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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: 17342
111-0258-200-02	Received Date: 11/19/15	Docket TV-152216
Receipt ID:	Payment ID: 03720	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-10901 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: Great Northwest Transport, LLC	Phone: 509-545-4400
Trade Name:	Fax #: 509-542-2235
Mailing Address:	Physical address (if different):
Street/PO Box: PO BOX 2565	Street: 251 N Commercial Ave
City, State Zip: Pasco, WA 99302	City, State, Zip: Pasco, WA 99302

Unified Business Identifier Number (UBI): 602-508-697

Email address: Transportation@gnwtransport.com USDOT number: 235871

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME TITLE ADDRESS PERCENTAGE OF SHARES

Current Business Information

Current Legal Name: Savage Transportation , LLC

Phone: 509-545-4400

Trade Name:

Fax #: 509-542-2235

Mailing Address:

Physical address: (if different):

Street/PO Box: PO BOX 2565

Street: 251 N Commercial Ave

City, State Zip: Pasco, WA 99302

City, State, Zip: Pasco, WA 99302

Individual Partnership Limited Liability Company Corporation State of Inc. _____

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-10901 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.

John Jean Dennis
Signature

11/13/15
Date

