address) (Day) (Month) (Year)

Insurance Company File No. BAS 56776900 Dana Shutters
(Policy No) (Authorized Company Representative)

Liability Limit :1,000,000.00