



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

TV090866

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

FEE: \$50

For Commission Use Only

Received 0018943

111-2068-200-02

50.00

ID: 5207

Insurance: 6/17

V019234

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: 57611 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: Valle Transportation L.L.C (New Individual, Partnership or Corporate Name) PHONE#: 509 346 9542
 MAILING ADDRESS: P.O. Box 1059 Royal City WA 99357
 (Street/P.O. Box) (City) (State) (Zip)
 PHYSICAL ADDRESS: 248 Calla Loop NW Royal City WA 99357
 (Street/P.O. Box) (City) (State) (Zip)
 UBI #: 602-857-4980

L.L.C INDIVIDUAL PARTNERSHIP CORPORATION STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE	
Ramiro Valle	Owner	50%	(2%) management
Anna Valle	Member	50%	

CURRENT BUSINESS INFORMATION

M-25170

CURRENT NAME: Valle Trucking PHONE #: 509 346-9542
(Current name as shown on permit)

ADDRESS: P.O. Box 1059 Royal City WA 99350
(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>Ramiro Valle</u>	<u>Trowner</u>	<u>50%</u>	<u> Husband Per Cal</u>
<u>Anna Valle</u>		<u>50%</u>	<u>wife</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.

Ramiro Valle
Signature(s)

6-1-09
Date

TYPE OF PAYMENT

Cash Check Money Order AMEX MasterCard Visa

Credit Card Information (if applicable)

Exp Date
Month/Year

12/11

Amount \$ 50⁰⁰

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: Ramiro Valle Date: 6-1-09

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.

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 FORMATION

to

VALLE TRANSPORTATION, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 8/18/2008

UBI Number: 602-857-498

APPID: 1233676



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

Sam Reed

Sam Reed, Secretary of State

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID BG VATR-04	DATE (MM/DD/YYYY) 06/12/09
PRODUCER Stieg & Associates Ins. Inc. P O Box 3807 Missoula MT 59806 Phone: 406-728-7386	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 Valle Transportation LLC P.O. Box 1059 Royal City WA 99357	INSURERS AFFORDING COVERAGE INSURER A: Great West Casualty Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 11371	

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GWP04694H	01/01/09	01/01/10	EACH OCCURRENCE \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A A A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GWP04694H	01/01/09	01/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> 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		CARGO LIABILITY BROAD FORM	GWP04694H	01/01/09	01/01/10	PER AUTO \$50,000 DEDUCT \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

BAILEE PHYSICAL DAMAGE FOR NON-OWNED EQUIPMENT VALUE \$12,500 WITH \$1,000 DED

CERTIFICATE HOLDER WUTC P.O. BOX 47250 OLYMPIA WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 Bonnie L. Garza <i>Bonnie L Garza</i>
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