

TV-100984



1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
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 Money Order AMEX MasterCard Visa
Exp Date 10
Month/Year/11

Credit Card Information (if applicable):

Amount \$ 50.00 COMPANY NAME: Himark Construction & Excavation LLC

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 6-1-10

For Commission Use Only

111-2068-200-02	Received date:	ID: <u>60250</u>
<u>50.00</u>		Insurance: <u>[Signature]</u>

0023062
Auth
VI-001908

done
6/14/10

Holder of Permit CC-62866 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: Himark Construction + Phone #: 509-260-0588

Trade Name: Excavation LLC Fax #: 509-656-2471

Mailing Address: P.O. Box 175 Physical Address: (if different)

Street/P.O. Box Street 91 Pit Way

City, State Zip Easton WA 98925 City, State Zip Easton WA 98925

USDOT # 1654466 (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): 603-017-206

Individual Partnership Corporation - State of Incorporation WA
(LP, LLP, LLC)

NAME	TITLE	PERCENTAGE OF SHARES
<u>Robert R. Whelpley</u>	<u>Owner</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

Current Name: Robert Whelpley Phone #: 509-260-0588

Trade Name: Himark construction + Excavation Fax #: 509-656-2471

Mailing Address: Physical Address:

Street/P.O. Box P.O. Box 175 Street 91 Pit Way

City, State Zip Easton WA 98925 City, State Zip Easton WA 98925

Individual Partnership Corporation - State of Incorporation

NAME	TITLE	PERCENTAGE OF SHARES
<u>Robert R. Whelpley</u>	<u>Owner</u>	<u>100%</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.

Robert R. Whelpley
Signature(s)

6-1-10
Date



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia, WA 98507-9034 • (360) 864-1400

REGISTRATIONS AND LICENSES

Domestic Limited Liability Company

Unified Business ID #: 603 017 206
Business ID #: 1
Location: 1

HI MARK CONSTRUCTION & EXCAVATION LLC
HIMARK CONSTRUCTION & EXCAVATION LLC
91 PIT WAY
EASTON WA 98925

TAX REGISTRATION

REGISTERED TRADE NAMES:
HIMARK CONSTRUCTION & EXCAVATION LLC

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Licensing

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to HIMARK CONSTRUCTION & EXCAVATION LLC of PO BOX 175, EASTON, WA 98925-0000 a policy or policies of insurance effective from 06/01/2010 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

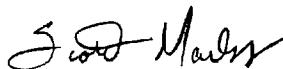
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 14th day of June, 2010

Insurance Company File No. CA 04728443
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B