TV-090567

Insurance:



Received Date:

following circumstances:

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

111-2068-200-02

• Change of carrier's name, with no change in ownership or business structure.

3608868212

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

(excluding Household Goods carriers and Brokers)

FEE: \$50

0018267

For Commission Use Only

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE may be used ONLY in the

 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: 059039 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: BIG A'S Trucking Inc. PHONE#: 360 880 872 (New Individual, Partnership or Corporate Name) Willy WA ASOM (Street/P.O. Box) (City) (State) (Zip) PHYSICAL ADDRESS: MWL 19 MOVE (Street/P.O. Box) (City) (State) (Zip) UBI #: 402 910 978	%
INDIVIDUAL II PARTNERSHIP OF CORPORATION STATE OF INCORPORATION	ì
Hyanola Costerho - Publish 100%	
CC Name Change app – 03-08 Page 1	

CURRENT BUSINES	S INFORMATION	m 3545
CURRENT NAME: DINGINULU OSKEV	PHONE #:	200 80 822
ADDRESS: 286724 216 C+CM	Maple Vally	WA 98028
(Street/P.O. Box) INDIVIDUAL PARTNERSHIP COR	(QIV) PORATION- STATE OF I	(State) (Zip)
	LITION OF PERCENTAGE O	
Carrier affirms that the change of name or business structumanagement, or control of the operating authority. Petitiocopies of the amended Articles of Incorporation, if applica Commission enter an order granting its petition as provide Thereby declare and affirm that the above and foregoing in belief.	ner further submits with thingle. The undersigned applied for in Chapter 81.80 RCV	is application approved icant requests that the W.
Signature(s)	Date	,
TYPE OF PA	YMENT	
Credit Card Information (Gamelianhia)	MEX □ MasterCard	Exp Date Month Wear
Amount \$_		
CERTIFICATION: 1, the undersigned, under penulty for false state correct, that I am authorized to execute and file this current and valid.	ement, certify that the following is chall of the applicant, and that a	information is true and Il information on file is
Cardholder's signatu	Date:	_
BEFORE SUBMITTING THIS APPLI	CATION YOU MUST INCLU	DE:
The completed application form. The \$50.00 fee. If an individual name change, legal proof of the change, e.g. mar If a corporation, a copy of the approved amended Articles of Inc Have your insurance agent submit a new Form E Certificate of in	orporation.	

Underlying Limit :0.00

2/002

On Your Side

5507 Perom

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

Bod with Washington	n Utilities & Transportation C	commission		(herein after called Agency)
Red With	(Name of Agency)			
	he Victoria Fire and Casualty In (Name of Company) r 5915 Landerbrook Dr. ,Clevela		·	
arein after called Company) of	(Home Address of Company)		
as issued to BIG A'S	S TRUCKING INC of — (Name of Motor Carrier)	28524 235TH CO	URT SE ,MAPLE	VALLEY ,WA
amage Liability Insurance overing the obligations imp gulations promulgated in	ance effective from 04/28/2009 using until cancelled as provided herein, we rendersement, has or have been amende cosed upon such motor carrier by the provided accordance therewith.	vhich by attachment of ad to provide automobil visions of the motor car	ndard time at the addr the Uniform Motor Ca the bodily injury and pro- rier law of the State in	which the Agency has jurisdiction
This certificate and the common than the control of the common that the control of the control o	, the Company agrees to furnish the Ager le endorsement described herein may not we by the Company or the insured giving t date notice is actually received in the office	t be cancelled without of thirty (30) days' notice i	SAUCENBRION OF THE BOIL	CA IO MILICII II IZ EINEGII CO.
5915 L ountersigned at Clevel	anderbrook and (Address)	OH 44124	This <u>29th</u> (Day)	day of Apr 20 09 (Year)
surance Company File N	o. <u>5931616</u> (Policy No)		Debra Seggio (Authorized C	ompany Representative)
g Limit :0.00	Liability Limit :750,000.00			