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10/02/2008 16:18 FAX 3805861181

LICENSING SERVICES

001/002



Licensing Services
1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
360-664-1222 fax 360-586-1181

Done 10/29/09

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE (excluding Household Goods carriers and Brokers)

FEE: \$50

<i>For Commission Use Only</i>		
Received Date: <u>10/ /08</u>	111-2068-200-02 <u>0012611</u>	Insurance: <u>06/26/11</u>
<p>APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE may be used ONLY in the following circumstances:</p> <ul style="list-style-type: none"> • 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. 		

Holder of Permit No. CC: 59454 asks the WUTC for authority to change the name of or the business structure of the carrier named below, pursuant to the provisions of §1.80 RCW and WAC 480-14 10:

NEW BUSINESS INFORMATION

NEW NAME: Pat Baker Trucking Inc. PHONE#: 425-444-6007
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: PO Box 524 Snoqualmie WA 98065
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: 9325-372 Ave SE Snoqualmie WA 98065
(Street/P.O. Box) (City) (State) (Zip)

UBI #: 602-593-8940A

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
<u>Pat Baker</u>	<u>Pres. PBTL</u>	<u>100%</u>

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LICENSING SERVICES

002/002

CURRENT BUSINESS INFORMATION

M-36563

CURRENT NAME: Patrick J Baker
(Current name as shown on permit) PHONE #: 425-444-6007

ADDRESS: PO Box 524 Snogahome WA 98065
(Street/P.O. Box) (City) (State) (Zip)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
<u>Pat Baker</u>	<u>owner</u>	<u>100%</u>

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.

[Signature] _____ Date: 10-2-08

Signature(s) Date

TYPE OF PAYMENT	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa
Amount \$ <u>5000</u>	<u>Pat Baker Trucking</u> <input type="checkbox"/> <u>483</u>
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: <u>[Signature]</u>	Date: <u>10-2-08</u>

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.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to PAT BAKER TRUCKING INC of PO BOX 524, SNOQUALMIE, WA 98065 a policy or policies of insurance effective from 10/22/2008 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 24th day of October, 2008

Insurance Company File No. CA 06621196
(Policy Number)


(Authorized Company Representative)

MC1633a(08/99)

IRB3539B