



UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

FEB 16 2010

WASH. UT. & TP. COMM

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

Check # 1023
\$500 enclosed

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 [x] Money Order [ ] AMEX [ ] MasterCard [ ] Visa [ ]
Exp Date
Credit Card Information (if applicable) 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 \_\_\_\_\_

0019435

For Commission Use Only

Table with 3 columns: ID (111-2068-200-02), Received date, Insurance (5869, 4/27/10)

Check # 1023

Revised 4/27/10

5889

TV-100287

25160

Holder of Permit CC... 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>Bob MacPherson Trucking Inc</u>	Phone #: <u>541 938 6210</u>	
Trade Name:	Fax #:	
Mailing Address: <u>52831 W. Ballou Rd</u>	Physical Address: (if different) <u>same</u>	
Street/P.O. Box	Street <u>same</u>	
City, State Zip <u>Milton Freewater Ore 97862</u>	City, State Zip <u>same</u>	
USDOT # <u>0337516</u> (If you don't have one, you can apply online at <a href="http://www.finesa.dot.gov/online-registration">www.finesa.dot.gov/online-registration</a> or contact 360-596-3816 or 360-596-3803 for assistance.)		
Unified Business Identifier Number (UBI): <u>603-011-011</u>		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>Oregon</u> (I.P, LLP, LLC)		
<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Robert B. MacPherson (Bob)</u>	<u>Pres</u>	<u>60%</u>
<u>Cheryl E. MacPherson</u>	<u>Sec-Treas</u>	<u>4%</u>

**CURRENT BUSINESS INFORMATION m-6712.**

Current Name: <u>Bob MacPherson Trucking</u>	Phone #: <u>541 938 6210</u>	
Trade Name:	Fax #:	
Mailing Address: <u>52831 W. Ballou Rd</u>	Physical Address: <u>same</u>	
Street/P.O. Box	Street	
City, State Zip <u>Milton Freewater, Or. 97862</u>	City, State Zip	
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation		
<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Bob MacPherson</u>	<u>owner</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.

Bob MacPherson  
Signature(s)

2-6-10  
Date

5869

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APR 01 2010

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

WASH. UT. & TP. COMM

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the American Alternative Insurance Corporation  
(Name of Company)  
(herein after called Company) of 555 College Road East ,Princeton ,NJ ,08543  
(Home Address of Company)

has issued to BOB MACPHERSON TRUCKING, INC. of 52831 W BALLOU ROAD ,MILTON FREEWATER ,OR 97862  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 02/17/2010 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 555 College Road East Princeton NJ 08543 This 29th day of Mar 20 10  
(Address) (Day) (Month) (Year)

Insurance Company File No. B6A2CA0001109-00 William Lockwood  
(Policy No) (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00



# CERTIFICATE OF LIABILITY INSURANCE

OP ID WMC  
BOBMA-1

DATE (MM/DD/YYYY)  
01/25/10

<b>PRODUCER</b> The McAdams Agency PO Box 1047 2001 Main St. Baker City OR 97814 Phone: 541-523-4411 Fax: 541-523-5221	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Bob Macpherson Trucking Inc Bob Macpherson 52831 W Ballou Rd Milton-Freewater OR 97862	INSURER A Progressive Casualty Ins. Co	V/R NAME change
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	

**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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	044909820	01/01/10	01/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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 \$	
		OTHER					

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

**CERTIFICATE HOLDER**

**CANCELLATION**

PUC--WA  Washington Utility & Transportation Commission PO Box 47250 Olympia WA 98504	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 
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