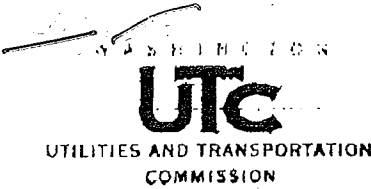


TV 100530

1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 566-1181
Web Site: www.wutc.wa.gov



COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

Handwritten signature and number 41410

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
Credit Card Information (if applicable) 1/13 Exp Date Month/Year

Amount \$ 50.00 COMPANY NAME: O'Brien Trucking LLC

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 signat _____ Date 3-31-10

<i>For Commission Use Only</i>		
111-2068-200-02	50.00	Received date: <u>4/2/10</u> ID: <u>5925</u>
0020047		Insurance: <i>(initials)</i>

Handwritten number: 00-63647

Holder of Permit CC- 63647 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>O'Brien Trucking LLL</u>	Phone #: <u>425-502-1798</u>
Trade Name: <u>Same as above</u>	Fax #: <u>425-374-8821</u>
Mailing Address: <u>5224 95th ave N.E.</u>	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip <u>LK. Stevens, WA. 98258</u>	City, State Zip
USDOT # <u>1893386</u> (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): <u>602-920-853</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____ (LP, LLP, <u>LLC</u>)	
<u>Regina O'Brien</u>	<u>Owner/manager</u>
<u>O'Brien Trucking LLL</u>	<u>8100</u>

CURRENT BUSINESS INFORMATION

5622

Current Name: <u>O'Brien Trucking</u>	Phone #: <u>425-502-1798</u>
Trade Name:	Fax #: <u>425-374-8821</u>
Mailing Address: <u>12808 Bev. Pk. Rd.</u>	Physical Address:
Street/P.O. Box	Street
City, State Zip <u>Mukilteo, WA. 98275</u>	City, State Zip
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____	
<u>Regina O'Brien</u>	<u>Owner</u>
	<u>8100</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.

Gina O'Brien
Signature(s)

3-31-10
Date

WASHINGTON STATE UTILITIES AND TRANSPORTATION COMMISSION

1300 S EVERGREEN PARK DRIVE SW, PO BOX 47250

OLYMPIA, WA 98504-7250

(360) 664-1222

This certificate authorizes the following operations under the provisions of RCW Title 81:

O'Brien, Regina M
d/b/a O'Brien Trucking
12808 Beverly Park Rd
Mukilteo, WA 98275

Permit No.
CC-63647

General commodities in the state of Washington excluding household goods, hazardous materials and armored car service.

TV-091125

07-17-09

**WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION**



By Colleen Smith
for David W. Wanner

NOTE: A copy of this permit *MUST* be carried in each vehicle being operated under this authority.

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

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

This is to certify that the American States Insurance Company
(Name of Company)
(herein after called Company) of 4333 Brooklyn Avenue NE, Seattle, WA, 98185
(Home Address of Company)

has issued to O'BRIEN TRUCKING LLC of 5224 95TH AVE NE, LAKE STEVENS, WA, 98258
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 03/29/2010 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 136 N 3rd Street OH 45025 This 30th day of Mar 20 10
Hamilton (Address) (Day) (Month) (Year)

Insurance Company File No. 01C1348124 William Washburn
(Policy No) (Authorized Company Representative)

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