

NOV 16 2009

WASH. UT. & TP. COMM

TV-091793  
 1300 South Evergreen Park Drive  
 SW  
 PO Box 47250  
 Olympia, WA 98504-7250  
 Phone (360) 664-1222  
 Fax (360) 586-1181  
 Web Site: [www.wutc.wa.gov](http://www.wutc.wa.gov)

**COMMON CARRIER OF PROPERTY**  
 (excluding Household Goods carriers and Brokers)

*done 11/16/09*

**APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE**  
**FEE: \$50.00**

Application for Change of Name or Business Structure may be used **ONLY** in the following circumstances:

- Changes 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.

**TYPE OF PAYMENT**

Cash       Check       Money Order       AMEX       MasterCard       Visa  
 Exp Date  
 Credit Card Information (if applicable)      Month/Year

Amount \$ 50.00      COMPANY NAME: Herche Transfer of Vancouver, Inc.

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 \_\_\_\_\_

*For Commission Use Only*

111-2068-200-02	Received date: <u>11/16/09</u>	ID: <u>5783</u>
<b>0019547</b>		Insurance: <u>OK</u>

*50.00  
 CK# 69367*

Holder of Permit CC-57471 asks the UTC for authority to change the name of, or the business structure of, the carrier named below under 81.80 RCW and WAC 480-14 to:

**NEW BUSINESS INFORMATION**

New Name: <i>Herche Transfer of Vancouver, Inc.</i>	Phone #: <i>206/682-4535 x 222 corporate</i>
Trade Name: <i>Herche Transfer of Vancouver</i> <i>not registered w/ DOL</i>	Fax #: <i>206/682-3564 corporate</i>
Mailing Address:	Physical Address: (if different)
Street/P.O. Box <i>PO Box 3837</i>	Street <i>603 SE Assembly Avenue, #210</i>
City, State Zip <i>Seattle, WA 98124-3837</i>	City, State Zip <i>Vancouver, WA 98661</i>
USDOT # <u>510643</u> <i>OP</i> (If you don't have one, you can apply online at <a href="http://www.fmcsa.dot.gov/online-registration">www.fmcsa.dot.gov/online-registration</a> or contact 360-596-3816 or 360-596-3803 for assistance.)	
Unified Business Identifier Number (UBI): <u>601423257</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation – State of Incorporation <u>WA</u> (LP, LLP, LLC)	
<u>NAME</u> <i>Tom Herche</i>	<u>TITLE</u> <i>President</i>
<u>PERCENTAGE OF SHARES</u> <i>100%</i>	

**CURRENT BUSINESS INFORMATION**

*H-31746*

Current Name: <i>Previously – Herche Transfer of Colorado, Inc.</i>	Phone #: <i>Same as above</i>
Trade Name: <i>N/A</i>	Fax #: <i>Same as above</i>
Mailing Address: <i>Same as above</i>	Physical Address: <i>Same as above</i>
Street/P.O. Box	Street
City, State Zip	City, State Zip
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation – State of Incorporation <u>WA</u>	
<u>NAME</u> <i>Tom Herche</i>	<u>TITLE</u> <i>President</i>
<u>PERCENTAGE OF SHARES</u> <i>100%</i>	

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Margaret Oliveri  
Signature(s)

November 12, 2009  
Date

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

(Executed in Triplicate)

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION (Name of Commission) (hereinafter called Commission)

This is to certify, that the THE EMPLOYERS' FIRE INSURANCE COMPANY (Name of Company)

(hereinafter called Company) of ONE BEACON LANE CANTON, MA 02021-1030 (Home Office Address of Company)

has issued to HERCHE TRANSFER OF VANCOUVER INC. (Name of Motor Carrier) of P. O. BOX 3837 SEATTLE, WA 98124 (Address of Motor Carrier)

a policy or policies of insurance effective from 06/01/2009 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.

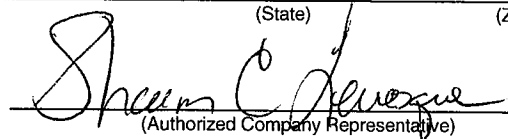
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 1051 T.EXAS STREET SALEM VA 24153  
(Street Address) (City) (State) (Zip Code)

this 2 day of NOVEMBER 2009.

Insurance Company File No. 710-01-98-97  
(Policy Number)

  
(Authorized Company Representative)

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES, INC.

IRB 3539B

N/R  
RECEIVED  
NOV 09 2009  
WASH. UT. & TRANSPORTATION COMMISSION