

TV 090364

done 4/13/09



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

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

FEE: \$50

For Commission Use Only

Received Date:	111-2068-200-02 1017579	ID: 5451
		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: 61476 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: Francisco J. Nunez - Guzman ^{DBA: FN Transport} PHONE#: 509-860-0028
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: P.O. Box 177 Chelan Falls WA 98817
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: 412 Apple Acres Rd Chelan WA 98817
(Street/P.O. Box) (City) (State) (Zip)

UBI#: 602417488

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION _____

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
<u>Francisco J. Nunez - Guzman</u>		<u>100%</u>

CURRENT BUSINESS INFORMATION

M43107

CURRENT NAME: Francisco J. Nunez DBA FNT Corp PHONE #: 509-860-0028
(Current name as shown on permit)

ADDRESS: P.O. Box 177 Chelan Falls WA 98817
(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>Francisco J. Nunez</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.

Francisco J. Nunez
Signature(s)

3/5/09
Date

TYPE OF PAYMENT

Cash Check Money Order AMEX MasterCard

Credit Card Information (if applicable)

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: Francisco J. Nunez Date: 3/5/09

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.

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

Filed with WASHINGTON Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 385 WASHINGTON STREET - SAINT PAUL MN 55102
(Home Office Address of Company)

has issued to FRANCISCO J NUNEZ-GUZMAN DBA FN TRANSPORT USDOT 1280619
(Name of Motor Carrier)

of 412 APPLE ACRES ROAD - CHELAN WA 98817
(Address of Motor Carrier)

a policy or policies of insurance effective from 02/14/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 385 WASHINGTON STREET - SAINT PAUL MN 55102 this 19TH day of MARCH 2009
Insurance Company File No TN610870 Frank T Netcoh
(Policy Number) (Authorized Company Representative)