

TV090525



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: 4-13-09	111-2068-200-02 50.00 0018074	ID: 5493 Insurance: 4/16 Budget
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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: **62350** asks the WUTC for authority to change the name of or the business structure of the carrier named below, pursuant to the provisions of RCW and WAC 480-14 to:

per UBL
NEW BUSINESS INFORMATION

Jim Jon Gaither

NEW NAME: **Southern Boy Trucking** PHONE#: **503-260-9681**
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: **P.O. Box 395 Eagle Creek OR 97022**
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: **36565 SE Bostado Rd Sandy OR 97055**
(Street/P.O. Box) (City) (State) (Zip)

UBI #: **602-911-504**

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION **WA**

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
Jim Gaither	OWNER	100%

CURRENT BUSINESS INFORMATIONCURRENT NAME: Deep Creek Exp Inc PHONE #: 503-260-9601
(Current name as shown on permit)ADDRESS: P.O. Box 395 Eagle Creek OREGON 97022
(Street/P.O. Box) (City) (State) (Zip) INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME TITLE STOCK DISTRIBUTION or PERCENTAGE OF SHARE

Jim Gustafson OWNER/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)3/31/2009
Date**TYPE OF PAYMENT** Cash Check Money Order AMEX MasterCard

Exp Date

Credit Card Information (if applicable)

Amount \$ _____

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 decret.
- 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.

Assumed Business Name New Registration



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
Phone: (503) 986-2200
Fax: (503) 378-4381
www.filinginoregon.com

Registry Number: 572855-96
Type: ASSUMED BUSINESS NAME

FILED
Jan 21, 2009
OREGON
SECRETARY OF STATE

1) ENTITY NAME

SOUTHERNBOY TRUCKING

2) DESCRIPTION OF BUSINESS

48422 - Specialized Freight (except Used Goods) Trucking,
Local

3) PRINCIPAL PLACE OF BUSINESS

36565 S.E. Boitano Rd
Sandy, OR 97055
USA

4) NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

Jim Jon Gaither
P.O. Box 395
Eagle Creek, OR 97022
USA

5) REGISTRANTS/OWNERS

Jim Jon Gaither, 36565 S.E. Boitano Rd, Sandy, OR 97055, USA

6) COUNTIES

CLACKAMAS

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

7) ELECTRONIC SIGNATURES

Jim Jon Gaither

5493 74090525
 Paid 1/2

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 4/16/2009

PRODUCER Phone: 800-852-6140 Fax: 541-342-3786
 Wilson-Heirgood Associates
 2930 Chad Drive
 PO Box 1421
 Eugene OR 97440-1421

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 Jim Gaither
 DBA: Southernboy Trucking
 36565 SE Boitano Road
 Sandy OR 97055

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Argonaut Midwest	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TP3400460	4/14/2009	4/14/2010	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Cargo Liability Broad Form	TP3400460	4/14/2009	4/14/2010	Limit \$100,000 Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Form E and Form H to follow CC#62350.

CERTIFICATE HOLDER	CANCELLATION
WUTC PO Box 47250 Olympia WA *	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 