



Licensing Services
1300 South Evergreen Park Drive SW
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Olympia, WA 98504-7250
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RECEIVED
JAN 30 2009
WASH. UT. & TP. COMM
TV 090170

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

FEE: \$50

date 2/1/09

For Commission Use Only		
Received Date: 0017308	111-2068-200-02 50.00	ID: 5404
		Insurance: OK

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.

Holder of Permit No. CC: **61729** 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 BUSINESS INFORMATION

NEW NAME: Arroz Trucking LLC PHONE#: 509-677-3443
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: P.O. Box 532 Lind WA. 99341
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: 205 E. 5th St Lind WA. 99341
(Street/P.O. Box) (City) (State) (Zip)

UBI #: 602-892-570

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION _____

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
Clinton R. Rice Jr	Owner	100%

OK # 1903

CURRENT BUSINESS INFORMATION

CURRENT NAME: Clinton Ralph Rize Jr
(Current name as shown on permit)
 PHONE #: 509-677-3443

ADDRESS: P.O. Box 532 Lind WA. 99341
(Street/P.O. Box) (City) (State) (Zip)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION or PERCENTAGE OF SHARE</u>
<u>Clinton R Rize Jr</u>	<u>Owner/ Sole Proprietor</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.

Clinton R Rize Jr
 Signature(s)

1-28-09
 Date

TYPE OF PAYMENT												
<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa							Exp Date
Credit Card Information (if applicable)											Month/Year	
Amount \$ <u>50.00</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: _____											Date: _____	

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.

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

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

5404

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

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)