

Holder of Permit CC- 61184 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>Foran Trucking LLC</u>	Phone #: <u>253-472-1315</u>	
Trade Name: <u>Foran Trucking LLC</u>	Fax #: <u>253 507-5792</u>	
Mailing Address: <u>11701 24th Ave E</u>	Physical Address: (if different)	
Street/P.O. Box	Street	
City, State Zip: <u>Tacoma WA 98445</u>	City, State Zip	
USDOT # <u>198957</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>602 743 7851</u>		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WASH</u> (LP, LLP, <u>LLC</u>)		
<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Daren Foran</u>	<u>mgr</u>	<u>55%</u>
<u>Roxanne Foran</u>	<u>member</u>	<u>16%</u>
<u>Russell Foran</u>	<u>member</u>	<u>16%</u>
	<u>Damian Foran</u>	<u>15%</u>
Current Name: <u>Daren Foran Trucking (old name)</u>	Phone #:	
Trade Name:	Fax #: <u>MA 2163</u>	
Mailing Address: <u>same</u>	Physical Address:	
Street/P.O. Box	Street	
City, State Zip	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.

Roxanne Foran _____ 4-26-10 _____
Signature(s) Date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE 5986

DATE (MM/DD/YYYY)
01/07/2010

PRODUCER 208-676-1550 FAX 208-676-1580
WCLA Insurance Agency, Inc. RECEIVED
 P O Box 2168
 Olympia, WA 98507-2168
 Bea Salois

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **Foran Trucking, LLC**
 11701 24th Ave E WASH. UT. & TR COMM
 Tacoma, WA 98445

JUN 02 2010

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: AAIC	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

Bea Salois

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	B6A2CA0000499-01	01/09/2010	01/09/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	
					OTH-ER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

American Alternative INS corp

CERTIFICATE HOLDER

Washington Utilities and Transportation Commission
 P.O. Box 47250
 Olympia, WA 98504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 030 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Bea Salois/BEA *Bea Salois*