

7V-/0088 (1300 South Evergreen Park Drive

PO Box 47250
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181
Web Site: www.wutc.wa.goy

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE FEE: \$50.00

	FEE:	\$50.00		
Application for Change of Naticircumstances:	me or Business Stru	icture may b	e used <u>ONLY</u>	in the following
 Changes of carrier's nate of business strates business when the indispartnership, when the inproprietorship of the majority partner. Change of name resulting corporation established majority stockholders in the corporation where corporation where corporation where corporations 	vidual is the majori ndividual is the majori ndividual is the majority shareholder ing from a change in to incorporate the nathe same proporting from a change in ere both corporatio	ual to corporty stockholds jority partner or, by a part n business stopartnership to onate owners n business stopartnership to	ation to incorper or, by an incorper or, from a connership to a producture from a pusiness, when ship.	corate an individual's dividual to a reportion to a coprietorship of the partnership to a the partners are the
	TYPE OF P	AYMENT		
□ Cash □ Check	□ Money Order			
Credit Card Information (if applic				Exp Date
Amount \$ 5000. CERTIFICATION: I, the undersign information is true and correct, the applicant, and that all information	u i am aumorized to	or false staten	ant antiful	441
Cardholder's signæ		`>	Date 5-	19-10
For Commission Use Only				000
11-2068-200-02 0021493	Received date:	21/10	ID: ()(6/8/1/
50.00		1	1	Binder

Holder of Permit CC- (asks the LTC for authority to change the pan									
waste and of o for additionly to change the half	Holder of Permit CC- WWW 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: Advanta Tarkers T. Phone #:									
1011762 1 VUCKING 2-NEUT 591-3135									
Trade Name: Fax #:									
Mailing Address: 5611 Melville AD Physical Address: (if different)	cal Address: (if different)								
Street/P.O. Box Street									
ty, State Zip Pusco WA FOOD, City, State Zip									
USDOT #									
a sometimes and some some some some some some some some									
Unified Business Identifier Number (UBI): 402-9047/6									
□ Individual □ Partnership ★ Corporation - State of Incorporation									
(LP, LLP, LLC) NAME TITLE PERCENTANCE OF SHARES									
NAME Altredo Montez President PERCENTANGE OF SHARES									
									
CURRENT RUCINESS INFORMATION 1160	166								
CURRENT BUSINESS INFORMATION MAG	152								
Current Name: Alfredo Montez Trucking Phone #: 547.2135	100								
Trade Name: Fax #:									
Mailing Address: 3017 Melville Physical Address: 5017 Mel	Vivilla Pr								
Street/P.O. Box Street	WING RU								
City, State Zip Pasco WA 9930/ City, State Zip Pasco W	99301								
Individual Deartnership Corporation State of Incorporation									
NAME TITLE PERCENTANGE OF SHA	PERCENTANGE OF SHARES								

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.

Signature(s)

Data

4	1C	ORD CERTIFIC	ATE OF LIA	BILITY INS	URANCE		DATE (MM/DD/YYYY) 05/28/2010	
PRODUCER Phone: (509) 735-3333 Fax: 509-735-7066 INSURANCE SERVICES, INC. 100 N. MORAIN ST., SUITE 200 KENNEWICK WA 99336-2905			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.					
			Agency Lic#: 111		FORDING COVER	RAGE	6008 NAIC#	
INS	SURE	D	Agonoy Lion. 111					
	MONTEZ TRUCKING INCORPORATED 5617 MELVILLE RD. PASCO WA 99301			INSURER B:	INSURER B:			
				INSURER C:	INSURER C:			
				INSURER D:				
ᄂ)\/E	RAGES		INSURER E:				
THE ANY MAY	POLI REQ PER	ICIES OF INSURANCE LISTED BELOW H JUIREMENT, TERM OR CONDITION OF A TAIN, THE INSURANCE AFFORDED BY I . AGGREGATE LIMITS SHOWN MAY HAV	NY CONTRACT OR OTHER DITHE POLICIES DESCRIBED H	OOCUMENT WITH RESPE EREIN IS SUBJECT TO A	CT TO WHICH THIS	CERTIFICATE MAY BE ISSUED	O OR	
	ADD'L		POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMIT	s	
LIK	INGRU	GENERAL LIABILITY		DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE	\$	
		COMMERCIAL GENERAL LIABILITY			-	DAMAGE TO RENTED PREMISES (Ea occurence)	\$	
		CLAIMS MADE OCCUR				MED. EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
						GENERAL AGGREGATE	\$	
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				PRODUCTS-COMP/OP AGG.	\$	
		AUTOMOBILE LIABILITY ANY AUTO	WAA002317	06/08/10	06/08/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	,	X ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
Α		HIRED AUTOS				BODILY INJURY		
		NON-OWNED AUTOS				(Per accident)	\$.	
						PROPERTY DAMAGE (Per accident)	\$	
ļ.		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
ŀ		ANY AUTO				OTHER THAN EA ACC	C \$ G \$	
 		EVCESS (IMPREST A LIABILITY				EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
							\$	
		DEDUCTIBLE					\$	
		RETENTION \$					\$	
		KERS COMPENSATION AND	· ———			WC STATU- TORY LIMITS OTHER	R	
	ANY F	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED? describe under				E.L. DISEASE-EA EMPLOYEE	\$	
<u> </u>	SPECI	IAL PROVISIONS below				E.L. DISEASE-POLICY LIMIT	\$	
		ier.						
DE	SCR	RIPTION OF OPERATIONS/LOCA	TIONS/VEHICLES/EXCI	LUSIONS ADDED BY	ENDORSEMEN	T/ SPECIAL PROVISION	S	
SE	E SU	JPPLEMENTAL CERTIFICATE IN	FORMATION					
CI	ERTII	FICATE HOLDER		CANCEL				
Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, Wa 98504-7250			EXPIRATION WRITTEN NO TO DO SO SH	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOT OF MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.				
			3	AUTHORIZED REPRESENTATIVE				

ACORD 25 (2001/08)

(360)586-1181

Attention:

Certificate # 13201

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