



RECEIVED

APR 05 2010

WASH. UT. & TP. COMM

TV 100535

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 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 _____

due 4/20/10

For Commission Use Only

111-2068-200-02	Received date: 4/5/10	ID: 5928
0020054		Insurance: <i>OK</i>

CV# 32837

Holder of Permit CC- 27494 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

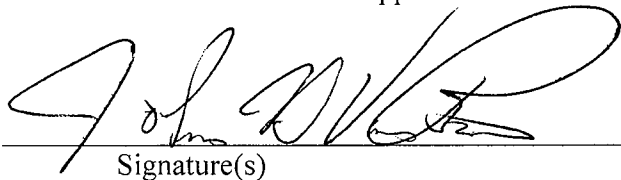
New Name: <u>Van Boven Gravel Company</u>	Phone #: <u>3601 966 - 5855</u>
Trade Name:	Fax #: <u>3601 966 - 5855</u>
Mailing Address: <u>7017 Everson Goshen Rd</u>	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip <u>Everson, WA 98247</u>	City, State Zip
USDOT # <u>1801110</u> (If 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>600 323 132</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation – State of Incorporation <u>WA</u> (LP, LLP, LLC)	
<u>NAME</u>	<u>TITLE</u>
<u>John H. Van Boven</u>	<u>President</u>
<u>PERCENTAGE OF SHARES</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION M6901

Current Name: <u>John H. Van Boven</u>	Phone #:
Trade Name:	Fax #:
Mailing Address: <u>7017 Everson Goshen Rd</u>	Physical Address:
Street/P.O. Box	Street
City, State Zip <u>Everson, WA 98247</u>	City, State Zip
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation – State of Incorporation _____	
<u>NAME</u>	<u>TITLE</u>
_____	_____
<u>PERCENTAGE OF SHARES</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.


 Signature(s)

3/10/2010
 Date

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 Continental Western Insurance
(Name of Company)
(herein after called Company) of 11201 Douglas Avenue ,PO BOX 1594 ,Des Moines ,IA ,50306
(Home Address of Company)

Van Boven Gravel
has issued to Company of 7017 Everson Goshen Rd ,Everson ,WA ,98247
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 04/12/2010 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 3320 E Goldstone Way ID 8342 This 20th day of Apr 20 10
Meridian (Address) (Day) (Month) (Year)

Insurance Company File No. CWP2580010R April LaCoursiere
(Policy No) (Authorized Company Representative)

Underlying Limit :750,000.00 Liability Limit :1,000,000.00