

TV-100577



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](http://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  
Month/Year

Credit Card Information (if applicable)

Amount \$ 50.00      COMPANY NAME: Riley Brothers, Inc.

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 4/5/10

*For Commission Use Only*

111-2068-200-02 <u>50.00</u>	Received date:	ID: <u>5936</u>
		Insurance: <u></u>

0020091

V02541B

74-100577

5436

Holder of Permit CC- 23049 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>Riley Brothers, Inc</u>	Phone #: <u>509-773-5890</u>
Trade Name: <u>Riley Brothers, Inc</u>	Fax #: <u>509-773-6878</u>
Mailing Address: <u>1402 E. Collins</u>	Physical Address: (if different)
Street/P.O. Box: <u>PO Box 1078</u>	Street
City, State Zip: <u>Goldendale, WA 98620</u>	City, State Zip

USDOT # 304762 (If you don't have one, you can apply online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact 360-596-3816 or 360-596-3803 for assistance.)

Unified Business Identifier Number (UBI): 402886610

Individual  Partnership  Corporation - State of Incorporation WA Per call 4/13/10  
(LP, LLP, LLC)

NAME	TITLE	PERCENTAGE OF SHARES
<u>Patricia K. Riley</u>	<u>President</u>	<u>100%</u>
<u>Anthony J. Riley</u>	<u>Vice President</u>	<u>0%</u>
<u>Gregory J. Riley</u>	<u>Sec - TREAS</u>	<u>0</u>

**CURRENT BUSINESS INFORMATION** 5788

Current Name: <u>Patricia K. Riley</u>	Phone #: <u>509-773-5890</u>
Trade Name: <u>Jim Riley Excavating</u>	Fax #: <u>509-773-6878</u>
Mailing Address: <u>140 W. Railroad Ave</u>	Physical Address:
Street/P.O. Box: <u>PO Box 1078</u>	Street
City, State Zip: <u>Goldendale WA 98620</u>	City, State Zip

Individual  Partnership  Corporation - State of Incorporation \_\_\_\_\_

NAME	TITLE	PERCENTAGE OF SHARES
<u>Patricia K. Riley</u>	<u>Owner</u>	<u>100</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.

Patricia K. Riley \_\_\_\_\_ 4/5/10  
Signature(s) Date

PO Box 1078  
Goldendale, WA 98620-1078  
509-773-5890  
509-773-6878 FAX

**Jim Riley  
Excavating**

# Fax

**To:** WUTC – Ken Chatnam

**From:** Patricia Riley

**Fax:** 360-586-1181

**Pages:** 3 (Including cover)

**Phone:** 360-664-1222

**Date:** 4/9/10

**Re:** Permit #CC-23049

**cc:**

**Urgent**

**For Review**

**Please Comment**

**Please Reply**

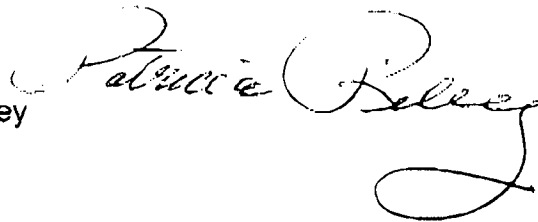
**Please Recycle**

● **Comments:**

Following is an application for change of name or business structure. My insurance co. is sending a new Form E reflecting the name of Riley Brothers, Inc. on it to your attention. If you have any questions or if there is anything else I need to do, please call me on my cell phone (509) 261-1601 as I have to go out of town for a while today. I'm hoping the permit no. can transfer to this new corporation.

Thank you.

Patricia Riley



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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the General Insurance Company of America (hereinafter called Company)

of 1004 4<sup>th</sup> Ave, Seattle, WA 98154

has issued to RILEY BROTHERS, INC of PO BOX 1078, GOLDENDALE, WA 98620

a policy or policies of insurance effective from 4/10/2010 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 effected 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 1191 2<sup>nd</sup> Ave, Seattle, WA 98101

this 14TH day of MAY, 2010

Insurance Company File No. 01C1177088  
(Policy Number)

Charles Guy DeCosterd  
(Authorized Company Representative)