



attention to Mike Dotson

1300 South Evergreen Park Drive SW
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Olympia, WA 98504-7250
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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: 17223 |
| 111-0268-200-02 | Received Date: 8/28/15 | Docket TV- 151774 |
| Receipt ID: | Payment ID: 531608 | 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- 65531 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: Baz Express LLC

Phone: 2536829647 _____

Trade Name: Baz Express LLC

Fax #: 2535641712

Mailing

Physical address (if different):

Address: PO Box 1650, Clackamas, OR, 97015

Street: 1040 S Oxford St _____

City, State, Zip _Tacoma, WA 98466__

Unified Business Identifier Number (UBI): 603523597

Email address: usa0485@hotmail.com

USDOT number: 2525434

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> |
|-------------|--------------|-----------------------------------|-----------------------------|
| Dmitri Baz | Owner | 1040 S Oxford St Tacoma, WA 98466 | 100% |

Current Business Information

Current Legal Name: Baz Express LLC _____ Phone: 2536829647
Trade Name: Baz Express LLC _____ Fax #: 2535641712
Mailing Address: _____ Physical address: (if different):
Street/PO Box: PO Box 1650 _____ Street: 1040 S Oxford St
City, State Zip: Clackamas, OR 97015 _____ City, State, Zip: Tacoma, WA 98466
 Individual Partnership Limited Liability Company Corporation State of Inc. _____

| <u>NAME</u> | <u>TITLE</u> | <u>ADDRESS</u> | <u>PERCENTAGE OF SHARES</u> |
|-------------|--------------|-----------------------------------|-----------------------------|
| Dmitri Baz | Owner | 1040 S Oxford St Tacoma, WA 98466 | 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-_____ 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

08/27/2015
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 Lancer Insurance Company
(Name of Company)
(herein after called Company) of 370 West Park Avenue ,P.O. Box 9004 ,Long Beach ,NY ,11561
(Home Address of Company)

has issued to BAZ EXPRESS LLC of PO BOX 1650 CLACKAMAS OR 97015
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 07/28/2015 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.

12276-214 San Jose Blvd
PO Box 56728
Countersigned at Jacksonville FL 32223 This 05th day of Aug 20 15
(Address) (Day) (Month) (Year)

Insurance Company File No. CM0058865
(Policy No)

Kelley Fisher
(Authorized Company Representative)

Liability Limit :1,000,000.00