



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

#04511D

5425

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

FEE: \$50

For Commission Use Only

Received Date: 3-6-09	111-2068-200-02 50.00 001745.3	ID: 5425
		Insurance: 2/24/09

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: 56583 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: Balmelli Contracting Inc PHONE#: 360-748-7585
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: PO Box 959 Chehalis Wa 98532
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: 698 Hwy 603 Chehalis Wa 98532
(Street/P.O. Box) (City) (State) (Zip)

UBI #: 601-719-229

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
<u>Brian C Balmelli</u>	<u>Pres.</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

in 34968

CURRENT NAME: Balmelli Trucking Inc PHONE #: 360-748-7585
(Current name as shown on permit)

ADDRESS: PO Box 959 Chehalis Wa 98532
(Street/P.O. Box) (City) (State) (Zip)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
Brian C Balmelli	Pres.	100%

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]
Signature(s) _____ Date 3-6-09

TYPE OF PAYMENT

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX	<input type="checkbox"/> MasterCard	Exp Date Month/Year
-------------------------------	--------------------------------	--------------------------------------	-------------------------------	-------------------------------------	------------------------

Amount \$ 50.00

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: *[Signature]* Date: 3-6-09

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.

COPY



STATE OF WASHINGTON
SECRETARY OF STATE
SAM REED
 JULY 31, 2008
STATE OF WASHINGTON

Please PRINT or TYPE in black ink.
 Sign, date and return original AND ONE COPY to:
 CORPORATIONS DIVISION
 801 CAPITOL WAY SOUTH PO BOX 40234
 OLYMPIA, WA 98504-0334

BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

ARTICLES OF AMENDMENT
WASHINGTON
PROFIT CORPORATION
 (Per Chapter 23B.10 RCW)

FEE: \$30

EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY
 INCLUDE FEE AND WRITE "EXPEDITED" IN BOLD LETTERS
 ON OUTSIDE OF ENVELOPE

FOR OFFICE USE ONLY

FILED: 7/28/08

FOR OFFICE USE ONLY

07/31/08 1338590-001
 \$30.00 K #16740
 08-1548059

IMPORTANT! Person to contact about this filing
Dianna Graves Daytime Phone Number (with area code)
360-748-7585

AMENDMENT TO ARTICLES OF INCORPORATION

NAME OF CORPORATION (As currently recorded with the Office of the Secretary of State)
Balmelli Trucking Inc

UBI NUMBER: **601 719 229** CORPORATION NUMBER (if known): _____

AMENDMENTS TO ARTICLES OF INCORPORATION WERE ADOPTED ON
 Date: **Jan 13 1996**

EFFECTIVE DATE OF ARTICLES OF AMENDMENT
 Specific Date: _____
 Upon filing by the Secretary of State

ARTICLES OF AMENDMENT WERE ADOPTED BY (Please check ONE of the following)
 Incorporators. Shareholders action was not required
 Board of Directors. Shareholders action was not required
 Duty approved shareholder action in accordance with Chapter 23B.10 RCW

FOR OFFICE USE ONLY

AMENDMENTS TO THE ARTICLES OF INCORPORATION ARE AS FOLLOWS:
 If amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment must be included. If necessary, attach additional amendments or information.

Balmelli Contracting Inc

SIGNATURE OF OFFICER
[Signature]
 This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Officer: _____ Printed Name: **Brian C Balmelli** Date: **7/28/08**

INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1485)

FOR OFFICE USE ONLY

803-002 (4/07)

STATE OF WASHINGTON



SECRETARY OF STATE

COPY

BALMELLI CONTRACTING INC

BRIAN C BALMELLI
698 HWY 603
PO BOX 959
CHEHALIS WA 98532

AMENDMENT

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting Washington statutory requirements have been filed and processed with the Secretary of State on behalf of:

BALMELLI CONTRACTING INC

A Washington Profit Corporation
UBI: 601 719 229
Filing Date: July 31, 2008
Effective Date: July 31, 2008

Previous Name:

BALMELLI TRUCKING, INC.



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

Sam Reed, Secretary of State

5425
pending

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

Filed with WUTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the AMERICAN FOREST CASUALTY COMPANY, RISK RETENTION GROUP
(Name of Company)

(hereinafter called Company) of 1330 LADY STREET COLUMBIA, SC 29211
(Home Office Address of Company)

Has issued to Balmelli Contracting Inc of P.O. Box 959 Chehalis, WA 98532
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 11/17/2008 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 affect 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 2421 Pacific Avenue Olympia WA 98501
(Street Address) (City) (State) (Zip Code)

This 6th day of February, 2009

Insurance Company File No. AFC030211
(Policy Number)


(Authorized Company Representative)