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APR 09 2010





WASH. UT. & TP. COMM

O 3000 g. vergreen Park Save SW PO 55x 47259 Olympia, WA 96504-7250 Phone (360) 664-1222 Fax (350) 568-1169 Web Site: www.wutc.wa.go

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 iroumstances:	
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 Sheck Money Order AMEX MasterCard Visa Exp Date	Ì
formation is true and correct, that I am authorized to execute and file this document on behalf of the plicant, and that all information on file is current and valid. urdholder's signature: Date	
or Commission Use Only 1-2068-200-02 Received date:	
0020083 Insurance:	

New Name: Tohn, T	:KarnasCo	mbanu 300538 0588
Trade Name:	, 12011 1100 00	Fax #: 300533 7400
Mailing Address: 711 0	18th St.	Physical Address: (if different)
Street/P.O. Box	<u></u>	Street
City, State Zip+Cau	iam WA	8'550 Zip
USDOT# 1894476	7 (10)	(If you don't have one, you can apply online at
www.fmcsa.dot.gov/enline-regis	Mayor contact 360-59	6-3816 or 360-596-3803 for assistance.
Unified Business Identifier	r Number (UBI):	601 607 147 ON
□ Individual □ Parmer	oshin V	n – State of Incorporation WA
individual of tentior	(LP, LLP, LI	LC)
NAME John J Karna	S TITLE Pres	PERCENTANGE OF SHARES
ONIGIO REGIO		· · · · · · · · · · · · · · · · · · ·
\ C	HRRENT RUSIN	ESS INFORMATION
	1/0 10 00	
****** * *** * * * * * * * * * * * * *	4CVV////	Phone #:
	1 WIW	
Trade Name:	TWI W	Fax #:
Frade Name: Mailing Address:		Physical Address:
Frade Name: Mailing Address: Sweet/P.O. Box		Physical Address: Street
Trade Name: Mailing Address: Street/P.O. Box Dity, State Zip		Physical Address: Street City, State Zip
Current Name: OMA Trade Name: Mailing Address: Street/P.O. Box City, State Zip Andividual Dertner:	ship 🗆 Corporation	Physical Address: Street
Trade Name: Mailing Address: Street/P.O. Box Dity, State Zip	ship □ Corporation	Physical Address: Street City, State Zip
Trade Name: Mailing Address: Street/P.O. Box Dity, State Zip Individual	* *	Physical Address: Street City, State Zip n – State of Incorporation

f 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)

3605337460

(hereinafter called Comm ssion)

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

(Executed in Triplicate)

WUTC

Filed with	WUTC	(hereihalte	at caned comuni	SSION)
1,1000010	(Name of Convolstion)			•
This is to corbby, that	the AMERICAN FOREST CASUALTY	COMPANY, RISK (Name of Company)	RETENTION G	ROUP
erepatter called Company) (of 1330 LADY STREET COLUMBI	A. SC 29211 Joine Office Address of C	Joinpary)	
is restred to <u>John J.Karnas C</u> Kana of Mai	Company of 711 28 th Stroent Hogulam.	WA 98550 (Addiess of Motor Cerr		en a combinant combine of the
said policy or policies and ex arrier Bodily trijury and Prope itemposite bodily injury and pir the provisions of the motor accordance therewith. Whonover requester hitches and all endorsaments. This certificate and t	the endorsement described herein may no cellation may be affect by the Company on, such thirty (30) days' notice to comme	in, which, by allacing in pend, has or have in the interest of the interest of the interest of the interest of the insured diving the insured divi	been amended to imposed upon a iction or regulation ate original of sal thout cancellation thirty (30) devi	o provide ich motor carner ons promulgated id policy or in of the policy to a' notice in
Ountersigned at	1800 Second Street Suita 915	Sarasota.	Florida 34236	
, , , , , , , , , , , , , , , , , , ,	(xembbA feetB)	(City)	(Siate)	(Z-p Code)
his <u>9th</u> day of	April 2010			
surance Company Filo No.	AFC040311		Jeanine Collins	
	(Policy Number)		(Authorized Co-	niper y Représentative
ic appropriate three level ORMANSUM	KANCE SERVICES, INC			IRB 32598