

TV-100345

Holder of Permit CC-62232 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: RIGR trucking LLC Phone #: 206-665-0926

Trade Name: \_\_\_\_\_ Fax #: 425-888-6065

Mailing Address: 1122 SE 11<sup>th</sup> Pl. Physical Address: (if different)

Street/P.O. Box \_\_\_\_\_ Street

City, State Zip North Bend WA 98045 City, State Zip

USDOT # 1827963 (If you don't have one, you can apply online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact 360-596-3816 or 360-596-3803 for assistance.)

Unified Business Identifier Number (UBI): 602994961

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

NAME	TITLE	PERCENTAGE OF SHARES
<u>Riley Grayson</u>	<u>Pres.</u>	<u>100%</u>

**CURRENT BUSINESS INFORMATION**

Current Name: Riley Grayson Phone #:

Trade Name: Riley Grayson Fax #:

Mailing Address: 1122 SE 11<sup>th</sup> ~~Pl.~~ SE Physical Address:

Street/P.O. Box \_\_\_\_\_ Street

City, State Zip North Bend WA 98045 City, State Zip

Individual  Partnership  Corporation - State of Incorporation \_\_\_\_\_

NAME	TITLE	PERCENTAGE OF SHARES
<u>Riley Grayson</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.

Riley Grayson  
Signature(s)

02-26-2010  
Date

**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  
 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 \_\_\_\_\_

*For Commission Use Only*

111-2068-200-02	Received date:	ID: 5881
<b>0019883</b>		Insurance: <i>CS</i>

*50.00*  
*CR# 023*

<b>ACORD</b> <small>TM</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 02/26/2010
PRODUCER Phone (800) 262-0181 Fax (877) 206-0684 MAPLE LEAF INSURANCE AGENCY, INC. PO BOX 4550 6536 KITSAP WAY BREMERTON WA 98312	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.	
INSURED RIGR TRUCKING LLC. 1122 SE 11TH PL NORTH BEND WA 98045	INSURERS AFFORDING COVERAGE  INSURER A: Northland Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #     <div style="font-size: 2em; font-family: cursive;">5881</div>

**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.

INSP LTR	ADD'L INSPFC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L 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	YES	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> INCLUDES PHYS DAM <input checked="" type="checkbox"/> \$1000 DEDUCTIBLE	TN655099	08/01/09	08/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> 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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE-EA EMPLOYEE	\$	E.L. DISEASE-POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE-EA EMPLOYEE	\$													
E.L. DISEASE-POLICY LIMIT	\$													
A		OTHER: CARGO NON-OWNED TRAILER	TN655099	08/01/09	08/01/10	\$100,000 W/\$1000 DEDUCTIBLE Reefer Breakdown Included <del>\$30,000 W/\$1000 DEDUCTIBLE</del>								

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

<b>CERTIFICATE HOLDER</b> Washington Utilities & Transportation Fax-360.586.1181  Attention:	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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, IT'S AGENTS OR REPRESENTATIVES  AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive; font-size: 1.5em;">E. Russell</div> Elizabeth A. Russell
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WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

Field Receipt

Reception No. 199803

Permit No.

Permit No. grid

Name

R I G K T R U E K I N G L L L

Receipt No. Employee No. Month-Day-Year

M 03517 6136 8-26-10

Method of Payment

Cash (Date) Initials [X] Check/Money Order [ ] Credit Card

Table with columns: Comments, 111, 268, 200, 08, \$, Single State Registration Fee, etc.

By: [Signature] Agent

By: [Signature] Applicant

White: Financial Services >> Yellow: Applicant >> Pink: Action >> Goldenrod: Book