

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: 17935
111-0268-200-02	Received Date: 1/2/16	Docket TV- 60153
Receipt ID:	Payment ID: 05611	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- 63803 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: Freight NW LLC Phone: 253-572-1178
 Trade Name: Same Fax #: 253-383-3880
 Mailing Address: 6824 19th St. W #198 Physical address (if different):
 Street: 1201 Puyallup Ave
 City, State Zip University Place, WA 98466 City, State, Zip Tacoma, WA 98421
 Unified Business Identifier Number (UBI): 603-019-046
 Email address: john@freightnorthwest.com USDOT number: 2064399

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>
_____	_____	_____	_____
_____	_____	_____	_____

Current Business Information

Current Legal Name: Freight Northwest LLC Phone: _____

Trade Name: _____ Fax #: _____

Mailing Address: _____ Physical address: (if different): _____

Street/PO Box: _____ Street: _____

City, State Zip: _____ 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>
_____	_____	_____	_____
_____	_____	_____	_____

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- 63803 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

1/28/2016
Date

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

\$100,000

\$0

AMEND
CC63803

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 FREIGHT NW, LLC (Name of Motor Carrier) of 1201 PUYALLUP AVE, TACOMA, WA 98466
(Address of Motor Carrier)

a policy or policies of insurance effective from February 01, 2016 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 02 day of February 2016

Insurance Company File No. CTO1401923
(Policy Number)


(Authorized Company Representative)

04767