

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

WASH. UT. & TP. COMM

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 circumstances:	be used ONLY in the following
 Changes of carrier's name, with no change in owners Change of business structure from individual to corp business when the individual is the majority stockhol partnership, when the individual is the majority partner proprietorship of the majority shareholder or, by a paragiority partner. Change of name resulting from a change in business corporation established to incorporate the partnership majority stockholders in the same proportionate owners. Change of name resulting from a change in business another corporation where both corporations are who in the same proportions. 	oration to incorporate an individual's lder or, by an individual to a ler or, from a corporation to a lartnership to a proprietorship of the structure from a partnership to a business, when the partners are the lership.
TYPE OF PAYMEN	<u>T</u>
□ Cash □ Check □ Money Order	
Credit Card Information (if applicable)	Month/Year
Amount \$ 50.00 COMPANY NAME: For CERTIFICATION: I, the undersigned, under penalty for false state information is true and correct, that I am authorized to execute and applicant, and that all information on file is current and valid.	tement, certify that the following
Cardholder's signature:	Date4-26-10
For Commission Use Only	7000 P
111-2068-200-02 Received date: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ID: 10 ()
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\$50.00	RECEIVED
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Holder of Permit CC- Ul asks the	UTC for authority to change the name of or						
the business structure of the carrier named be	, -						
NEW BUSINESS INFORMATION							
New Name: Foran Trucking, UC	Phone #: 253-472-1315						
Trade Name: Foran Trucking UC	Fax #: 253 507-5792						
Mailing Address: 11701 24th Ave E	Physical Address: (if different)						
Street/P.O. Box	Street						
City, State Zin Tracoma Wa 98445	City, State Zip						
USDOT # / / / / / / / / / / / / / / / / / /	(If you don't have one, you can apply online at -3816 or 360-596-3803 for assistance						
Unified Business Identifier Number (UBI):	602 743 7851						
☐ Individual ☐ Partnership ☐ Corporation (LP, LLP, (LL	= State of Incorporation WASh						
NAME TITLE	PERCENTANGE OF SHARES						
Daren Foran Mgr	55%						
Roxanne Foran member	18%						
	3% Damian Foran 15%						
CURRENT BUŚINI	ESS INFORMATION						
Current Name: Daven Foran Trucking	Cold Phone #:						
Trade Name:	Name Fax #:						
Mailing Address: Gume	Physical Address:						
Street/P.O. Box	Street						
City, State Zip	City, State Zip						
	Chij State Lip						
to Individual □ Partnership □ Corporation	- State of Incorporation						
to Individual □ Partnership □ Corporation NAME □ TITLE	*						
•	- State of Incorporation						
NAME TITLE CERTIFICATION: Carrier affirms that the chan	percentance of Shares percentance of Shares ge of name or business structure does not involve a the operating authority. The undersigned applicant ting its petition as provided in 81.80 RCW. The laws of the State of Washington that the						

4-26-20 Date Signature(s)

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Olympia, WA 98507-2168							IN 02 2010		INSURERS AFFORDING COVERAGE			
Bea Salois								INSURER A: AA				
ISURED Foran Trucking, LLC							im s to driving	INSURER B:	X			
11701 24th Ave E WASH, UT & IR GUIVINI Tacoma, WA 98445												
								INSURER C:				
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OV	ERA	GES								LOW TERIOR NIPIGATED A	IOTMITHET ANDING	
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										BODILY INJURY (Per accident)	\$	
						_				PROPERTY DAMAGE (Per accident)	\$	
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			110: 55					CANCELLA	TION			
CE	RTI	CATE	HOLDE	Κ				SHOULD AN	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,			
Washington Utilities and Transportation Commission P.O. Box 47250							Transportation		BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
l	P.O. BOX 47250 Olympia, WA 98504							AUTHORIZED REPRESENTATIVE				
					504			AUTHORIZED F	(EPKESENTATIVE	(1))()	