

TV 100566

APR 09 2010

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SW

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WASH. UT. & TP. COMM

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

Handwritten signature and date: [Signature] 5/17/10

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...
Change of name resulting from a change in business structure from a partnership to a corporation...
Change of name resulting from a change in business structure from a corporation to another corporation...

TYPE OF PAYMENT

Cash [X] Check [X] Money Order [] AMEX [] MasterCard [] Visa []
Credit Card Information (if applicable) Exp Date Month/Year

Amount \$ 50.00 COMPANY NAME: John J Karnag Company

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: 4/9/10

ID: 5933

0020083

Insurance:

\$50.00

CK# 14328

5933

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WUTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the AMERICAN FOREST CASUALTY COMPANY, RISK RETENTION GROUP
(Name of Company)

(hereinafter called Company) of 1330 LADY STREET COLUMBIA, SC 29211
(Home Office Address of Company)

Has issued to John J Karnas Company of 711 20th Street Hoquiam WA 98550
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 01/16/2010_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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effect by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1800 Second Street Suite 915 Sarasota, Florida 34236
(Street Address) (City) (State) (Zip Code)

This 9th day of April 2010

Insurance Company File No. AFC040311
(Policy Number)

Jeanine Collins
(Authorized Company Representative)