

CC Name Change app - 03-08

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

RECEIVED

JAN 3 0 2009

WASH. UT. & TP. COMM

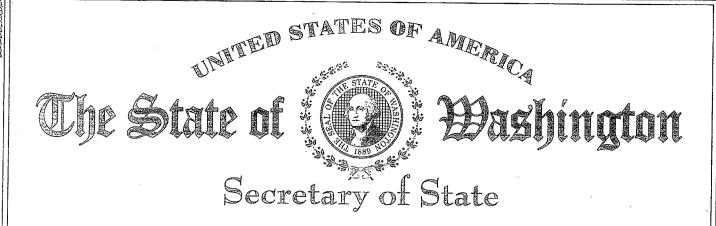
APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE
(excluding Household Goods carriers and Brokers)

FEE: \$50

*	For Commission Us	e Only	511	ΔI	
Received Date 0017308	111-2068-200-02	Ø.	ID: Insurance:		<u></u>
APPLICATION FOR CHANGE Of following circumstances: • Change of carrier's name, wit • Change of business structure if the individual is the majority majority partner, or from a partnership to a proprietorsh. • Change of name resulting from established to incorporate the the same proportionate own. • Change of name resulting from where both corporations are	h no change in ownership from individual to corporate stockholder or, by an indi- a corporation to a propri- nip of the majority partner om a change in business, where the partnership business, where the partnership business, where the change in business strains.	or business ion to incorpyidual to a petorship of structure for the particular from	structure. porate an indivi- porate an indivi- partnership, whe the majority s rom a partners ners are the maj a corporation to	dual's bu in the ind sharehold hip to a fority sto	usiness when lividual is the der, or by a corporation ckholders in
Holder of Permit No. CC: business structure of the carrie WAC 480-14 to:	729 æks the WUT r named below, pursua			ge the 1 81.80 I	name of or the CW and
NEW NAME: A Froz Truckin	Lia	P	HONE#: 509-	677-3	3443
MAILING ADDRESS: Y.O. Do (Street) PHYSICAL ADDRESS: 205	x 032. Lmd VP.O. Box) 2. 5th St. L.J.	WA. (City) WA.)	(Zip)
UBI#: 602-892-570 (Stree	(P.O. Box)	(City)	(State)	(Zip)
ØLINDIVIDUAL □ PAR	RTNERSHIP - CORPO	RATION	STATE OF I	NCORP	ORATION
Clinton R. Rize Tr.	_	ISTRIBUTI IOO %	ON or PERCEN	TAGE O	F SHARE

Cutt 1903

	NESS INFORMATION
Clinton Ralph Rise In	6m 677 7442
CURRENT NAME: DBA Arroz Trucking	PHONE #:_509-677-3443
CURRENT NAME: DBA Arroz Trucking (Current name as shown on permit) ADDRESS: Box 532 Lind (Street/P.O. Box)	CUA. 99341
(Street/P.O. Box)	(City) (State) (Zip)
M	CORPORATION - STATE OF INCORPORATION
	TRIBUTION or PERCENTAGE OF SHARE
Charten & Rice For Owner/Siche Apple	wfor 100 %
CHINTAL C MC BY ST.	
copies of the amended Articles of Incorporation, if ap Commission enter an order granting its petition as pro	etitioner further submits with this application approved oplicable. The undersigned applicant requests that the byided for in Chapter 81.80 RCW. ing information is true to the best of my knowledge and - 28-09 Date
TYPE OI	F PAYMENT
□ Cash Check □ Money Order	☐ AMEX ☐ MasterCard ☐ Visa Exp Date
Ceadit Card Information (if amplicable)	Month/Year
Credit Card Information (if applicable)	Month/Year
Amount \$ 50.00 CERTIFICATION: I the undersigned under penalty for fals	se statement, certify that the following information is true and nt on behalf of the applicant, and that all information on file is
Amount \$ 50.00 CERTIFICATION: I, the undersigned, under penalty for fals correct, that I am authorized to execute and file this document current and valid. Cardholder's signature:	se statement, certify that the following information is true and nt on behalf of the applicant, and that all information on file is Date:
Amount \$ 50.00 CERTIFICATION: I, the undersigned, under penalty for fals correct, that I am authorized to execute and file this document current and valid. Cardholder's signature:	se statement, certify that the following information is true and nt on behalf of the applicant, and that all information on file is



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

ARROZ TRUCKING LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 1/20/2009

UBI Number: 602-892-570

APPID: 1347480



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed. Secretary of State

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

5404

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Country Casualty Insurance Company (hereinafter called Company)

of 1701 N Towanda Ave Bloomington, IL 61702

has issued to Arroz Trucking LLC of PO Box 532 Lind, WA 99341

a policy or policies of insurance effective from 02/03/2009 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 1701 N Towanda Ave, Bloomington, IL 61702 this 3rd day of February, 2009

Insurance Company File No. CV5057088 (Policy Number)

Doug Bova (Authorized Company Representative)