

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

For Official Use Only		ID: 17342
111-0268-200-02	Received Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Docket TV- 16 116
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-10901 asks the UTC for authority to change the name of its business or the business structure of the carrier named below under RCW <u>81.80</u> and WAC <u>480-14</u> 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

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.	Type of Business Structure:					
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 □ 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.	□ Individual	☐ Partnership ✓ Lin	nited Liability Comp	any Corporation State of Inc.		
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	Signature	Jon James	<u> </u>			

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2015

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). CONTACT NAME: (A/C, No, Ext): (559) 374-3560 Fresno CSG Alliant Insurance Services, Inc. FAX (A/C, No): 9 E. River Park Place East Ste 310 Fresno, CA 93720 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Nationwide Agribusiness Insurance Co 28223 INSURED **Great Northwest Transport, LLC** INSURER C: (formerly Savage Transportation LLC) INSURER D : P O Box 740 Colfax, WA 99111 INSURER E INSURER F : **COVERAGES CERTIFICATE NUMBER:** 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS LTR COMMERCIAL GENERAL LIABILITY 1.000.000 Α EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CPP850283A 11/01/2015 | 11/01/2016 100,000 CLAIMS-MADE | X | OCCUR \$ 5.000 MED EXP (Any one person) 1.000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE s 2,000,000 PRO-JECT POLICY | PRODUCTS - COMP/OP AGG \$ HERB PEST OR FE s 1,000,000 OTHER COMBINED SINGLE LIMIT (Ea accident) s 1,000,000 AUTOMOBILE LIABILITY 11/01/2015 11/01/2016 CA850283B BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ UMBRELLA LIAB 10,000,000 X EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** CU850283A 11/01/2015 11/01/2016 Α AGGREGATE \$ CLAIMS-MADE 10,000,000 RETENTION \$ Aggregate DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$. If yes, describe under DESCRIPTION OF OPERATIONS below 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** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Washington Utilities and Transportation Commission ACCORDANCE WITH THE POLICY PROVISIONS. 1300 S Evergreen Park Dr SW Olympia, WA 98504 AUTHORIZED REPRESENTATIVE