



COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

TV-101161

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 \$ _____ COMPANY NAME: _____

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	Received date:	M-03999 ID: 6061
50.00		Insurance: 7-1-10 ✓

0025035

23121

KWC

TV-101161 6061

Holder of Permit CC-30498 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: Rogers Trucking, INC. ✓ Phone #: 360-352-1132 ✓

Trade Name: _____ Fax #: 360-352-1132

Mailing Address: 3631 113th AVE SW Physical Address: (if different) SAME

Street/P.O. Box _____ Street _____

City, State Zip Olympia WA 98512 City, State Zip _____

USDOT # 500457 ✓ ~~936~~ (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): 602-789-175 ✓

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

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>	
<u>Robert L. Rogers</u>	<u>Pres.</u>	<u>50%</u>	✓
<u>Marcella M. Rogers</u>	<u>Secretary/Treasurer</u>	<u>50%</u>	✓

CURRENT BUSINESS INFORMATION

Current Name: E-L Trucking company Phone #: 360-352-1132 ✓

Trade Name: _____ Fax #: 360-352-1132

Mailing Address: 3631 - 113th AVE SW Physical Address: 3631 - 113th AVE SW

Street/P.O. Box _____ Street _____

City, State Zip Olympia WA 98502 City, State Zip Olympia WA 98502

Individual Partnership Corporation – State of Incorporation WA

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>	
<u>Robert L. Rogers</u>	<u>Pres.</u>	<u>50%</u>	✓
<u>Marcella M. Rogers</u>	<u>Sec. Treasurer</u>	<u>50%</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.

Bob Brown
Signature(s)

6/30/2010
Date

✓

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER (360)352-5033 FAX (360)352-1689
 WCLA Insurance Agency, Inc.
 P O Box 2168
 Olympia, WA 98507-2168
 Samantha Johnston

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American Forest Cas. Co., RRG	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED Rogers Trucking, Inc.
 3631 113th Ave SW
 Olympia, WA 98512

WCL Agency
Pending

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 LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	AFC040597	07/01/2010	07/01/2011	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		<input checked="" type="checkbox"/> Loggers Brd Fm PD				PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COM/PROP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY	AFC040597	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	AFC040597 WA STOP GAP	07/01/2010	07/01/2011	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Proof of Liability Coverage
 Filing to Follow showing revised business name from E L Trucking to Rogers Trucking Inc

CERTIFICATE HOLDER	CANCELLATION
Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>0</u> 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 Linda Bethke/LINDA <i>Linda Bethke</i>