

RECEIVED

MAY 20 2010

WASH. UT. & TP. COMM

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

TV-100876

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
 Credit Card Information (if applicable) Month/Year

Amount \$ 50.00 COMPANY NAME: Hi Flyers (~~XXXXXXXXXX~~)

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	<u>50.00</u>	Received date: <u>5/20/10</u>	ID: <u>6005</u>
0021329			Insurance: <u>6/10/10 E.</u>

ck # 5052

Holder of Permit CC-57767 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

Richard A. Robinson
 New Name: Margaret V. Robinson Phone #: 360-581-4631
 Trade Name: Hi-Flyers (~~Robinson~~) Fax #:
 Mailing Address: 1217 East St. SE Physical Address: (if different)
 Street/P.O. Box Street
 City, State Zip Lacey, Wa. 98571 City, State Zip
 USDOT # WA00010,000 (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): 600-547-958
 Individual Partnership Corporation – State of Incorporation _____
 (LP, LLP, LLC)

NAME	TITLE	PERCENTAGE OF SHARES
<u>Margaret V. Robinson</u>	<u>OWNER</u>	

CURRENT BUSINESS INFORMATION

Richard A. Robinson
 Current Name: Margaret V. Robinson Phone #: 360-581-4631
 Trade Name: Hi-Flyers, Inc Fax #:
 Mailing Address: POB 324 Physical Address:
 Street/P.O. Box POB 324 Street
 City, State Zip Pacific Beach Wa. City, State Zip
 Individual Partnership Corporation – State of Incorporation _____

NAME	TITLE	PERCENTAGE OF SHARES
<u>Margaret Robinson</u>	<u>owner</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.

Margaret V. Robinson
 Signature(s)

5-18-10
 Date

6005
pending

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 **State Farm Insurance Company** (hereinafter called Company)

Of **Bloomington, IL**

has issued to **Margaret V and Richard A Robinson DBA Hi Flyers of PO Box 324 Pacific Beach WA 98837**

a policy or policies of insurance effective from **10-21-2004** 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 **1000 Wilmington Dr, DuPont, WA 98327**

this **10th** day of **June 2010**

Insurance Company File No **066 8029-47**
(Policy Number)

Dean Hosni
(Authorized Company Representative)