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

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 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 Month/Year Amount S COMPANY NAME: COMPANY NAME: COMPANY NAME: COMPANY NAME: COMPANY NAME: Companion 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 signaturez Appl Olozo For Commission Use Only	7.DD. 430.00							
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 corporation 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 Month/Year Credit Card Information (if applicable) Company NAME: The Company of 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 Applicant, and that all information on file is current and valid. Cardholder's signature Manuel Same Proportion to individual to a partnership to a proprietorship of the applicant, and that all information on file is current and valid. Cardholder's signature Manuel Same Proportion to individual to a partnership to a proprietorship of the partnership to a proprietorship of the partnership to a partnership to a partnership to a proprietorship of the partnership to a partnership to a proprietorship of the partnership to a p								
Credit Card Information (if applicable) COMPANY NAME: IN COMPANY NAME: MasterCard Exp Date Month/Year COMPANY NAME: IN COMPANY NAME: Month/Year COMPANY NAME: NAME: NAME: Month/Year COMPANY NAME:	 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 							
Credit Card Information (if applicable) Amount \$ 50 ° COMPANY NAME: 1 Y COMPANY NAM	TYPE OF PAYMENT							
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: Application of the 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: Application of the authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Application of the authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Application of the authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Application of the authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Application of the authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Application of the authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	Exp Date							
Appy -01020 For Commission Use Only 11-2068-200-02 Received date: 20 0 ID: 51 1	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							
I I I I I I I I I I I I I I I I I I I	Appy -01020 For Commission Use Only 11-2068-200-02 Received date: 20 0 ID: 51 7							
	Insurance:							

#50.00

Holder of Permit CC-43992 asks th	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							
Michaelis Trucking &							
New Name: EXCAVATINA LIC	Phone #: 340 - 790 - 0109						
Trade Name:	Fax #: 3100-951-055						
Mailing Address:	Physical Address: (if different)						
Street/P.O. Box \5057	Street 2045 113th 00850						
City, State Zip Tumi, 2018/12/12/12/12/12/12/12/12/12/12/12/12/12/	City, State Zip Olymbia 12 A ORIA						
USDOT # 10 60 193 www.fmcsa.dot.gov/online-registration or contact 360-596	(If you don't have one, you can apply online at 5-3816 or 360-596-3803 for assistance.						
Unified Business Identifier Number (UBI):	102-896-473						
□ Individual □ Partnership □ Corporation (LP, LLP, LL	n – State of Incorporation LLC						
Phyela & Michaelis a	han percentange of shares						
CURRENT BUSIN	ESS INFORMATION 126-18						
Current Name: PMAP 1 V MIC OPE	Phone #: 2 1cc						
Trade Name: Michaelis TVIICH	W) Fax #:						
Mailing Address:	Physical Address: 20/15						
Street/P.O. Box 15057	Street 1 12 th 0 10 St.)						
City, State Zip TMMW) Q+1/1 12/7- 98	City, State Zip MI/No Dic 2120 (8512)						
Individual Partnership Corporation - State of Incorporation							
Angela K. Michaels ask	PERCENTANGE OF SHARES						

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.

ignature(s)

Date

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

AMENDED

(Executed in Triplicate)

Filed wit	h Washingto	on UTC		(her	cinafter called Cot	nmission)	
		(Name of C	Commission)				
This is to	contify, that the	Everest National Insu	rance Company				
				(Name of Company)			
(hereinafter cal	led Company) c	of 477 Martinsville Road	J, P.O. Box 830,	Liberty Corner, NJ 07938-083	0		
				tome Office Address of Company)		
has issued to	MICHAELIS	TRUCKING & EXCAVAT	RUCKING & EXCAVATING of 2041 113TH AVE SE, OLYMPIA, WA 98512				
	LLC:						
		(Name of Motor Carrier)		(Addres	s of Motor Carrier)		
a policy or poli	cies of insurance	e effective from 3/22/20	10	12:01 A.M. standard time at t	he address of the	insured stated in	
said policy or r	policies and conf	tinuing until canceled as pro	vided herein, wh	nich, by attachment of the Uni	form Motor Carrie	r Bodily Injury and	
Property Dams	age Liability Ins	gurance Endorsement has	or have been an	nended to provide automobile	bodily injury an	d property damage	
liability insurer	ice covering the	obligations imposed upon	such motor can	tier by the provisions of the m	otor corriet last of	Etha State in which	
		n or regulations promulgate			Otto Carpital law C.	t the diam at within	
	3111do juino divac	TO THE COMMOND INCOMING MAN	C MI (1000) (MIII) (OC	ALIGHE PP HEF.			
	er requested, the	Company agrees to furnish	: the Commission	n a duplicate original of said p	olicy or policies a	id all endorsements	
thereon.							
Such cancellati	ion may be effe	cted by the Company or th	ie instited giving	canceled without cancellation thirty (30) days' notice in w received in the office of the C	riting to the State	which it is attached. Commission, such	
Countersigned at 600 Univer		sity Street, Suite 300		Seattle	WA	98101-4195	
J		(Street Address)		(City)	(State)	(Zip Code)	
this 6	day of	April	2010	, ,	, ,		
T	Til- M-	72 FD0000 41 071		•			
Insurance Com	рапу гце №.	72FP000241071		Donna	Rossin		
					9		
		(Policy Number)		Author	Authorized Company Representative		
Underlying Limit	:0.00 Liability I	Limit :750,000.00					
MC1633 (Ed. 6-7	't)					IRB 3539B	