

COMMON CARRIER OF PROPERTY
(Excluding Household Goods Carriers and Drivers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

FEE: \$50.00

571218

For Official Use Only	Received Date: 11/15	ID:
111-0258-200-02	Payment ID:	Product: TV-152108
Receipt 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 or 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 LLCs are wholly owned by the same stockholders in the same proportions.

Holder of Permit CC-602707 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 490.14 to:

New Business Information

JOHNATHAN SCOTT PERKES
 New Legal Name: NIKHOLE MARIE BELGES Phone: (509) 244-8303
 Trade Name: BLUHWIK TAXI Fax #: (509) 865-1572
 Mailing Address: 732 SUMMITVIEW AVE Physical address (if different):
 Street: 3601 W WASHINGTON AVE
 Street/PO Box: # 657
 City, State Zip: YAKIMA, WA 98902 City, State Zip: YAKIMA, WA 98902
 Unified Business Identifier Number (UBI): 602 538 955
 Email address: bluhawk7681@gmail.com usDOT number: _____

1330 South Ferguson Parkway, Ste
 Olympia, WA 98541-7250
 Phone: 360 494-4722 Fax: 360 494-5381
 Web Site: www.utc.wa.gov
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Type of Business Structure:

Partnership Limited Liability Company Corporation State of Inc. _____

NAME: TON BEIGGS TITLE: OWNER ADDRESS: _____ PERCENTAGE OF SHARES: _____

NICHOLE BEIGGS OWNER

Current Business Information

Current Legal Name: JOHNATHAN SCOTT BEIGGS Phone: (509) 249-8303

Trade Name: BLINKWAVE TAXI Fax #: (509) 565-1572

Mailing Address: 732 SUMMITVIEW AVE Physical address (if different): _____

Street/PO Box: #657 Street: 3601 W WASHINGTON 411

City, State, Zip: YAKIMA, WA 98902 City, State, Zip: YAKIMA, WA 98903

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME: TON BEIGGS TITLE: OWNER ADDRESS: _____ PERCENTAGE OF SHARES: _____

NICHOLE BEIGGS OWNER

Certification: I, the undersigned, affirm 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: 02707 as provided in RCW 61.80.

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.



11/6/15

Date

Form E
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

\$0
\$0

Filed with WA Utilities & Trans. Comm. (hereinafter called Commission)
(Name of Commission)

This is to certify, that the National Casualty Company
(Name of Company)

(hereinafter called Company) of 8877 N. Gainey Center Drive, Scottsdale, AZ 85258
(Home Office Address of Company)

has issued to JONATHAN SCOTT BRIGGS & NICHOLE MARIE BRIGGS
(Name of Motor Carrier) of DBA: BLUHAWK TAXI of 3601 W. WASHINGTON #11 PMB 657, YAKIMA, WA 98903
(Address of Motor Carrier)

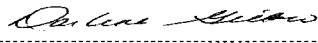
a policy or policies of insurance effective from November 06, 2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability 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 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 cancelled 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 8877 N. Gainey Center Drive Scottsdale AZ 85258
(Street Address) (City) (State) (Zip Code)

this 06 day of November 2015

Insurance Company File No. CAO7765240
(Policy Number) 
(Authorized Company Representative)