

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

FEB 03 2010

WASH. UT. & TP. COMM

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 588-1181
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 \$ 50.00 COMPANY NAME: J+J Long Trucking 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>2/3/10</u> | ID: <u>5857</u> |
| 0019804 | | Insurance: <u>2/2/10</u> |

\$50.00
ck# 5014

TV-100196

Holder of Permit CC- 57718 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: <u>J+J Long Trucking Inc.</u> | Phone #: <u>509 679-0674</u> |
| Trade Name: | Fax #: <u>509 884-9531</u> |
| Mailing Address: <u>PO Box 75</u> | Physical Address: (if different) |
| Street/P.O. Box: <u>PO Box 75</u> | Street |
| City, State Zip: <u>Orondo, WA 98843</u> | City, State Zip |
| USDOT # <u>1830876</u> (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): <u>602-973-647</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> <u>James Long</u> | <u>TITLE</u> <u>President</u> |
| <u>PERCENTAGE OF SHARES</u> <u>100%</u> | |

CURRENT BUSINESS INFORMATION

M-32088

| | |
|---|------------------------------|
| Current Name: <u>J+J Trucking James Long</u> | Phone #: <u>509 679-0674</u> |
| Trade Name: <u>J+J Trucking</u> | Fax #: <u>509 884-9531</u> |
| Mailing Address: | Physical Address: |
| Street/P.O. Box: <u>PO Box 75</u> | Street |
| City, State Zip: <u>Orondo, WA 98843</u> | City, State Zip |
| <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation – State of Incorporation _____ | |
| <u>NAME</u> <u>James Long</u> | <u>TITLE</u> <u>Owner</u> |
| <u>PERCENTAGE OF SHARES</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.

James Long Signature(s) 1-27-10 Date

5851 P.1
Pender

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

CC57718
CC7198

JR5

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMM. (hereinafter called commission)
(Name of Commission)

This is to certify, that the CORNHUSKER CASUALTY COMPANY
(Name of Company)

(hereinafter called company) of 9290 W DODGE ROAD OMAHA, NEBRASKA 68114
(Home Office Address of Company)

has issued to J & J LONG TRUCKING, INC
(Name of Motor Carrier)

of PO BOX 75
(Address of Motor Carrier)

ORONDO WA 98843

a policy or policies of insurance effective from 04-29-2009, 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 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 canceled 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 9290 W DODGE ROAD OMAHA, NEBRASKA 68114
this 12 day of FEB, 2010. [Signature]
(Authorized Company Representative)

Insurance Company File No. 10 WAA002661
(Policy No.)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provision of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)). MC 1633