

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

TV 091459

1300 South Evergreen Park Drive S.W.  
P.O. Box 47250  
Olympia, WA 98504-7250  
Transportation: 360-664-1222  
Fax: 360-586-1181

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

(excluding Household Goods carriers and Brokers)

FEE: \$50

done 10/16/09

(For Commission Use Only)		
Received Date:	Legal Action:	Number: 5772
	111 2068-200-02 19360	Insurance: 01

Holder of Permit No. CC61493 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 NAME: SMB Trucking LLC (New Individual, Partnership or Corporate Name) PHONE #: 509-452-2344

MAILING ADDRESS: 1705 S. 8th Ave (Street/P.O. Box) Yakima (City) WA (State) 98902 (Zip)

PHYSICAL ADDRESS: 1705 S. 8th Ave (Street/P.O. Box) Yakima (City) WA (State) 98902 (Zip)

UBI #: 602766120

TYPE OF NEW BUSINESS STRUCTURE

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION - STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE	
<u>Salvador Baldavinos</u>	<u>member</u>	<u>55%</u>	<u>51%</u>
<u>Maria Baldavinos</u>	<u>member</u>	<u>50%</u>	<u>49%</u>

CURRENT NAME: SMB Trucking (Current name as shown on permit) PHONE #: 509-452-2344

ADDRESS: 1705 S. 8th Ave (Street/P.O. Box) Yakima (City) WA (State) 98902 (Zip)

TYPE OF CURRENT BUSINESS STRUCTURE

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION - STATE OF INCORPORATION

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARE	
<u>Salvador Baldavinos</u>	<u>owner</u>	<u>100%</u>	

USDOT: 1283778

# 095858

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.

*Scheda Balderni by Denise Alto*  
Signature(s)

*9/9/09*  
Date

*Denise Alto - Agent*

**APPLICATION INSTRUCTIONS**

"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.

**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

SMB TRUCKING, LLC

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

Date: 9/27/2007

UBI Number: 602-766-120

APPID: «AppiDInternal»



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

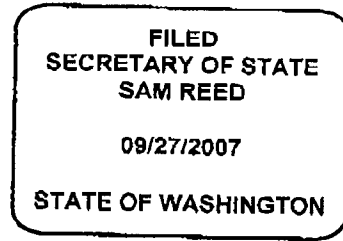
*Sam Reed*

Sam Reed, Secretary of State

*State of Washington*

**Secretary of State**

CORPORATIONS DIVISION  
James M. Dolliver Building  
801 Capitol Way South  
PO Box 40234  
Olympia WA 98504-0234  
360.753.7115



**Application for Initial Annual Report**

**Application Information**

**This Application ID** 965768  
**Associated App ID** 938015  
**Entity Name** SMB TRUCKING, LLC  
**UBI Number** 602 766 120  
**Corporation Type** Limited Liability Company

**Tracking ID** 1373519  
**Validation ID** 1143568-002  
**Date Submitted for Filing** 9/27/2007  
**Filing Due Date**  
**State of Incorporation** WA  
**Inc./Qual Date** 9/27/2007

**Nature of Business** Trucking and Hauling Business

**Contact Information**

**Contact Name** Chad Hatfield  
**Contact Address** P.O. Box 22550  
Yakima  
WA  
98907

**Contact Email** chatfield@vhlegal.com  
**Contact Phone** 509-248-6030

**Registered Agent Information**

**Agent is Individual**  
**Agent Name** Salvador Baldovinos  
**Registered Agent Consent** Submitter has Registered Agent Consent on File

**Agent Street Address** 1705 S. 8th Ave.  
Yakima  
WA  
98902

**Agent Mailing Address** Same as Street Address

**Agent Email Address**

**Place of Business**

**Place of Business is in US** Yes  
**Street Address** 1705 S. 8th Avenue  
Yakima  
WA  
98902

**Officers**

**Officer #1**

**Name** Salvador Baldovinos  
**Title1** Member  
1705 S. 8th Ave.  
Yakima, WA  
98902

**Officer #2**

**Name** Maria Baldorinos  
**Title1** Member  
1705 S. 8th Ave.  
Yakima, WA  
98902

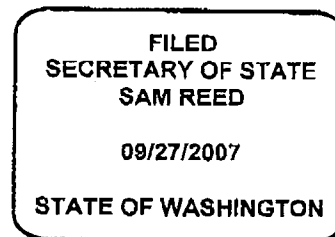
**Signature Information**

**Signed By** Chad L. Hatfield

*State of Washington*

**Secretary of State**

CORPORATIONS DIVISION  
James M. Dolliver Building  
801 Capitol Way South  
PO Box 40234  
Olympia WA 98504-0234  
360.753.7115



UBI 602 766 120

**Application for Limited Liability Company**

**Office Information**

**Application ID** 938015  
**Tracking ID** 1373519  
**Validation ID** 1143568-001  
**Date Submitted for Filing:** 9/27/2007

**Contact Information**

**Contact Name** Chad Hatfield  
**Contact Address** P.O. Box 22550  
Yakima  
WA  
98907

**Contact Email** chatfield@vhlegal.com  
**Contact Phone** 509-248-6030

**Certificate of Formation**

**Preferred Name** SMB TRUCKING, LLC  
**Physical Address** 1705 S. 8th Avenue  
Yakima  
WA  
98902

**Purpose** Any Lawful Purpose  
**Duration** Perpetual  
**Formation Date** Effective Upon Filing by the Secretary of State  
**Expiration Date** 8/31/2008  
**Limited Liability Company Management** Manager  
**Members Signature** Attached

**Registered Agent Information**

**Agent is Individual**

**Agent Name** Salvador Baldovinos  
**Agent Street Address** 1705 S. 8th Ave.  
Yakima  
WA  
98902

**Agent Mailing Address** Same as Street Address

**Agent Email Address**

**Submitter/Agent Relationship** Submitter has signed consent of specified agent

**Members Information**

Members Signatures On File

**Member #1**

**Member Name** Salvador Baldovinos  
**Member Address** 1705 S. 8th Ave.  
Yakima  
WA  
98902

**Member #2**

**Member Name** Maria Baldorinos  
**Member Address** 1705 S. 8th Ave.  
Yakima  
WA  
98902

**Signature Information**

**Signed By** Chad L. Hatfield

WASHINGTON  
 1905 **UTC** 2005  
 UTILITIES AND TRANSPORTATION  
 COMMISSION  
*Celebrating 100 Years*

1300 South Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Telephone: 360-664-1222  
 Fax: 360-586-1181

MC#: 499994 (If applicable) US DOT#: 1283778 (If applicable)

NAME: SMB Trucking LLC

COMPANY NAME: \_\_\_\_\_

ADDRESS: 1705 S. 8th Ave

CITY, STATE, ZIP: Yakima WA 98902

TELEPHONE NUMBER: 509-452-2344

TYPE OF CREDIT CARD:  
 (check one)

- VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

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EXPIRATION DATE: 05/10 AMOUNT \$ 50.00

**CERTIFICATION**

I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.

NAME (Printed): Alvise AHO

SIGNATURE: \_\_\_\_\_ DATE: 9/9/07

**WUTC USE ONLY**  
 AUTHORIZATION NUMBER: 095858 STAFF MEMBER: \_\_\_\_\_  
 RECEPTION NUMBER: 0013350



SMB

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)  
of PO BOX 277 SOUTH SOUX CITY NE 68776

has issued to **SMB TRUCKING LLC** of 1705 S 8<sup>TH</sup> AVE YAKIMA WA 98902

a policy or policies of insurance effective from 9/9/09 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 2950 E GOLDSTONE, MERIDIAN, ID 83642  
this 15TH day of SEPTEMBER, 2009

Insurance Company File No. GWP65432A  
(Policy Number)

CATHY THOMSON  
(Authorized Company Representative)

5712  
pending