



TY:1003022 1300 South Evergreen Park Drive

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 N	ame or Business Structure	may be used ONI	V in the follow	ina
circumstances:		or about <u>Gran</u>	I in the follow	ing
business when the ind partnership, when the proprietorship of the r majority partner. Change of name result corporation establishe majority stockholders Change of name result	ame, with no change in overucture from individual to ividual is the majority stocindividual is the majority phajority shareholder or, by sing from a change in busing to incorporate the partner in the same proportionate in the same proportionate ing from a change in busing the both corporations are so.	corporation to incockholder or, by an apartner or, from a capartnership to a ness structure from rship business, who was structure from the capartnership.	orporate an individual to a corporation to a proprietorship of a partnership to en the partners a	of the o a are the
	TYPE OF PAYM	ENT		
□ Cash □ Check	□ Money Order			
Credit Çard Information (if appli	cable)		l Monu	ate /Year
Amount \$ 50.06	COMPANY NAME:	Duiga Bros	s. INC	
CERTIFICATION: I, the unders information is true and correct, the applicant, and that all information	igned, under penalty for false at I am authorized to execute	statement acutificati	h = 4 41 - C 11 .	1
				Auth!
Cardholder's signature		_Date2	/16/201	AWN. 430989 0_
For Commission Use Only	<i>U</i>		<u> </u>	
111-2068-200-02 (7)	Received date: 2/17	2/10 -	<u> </u>	
50,00	Received date: 4//	//0 ID: 5 8	× 14	
		Insurance	1124/10	

asks the UTC for authority to change the name of or Holder of Permit CC- 24178 the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to: NEW BUSINESS INFORMATION New Name: Phone #: 533-1530 Fax #: Trade Name: Mailing Address: Physical Address: (if different) 1707 Street/P.O. Box W. State St. Street City, State Zip City, State Zip 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. 144-002-313 Unified Business Identifier Number (UBI): Corporation – State of Incorporation WA □ Individual □ Partnership 🗶 (LP, LLP, LLC) PERCENTANGE OF SHARES **ADDRESS** NAME 23.75% each JOHN-PIES MIKETTIM UP CURRENT BUSINESS INFORMATION M 66 36 Current Name: Phone #: Trade Name: Fax #: Mailing Address: Physical Address: Street/P.O. Box Street Box 1707 City, State Zip City, State Zip 98520 □ Individual □ Partnership □ Corporation (LP, LLP, LLC) State of Incorporation PERCENTANGE OF SHARES **NAME** TITLE **ADDRESS**

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)

Z/10/10

No. 0257 P. 2/2

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

Filed with Washington Utilities & Transportation Commission (herein efter called Agency) (Name of Agency) This is to certify that the Travelers Indemnity Company (Name of Company) (herein after colled Company) of One Tower Square, Hartford, CT, 06183 (Home Address of Company) has issued to QUIGG BROS. PO BOX 1707 ABERDEEN WA .98520 (Address of Molor Cerrier) (Name of Molor Carrier) A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attechment of the Uniform Motor Carrier Bodity Injury and Property Damage Liability insurance Endorsement, has or have been amended to provide automobile bodity 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. 02/23/2010 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. 4600 Fuller Drive Countersigned at Irving This 24th day of Feb TX 75038 (Address) (Year) (Day) (Month) Insurance Company File No. DT-810-526D9101-IND-09 (Policy No) (Authorized Comparty Representative)

Underlying Limit :0.00

Liability Limit :1,000,000.00