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FEB 1 7 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

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 Nam circumstances:	te or Business Structure may be u	sed ONLY in the following	
 Change of business structure business when the indiversal partnership, when the interpreter partnership of the majority partner. Change of name resulting corporation established majority stockholders in the Change of name resulting 	idual is the majority stockholder dividual is the majority partner or jority shareholder or, by a partner of grown a change in business structoric incorporate the partnership bust the same proportionate ownership from a change in business structer both corporations are wholly of	ion to incorporate an individual's or, by an individual to a r, from a corporation to a rship to a proprietorship of the cture from a partnership to a siness, when the partners are the ip.	
	TYPE OF PAYMENT		
Credit Card Information (if applica		□ MasterCard □ Visa Exp Date Month/Year	
CERTIFICATION: I, the undersig	ned, under penalty for false stateme t I am authorized to execute and file	ager Trucking & Excavation, certify that the following this document on behalf of the	is inc.
Cardholder's signature:		Date	
For Commission Use Only			
111-2068-200-02	Received date:	ID: 5871	
0019 84 4		Insurance: Binder	

\$50.00 OK# 4/40

	e 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 5871				
excavating Inc.				
New Name: Golddiggers Trucking	Phone #: 360 568 8702			
Trade Name: Golddiggers Eno, in Fax #: 360 568 1173				
Mailing Address: Po Box 435 Part Physical Address: (if different)				
Street/P.O. Box 983-91	Street 5130 139 ave SE			
City, State Zip Snohomish WA	City, State ZipSno homish wa 98290			
USDOT # (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 00 903				
□ Individual □ Partnership ★ Corporation — State of Incorporation WA (LP, LLP, LLC)				
NAME _ TITLE PERCENTANGE OF SHARES				
Daniel Cronenwett prep 51% Rose Cronenwett VIP 49%				
CURRENT BUSIN	ESS INFORMATION in 8447			
Current Name: Daniel w Cronenwe	H Phone #: 360 568 8702			
Trade Name: GolddiggersTrucking + Excavating Fax #: 360 568 113				
Mailing Address: 5130 139 are SE Physical Address:				
Street/P.O. Box	Street 5130 139 avese			
City, State Zip Snohomish WA 9829	O City, State Zip Snohomish, WA			
Individual Description Descrip				
NAME TITLE	PERCENTANGE OF SHARES,			
Dan Cronenwett Pres	50% Look Percey			
Rose Croneswett VIP	<u> </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.

Rose Comencett HIIIO

Signature(s)

Date

HIIIO

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

5871 's

WASH: WIP GOMM tilities & Transportation Commission (Name of Agency)	(herein after called Agency)
WASH. (Name of Agency)	-, , , , , ,
This is to certify that the Ohio Casualty Insurance Company (Name of Company) (herein after called Company) of 9450 Seward Rd ,Hamilton ,OH ,45014 (Home Address of Company)	
GOLDDIGGERS TRUCKING & has issued to EXCAVATING INC (Name of Motor Carrier) (Name of Motor Carrier) (Address of Motor Carrier)	1-0435
A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier B Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which regulations promulgated in accordance therewith.	odily Injury and Property damage liability insurance
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to w cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency commence to run from the date notice is actually received in the office of the Agency.	hich it is attached. Such
9450 Seward Road Countersigned at Fairfield (Address) OH 45014 This 01st day of (Day)	Mar 20 10 (Month) (Year)
Insurance Company File No. BAW 10 52949534 Darlene Alsdorf (Policy No) (Authorized Company)	y Representative)
Underlying Limit :0.00 Liability Limit :1,000,000.00	