



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

RECEIVED

TY-090301

FEB 25 2009

WASH. UT. & TP. COMM

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

FEE: \$50

<i>For Commission Use Only</i>			<i>OK 4/8/09</i>
Received Date:	111-2068-200-02 <i>50.00</i> 0017500	ID: <i>5436</i>	Insurance: <i>410</i>
<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: 62160 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: Diamondback Delivery Service Inc PHONE#: 206-571-6801
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: 325 Washington Ave S #281 trout, WA 98032
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: _____
(Street/P.O. Box) (City) (State) (Zip)

UBI #: 602 811 430

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
<u>Shane M. Harsman</u>	<u>Owner</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

W44191

CURRENT NAME: Diamond Back Delivery Service PHONE #: 206-571-6801
(Current name as shown on permit)

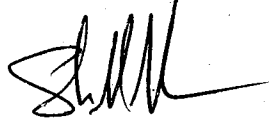
ADDRESS: 617 S. 237th St. D-204 Kent WA 98032
(Street/P.O. Box) (City) (State) (Zip)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME TITLE STOCK DISTRIBUTION or PERCENTAGE OF SHARE
Shane M Hersman Owner 100 %

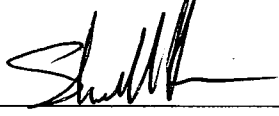
Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. Petitioner further submits with this application approved copies of the amended Articles of Incorporation, if applicable. The undersigned applicant 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.



2/23/09
Date

Signature(s)

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						
Credit Card Information (if applicable)										Exp Date 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: <u>2/23/09</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.

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 INCORPORATION

to

DIAMONDBACK DELIVERY SERVICE INC.

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 4/1/2008

UBI Number: 602-811-430

APPID: 1100282



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

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

5436

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

(Executed in Triplicate)

Filed with WASHINGTON UTC (hereinafter called Commission)

(Name of Commission)

This is to certify, that the FINANCIAL INDEMNITY COMPANY

(Name of Company)

(hereinafter called Company) of 21650 OXNARD STREET #1800, WOODLAND HILLS, CA 91367

(Home Office Address of Company)

has issued to DIAMONDBACK DELIVERY SERVICE INC of 325 WASHINGTON AVE S #281 KENT WA 98032

(Name of Motor Carrier)

(Address of Motor Carrier)

a policy or policies of insurance effective from 9/01/2008 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 21650 OXNARD STREET #1800 WOODLAND HILLS CA 91367
(Street Address) (City) (State) (Zip Code)

this 8 day of April 2009

Insurance Company File No FCFICA7870156
(Policy Number)


(Authorized Company Representative)