



TU-100153

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

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

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
 Credit Card Information (if applicable) Exp Date
 Month/Year

Amount \$ _____ COMPANY NAME: _____

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	50.00	Received date: 1-26-10	ID: 5841
		m-03990	Insurance: 1-27-10 OK

19771

CR# 2107

TY-100153

5841

Holder of Permit CC-063176 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: CWL TRANSPORTATION INC. Phone #: 360-520-7303 ✓

Trade Name: LAWS TRUCKING Fax #: 360-785-4947

Mailing Address: _____ Physical Address: (if different) _____

Street/P.O. Box P.O. Box A Street 423 Sears Rd

City, State Zip Winlock WA 98596 City, State Zip Winlock WA 98596

USDOT # ~~1978224~~ 1978224 (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance. ✓

Unified Business Identifier Number (UBI): 602-926-689 ✓

Individual Partnership Corporation - State of Incorporation WA
(LP, LLP, LLC)

NAME	TITLE	PERCENTAGE OF SHARES
<u>CRAIG LAWS</u>	<u>President</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

Current Name: LAWS TRUCKING CO. INC. Phone #: 360-520-7303 ✓

Trade Name: LAWS TRUCKING Fax #: 360-785-4947

Mailing Address: _____ Physical Address: _____

Street/P.O. Box P.O. Box A Street 423 Sears Rd

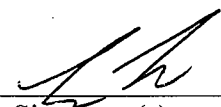
City, State Zip Winlock WA 98596 City, State Zip Winlock WA 98596

Individual Partnership Corporation - State of Incorporation _____

NAME	TITLE	PERCENTAGE OF SHARES
<u>CRAIG LAWS</u>	<u>President</u>	<u>100%</u>

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.


Signature(s)

1/28/10
Date

OK ✓

N/D

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No.

Approved

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate)

Filed with WUTC (Name of Commission) (hereinafter called Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY (Name of Company)

(hereinafter called Company) SCHUAMBURG IL (Home Office Address of Company)

has issued to CWL TRANSPORTATION INC DBA LAWS TRUCKING (Name of Motor Carrier) to PO BOX A WINLOCK WA 98596 (Address of Motor Carrier)

a policy or policies of insurance effective from 12/30/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith

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 canceled without cancellation of the policy to which it is attached. Such cancellation may be affected 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 1333 S RUSTLE RD (Street Address) SPOKANE (City) WA (State) 99224 (Zip Code)

this 30TH day of DECEMBER 2009

NS. CO. ID# _____

Thomas E Cochran (Dr)
(Authorized Company Representative)

Insurance Company File No PRA-9452187 (Policy Number)

PO BOX 19150 SPOKANE WA 99219
(Address of Authorized Company Representative)

See Laws T/KK CO INC.