

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

WHEN PERMIT IS ISSUED CAN IT BE FAX TO 503-678-181.

1300 South Evergreen Park Drive S.W. P.O. Box 47250 Olympia, WA 98504-7250 Transportation: 360-664-1222 Fax: 360-586-1181

#008997 with

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

(excluding Household Goods carriers and Brokers)

FEE: \$50

110366

(For Commission Use Only)

Received Date: 0003544 Legal Action: 111 2068-200-02 50.00 Number: Insurance: W binder

61820

Holder of Permit No. CC-61820 asks the WUTC for authority to change the name of or the business structure of the carrier named below, pursuant to the provisions of 81.80 RCW and WAC 480-14 to:

NEW NAME: Fluhr Transportation LLC (New Individual, Partnership or Corporate Name) PHONE #: 503-678-1060

MAILING ADDRESS: 12164 Ehlen Rd NE, Aurora OR 97002

PHYSICAL ADDRESS: 8499 Sidwalter Warm Springs OR 97761

UBI #: 602 674 993

TYPE OF NEW BUSINESS STRUCTURE

INDIVIDUAL PARTNERSHIP x CORPORATION - STATE OF INCORPORATION Oregon LLC

Table with columns: NAME, TITLE, STOCK DISTRIBUTION or PERCENTAGE OF SHARE. Rows: Lynn Fluhr (Member, 50%), Glenn Fluhr (Member, 50%)

CURRENT NAME: Fluhr Transportation PHONE #: 503-678-1060

ADDRESS: 8499 Sidwalter Warm Springs OR 97002

TYPE OF CURRENT BUSINESS STRUCTURE

INDIVIDUAL x PARTNERSHIP CORPORATION - STATE OF INCORPORATION

Table with columns: NAME, TITLE, STOCK DISTRIBUTION or PERCENTAGE OF SHARE. Rows: Lynn Fluhr (Partner, 50%), Glenn Fluhr (Partner, 50%)

Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. Petitioner further submits with this application approved copies of the amended Articles of Incorporation, if applicable. The undersigned applicant requests that the Commission enter an order granting its petition as provided for in Chapter 81.80 RCW.

Thereby declare and affirm that the above and foregoing information is true to the best of my knowledge and belief.

Anna B Bates

Signature(s)

12/7/2006

Date

APPLICATION INSTRUCTIONS

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE@ may be used **ONLY** in the following circumstances:

- < Change of carrier=s name, with no change in ownership or business structure.
- < Change of business structure from individual to corporation to incorporate an individual=s business when the individual is the majority stockholder, or, by an individual to a partnership, when the individual is the majority partner, or from a corporation to a proprietorship of the majority shareholder, or by a partnership to a proprietorship of the majority partner.
- < Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- < Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

BEFORE SUBMITTING THIS APPLICATION YOU MUST INCLUDE:

- The completed application form.
- The \$50.00 fee.
- If an individual name change, legal proof of the change, e.g. marriage license, divorce decree.
- If a corporation, a copy of the approved amended Articles of Incorporation.
- Have your insurance agent submit a new Form E Certificate of Insurance in the new name.



Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Organization—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol Bl. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED
APR 10 2006

OREGON
SECRETARY OF STATE

For office use only

REGISTRY NUMBER: 346233.97

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Fluhr Transportation LLC

2) DURATION (Please check one.)

Latest date upon which the Limited Liability Company is to dissolve is _____

Duration shall be perpetual.

3) NAME OF THE INITIAL REGISTERED AGENT

Lynn M. Fluhr

4) ADDRESS OF THE INITIAL REGISTERED AGENT

(Must be an OREGON Street Address, which is identical to the registered agent's business office.)

5499 Sidwaker

Warm Springs, OR 97761

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES

Lynn M. Fluhr

P.O. Box 720

Warm Springs, OR 97761

6) NAME AND ADDRESS OF EACH ORGANIZER

Lynn M. Fluhr

P.O. Box 720, Warm Springs, OR 97761

7) IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.

This limited liability company is managed by a single manager.

This limited liability company is managed by multiple manager(s).

8) IF RENDERING A PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.

9) OPTIONAL PROVISIONS (Attach a separate sheet if necessary.)

10) EXECUTIONS (The title for each signer must be "Organizer.")

Signature

Lynn M. Fluhr

3/5/06

Printed Name

Lynn M. Fluhr

Title

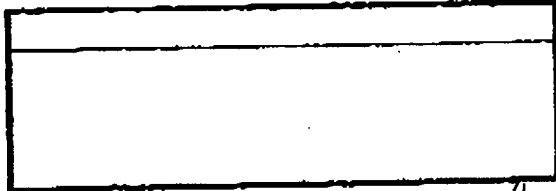
Organizing Member

11) CONTACT NAME (To resolve questions with this filing.)

Vendor Solutions, Inc.

DAYTIME PHONE NUMBER (Include area code)

(213) 823-0722



NOV 28 2006

SC

Handwritten signature/initials

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
02/16/2007

PRODUCER Phone: 801-255-5858 Fax: 801-255-5084
FLEETWOOD SERVICES, INC
 9131 MONROE ST., SUITE D
 SANDY UT 84070

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
FLUHR TRANSPORTATION LLC
 PO BOX 720
 WARM SPRINGS OR 97761

INSURERS AFFORDING COVERAGE NAIC #

INSURER A: **WILSHIRE INSURANCE COMPANY**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	ADVI INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	BA2501676	07/27/06	05/16/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA2501676	05/16/06	05/16/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
A		OTHER: PHYS DAM CARGO	BA2501676	05/16/06	05/16/07	\$1000 DEDS \$100,000 LIMIT W/ \$1000 DED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 FORM E AND FORM H FOR WASHINGTON HAVE BEEN REQUESTED.

CERTIFICATE HOLDER **CANCELLATION**

WAUTC
 PO BOX 47250
 OLYMPIA WA 98501-7250
 Attention: FAX 503-678-1801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

 Wade T. Morden



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

FLUHR TRANSPORTATION, LLC
12164 EHLEN RD NE
AURORA, OR 97002

April 17, 2007

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X FINAL NOTICE! Your application will be dismissed if the items requested in this letter are not satisfied within 30 days.
- X Your corporation needs to be registered with the Secretary of State's Office. They can be reached at 360-753-7115.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@wutc.wa.gov. Our fax number is 360-586-1181.

Thank You.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

FLUHR TRANSPORTATION, LLC
12164 EHLEN RD NE
AURORA, OR 97002

February 21, 2007

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Your corporation needs to be registered with the Secretary of State's office. They can be reached at 360-753-7115. Once this is completed, we can continue to process your transfer application.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@wutc.wa.gov. Our fax number is 360-6586-1181.

Thank You.