

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

TV090693

4-30-09



APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

(excluding Household Goods carriers and Brokers)

FEE: \$50

V105134

For Commission Use Only

Received Date:	111-2068-200-02 0018744 50.00	ID: 5530
		Insurance:

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: 61830 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: JR TRUCKING INC ✓ PHONE#: 360 374 8720
(New Individual, Partnership or Corporate Name)

MAILING ADDRESS: PO BOX 1065 Forks WA 98331
(Street/P.O. Box) (City) (State) (Zip)

PHYSICAL ADDRESS: 1060 RUSSELL RD Forks WA 98331
(Street/P.O. Box) (City) (State) (Zip)

UBI #: 602-913 674

INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE
<u>JOVITA RUELAS</u>	<u>- PRESIDENT</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

m 213749

CURRENT NAME: JR Trucking PHONE #: 360 374 8720
(Current name as shown on permit)

ADDRESS: PO BOX 1065 Forks WA 98331
(Street/P.O. Box) (City) (State) (Zip)


INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME Jovita Ruelas TITLE OWNER STOCK DISTRIBUTION or PERCENTAGE OF SHARE 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.

Jovita Ruelas 04-30-09
Signature(s) Date

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</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: <u>per phone call</u>	Date: <u>5/9/09</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.

GUARANTEE SAFETY

©2005 American Bank

FOR CC

PAY TO THE ORDER OF UIC Licensing Services

DATE 04-30-09

\$ 50.00

100 DOLLARS

19-2/1250 WA 25705

JR TRUCKING INC
P.O. BOX 1065
FORKES, WA 98831

Washington

Security enhanced paper with 100% cotton fiber

04/08/09 1466510-001
\$200.00 C
id:1860213



This Box For Office Use Only

FILED
SECRETARY OF STATE
APR 08 2009
STATE OF WASHINGTON

Washington Profit Corporation
See attached detailed instructions

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$200.00

UBI Number: 602 913 674

ARTICLES OF INCORPORATION

Chapter 23B.02 RCW

ARTICLE 1

NAME OF CORPORATION:

JR TRUCKING INC

(Must contain one of the following corporate designations: Corporation, Incorporated, Limited or Company, or an abbreviation Corp., Inc., Ltd., or Co.)

ARTICLE 2

NUMBER OF AUTHORIZED SHARES:

2

(Minimum of one (1) share must be listed)

ARTICLE 3

CLASS OF SHARES: (If no selection is made, class defaults to common stock)

- Common Stock
- Preferred Stock (If preferred is checked, an attached description is required)

ARTICLE 4

EFFECTIVE DATE OF INCORPORATION: (Please check one of the following)

- Upon filing by the Secretary of State
- Specific Date: _____ (Specified effective date must be within 90 days AFTER the Articles of Incorporation have been filed by the Office of the Secretary of State)

ARTICLE 5

TENURE: (Please check one of the following and indicate the date if applicable)

- Perpetual existence
- Specific term of existence _____ (Number of years or date of termination)

ARTICLE 6

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: Jovita Ruelas Barragan

Physical Location Address (required):

1060 Russell RD

City FOXKS

WA Zip Code 98331

Mailing or Postal Address (optional):

PO BOX 1065

City FOXKS

WA Zip Code 98331

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

x Jovita Ruelas Barragan
Signature of Registered Agent

04 08 09
Date

Printed Name
Jovita Ruelas Barragan

ARTICLE 7

NAME AND ADDRESS OF EACH INCORPORATOR:

(If necessary, attach additional names and addresses)

Name: Jovita Ruelas Barragan

Address: 1060 Russell RD

City FOXKS

State

Zip Code 98331

Name: _____

Address: _____

City _____

State _____

Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

x Jovita Ruelas Barragan
Signature of Incorporator

04-08-09
Date

Printed Name
Jovita Ruelas Barragan Phone Number
360 374 8720

NAMED DRIVER EXCLUSION ENDORSEMENT

This endorsement forms a part of Policy No. _____ issued to J R TRUCKING INC
by the (Name of Insurance Company) Alpha Property and Casualty at its Agency
located (city and state) KENT WA and is effective from 04/28/2009 (12:01 a.m. Standard Time).

IMPORTANT EXCLUSION (MUST BE COMPLETED)

This endorsement will amend all the coverage and definition provisions in the policy to which it applies, to specifically exclude the person(s) listed below and any person occupying the "insured vehicle" or its temporary substitute, from the definition of "insured vehicle" or its temporary substitute is driven, used or operated by the excluded person(s). All coverages provided to an "insured" by the policy shall be null, void, and no effect, except excess exposure for bodily injury and property damage liability to the Named Insured while the "insured vehicle" or its temporary substitute is driven, used, or operated by the person(s) listed below. However, this exclusion will not apply to Uninsured/Underinsured Motorist Bodily Injury sustained by the named Insured and any resident relative who does not own a vehicle, while passengers in the "insured vehicle", or its temporary substitute.

(The Excluded Driver)	Age	Date of Birth	Relationship to Insured	Effective Date of Exclusion

The applicant has carefully read this exclusion and understands that the listed excluded driver(s) and any passengers who do not qualify as an "insured" under any applicable coverage part of this policy or endorsement will not be afforded coverage under this insurance policy.

Signature on Record
Jocita Ruelas
"I have read and understand this exclusion."

Date on Record
4/29/09
Date

PRESIDENT [Signature]

U-617 (10/04)

REVIEW OF UNDERINSURED MOTORIST COVERAGE

UNDERINSURED MOTORIST COVERAGE - In accordance with Washington law, underinsured motorist coverage automatically equals the liability limits of the policy; however, the underinsured motorist coverage may be rejected entirely or written in any limit from 25/50/10 up to the liability policy limits. You may also purchase underinsured motorist bodily injury coverage without property damage. Your selection or rejection of coverage shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force and shall continue to be so binding with respect to any continuation, renewal or replacement of such policy by the Named Insured. Please indicate your selection below.

- REJECT Bodily Injury and Property Damage Underinsured coverage entirely
- Request Underinsured Bodily Injury Limits of 25,000/50,000

- REJECT Underinsured Limits of Property Damage entirely
- Request Underinsured Property Damage Limits of 25,000

Signature Jocita Ruelas
Signature on Record
Date 4/28/09

Accepted: Alpha Property and Casualty Insurance Company
PRESIDENT [Signature]

U-81 (06/88)

REJECTION OF PERSONAL INJURY PROTECTION

I acknowledge the Personal Injury Protection coverage benefits, at the minimum limits established by law, has been offered to me and I reject such Personal Injury Protection coverage.

Signature Jocita Ruelas
Signature on Record
Date 4/28/09

Accepted: Alpha Property and Casualty Insurance Company
PRESIDENT [Signature]

U-79 (07/84)

Alpha Property & Casualty provides coverage under ISO symbols 7 (scheduled autos), 8 (hired autos), and 9 (employer's non-ownership liability).

SUPPLEMENTAL UNDERWRITING INFORMATION
EXPLAIN ALL "YES" ANSWERS

HAS ANY DRIVER:

- 1. Ever been treated for epilepsy, diabetes, heart condition, or mental impairment? (If yes, call for company approval) YES NO
- 2. Had any physical impairment or deformity? (If loss of hand, foot or eye, call for company approval) YES NO
- 3. Had any history of fainting, loss of consciousness, blackouts, seizures or convulsions? (If yes, call for company approval) YES NO
- 4. Ever been convicted of a felony offense involving a vehicle? YES NO
- 5. Had a driver's license suspended or revoked in the past 12 months? YES NO
- 6. Had a restricted or expired driver's license? YES NO
- 7. Had any bankruptcy or tax lien in the past 3 years? YES NO
- 8. Over age 70? (If yes, must have a medical statement by a physician submitted with application) YES NO
- 9. Does any of insured vehicles require a Hazardous Materials filing? (If yes, then risk is unacceptable) YES NO

Explain any YES answers:

REMARKS

Please Sign

NOTICE TO APPLICANT

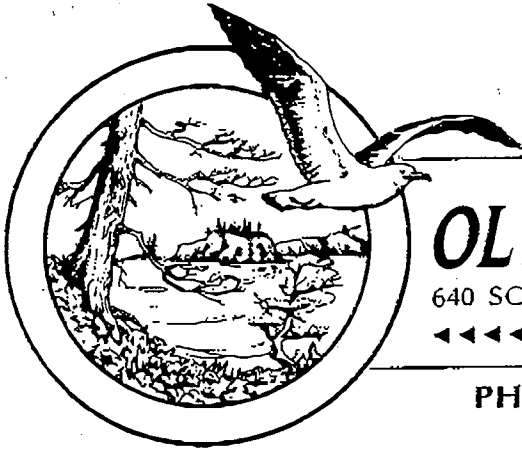
Careful completion of the application will ensure proper rating and prompt delivery of your policy. Any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of you will result in rescission of your coverage.

By my signature, I hereby warrant that I have read this application and that all the information is true and correct to the best of my knowledge. I agree that such policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, or the amount of deductible as a result of my driving record or other underwriting factors.

I also fully understand and agree that any remittance by me, or on my behalf (except by the agent or broker) is not honored by the payor (Bank), coverage will be rescinded; and no coverage or consideration will have been afforded under this application or any subsequent binder, policy or renewal.

Signature of Applicant *[Signature]* Date 4/28/09 Time 5:00 AM/PM

Signature of Producer *[Signature]* Date 4/28/09 Time 5:00 AM/PM



OLYMPIC GRAPHIC ARTS, INC.

640 SOUTH FORKS AVENUE ■ P.O. BOX 1698 ■ FORKS, WA 98331

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PHONE: (360) 374-6020 ■ FAX: (360) 374-5061

FACSIMILE TRANSMISSION SHEET

Faxed To: # 360-586-1181 Date: 4/30/09 Time: _____

Number of pages sent (including this one): 8

To (Company): UTC LICENSING SERVICES

Attention: _____

From: JOVITA RUELAS - JR TRUCKING

Comments: _____

Multiple horizontal lines for additional comments or notes.

Please call _____ at _____ if you have any questions.

Thank You