



UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 684-1222 Fax (360) 586-1181 Web Site: www.utc.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

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: Earl R Cullen

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.

Handwritten number 276844

Cardholder's signature: Earl R Cullen Date 4-20-2010

For Commission Use Only

Table with 3 columns: ID (5944), Insurance, and Received date.

0020153

TY-100644

5944

Holder of Permit CC-61013 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: Earl R Cullen	Phone #: 509-839-9036
Trade Name: Earl's Truck	Fax #: 509-839-9036
Mailing Address: PO Box 327	Physical Address: (if different)
Street/P.O. Box 710 Maple Grove Rd	Street 710 Maple Grove Rd
City, State Zip Sunnyside, WA 98944	City, State Zip Sunnyside, WA 98944
USDOT # 896473 (If you don't have one, you can apply online at www.fincsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.)	
Unified Business Identifier Number (UBI): 601-359-039	
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____ (LP, LLP, LLC)	
<u>NAME</u> Earl R Cullen	<u>TITLE</u> owner
<u>PERCENTAGE OF SHARES</u> 100%	

M41579 **CURRENT BUSINESS INFORMATION**

Current Name: Ag Serv, LLC	Phone #: 509-839-9036
Trade Name: Ag Serv, LLC	Fax #: 509-839-9036
Mailing Address: PO Box 327	Physical Address:
Street/P.O. Box 710 Maple Grove Rd	Street 710 Maple Grove Rd
City, State Zip Sunnyside, WA 98944	City, State Zip Sunnyside, WA 98944
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation WA - Permit LLC	
<u>NAME</u> Earl R Cullen	<u>TITLE</u> manager/owner
<u>PERCENTAGE OF SHARES</u> 100%	

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.

Earl R Cullen
 Signature(s)

4-8-2010
 Date

5944
P

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)

(DBA) Earl's Truck

has issued to Earl R Cullen of 710 Maple Grove Rd , Sunnyside , WA , 98944
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 04/22/2010 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 22nd day of Apr 20 10
Meridian (Address) (Day) (Month) (Year)

Insurance Company File No. MCP2765342R April LaCoursiere
(Policy No) (Authorized Company Representative)

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



STATE OF
WASHINGTON UTILITIES AND
1300 S. Evergreen Park Dr. S.W., P.O.
(360) 664-11

LoSca

COMMISSION
504-7250

Cullen, Earl R
710 Maple Grove RD
Sunnyside WA 98944

April 22, 2010

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-100644 for pending common carrier permit name change for CC-061013.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

called 4-22 need INS