

TV-10/232

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

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

done 7/19/10

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 6
 Month/Year/3

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: A-1 Col

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 7-16-10

For Commission Use Only

111-2068-200-02	<u>50.00</u>	Received date: <u>7/19/10</u>	ID: <u>6088</u>
			Insurance: <u>00</u>

0025329

VI 207349

Holder of Permit CC- 60251 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

ARVIZU

New Name: <u>HAZEL I Arvizu</u>	Phone #:
Trade Name: <u>DBA A-1 Cab</u>	Fax #:
Mailing Address:	Physical Address: <u>(if different)</u>
Street/P.O. Box <u>Same</u>	Street
City, State Zip	City, State Zip

USDOT # _____ (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): 601 600 8530

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

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>HAZEL I Arvizu</u>	<u>OWNER</u>	<u>100</u>

CURRENT BUSINESS INFORMATION

4865

Current Name: <u>HAZEL Holtzclaw</u>	Phone #: <u>509-833-6560</u>
Trade Name: <u>DBA A-1 Cab</u>	Fax #: <u>509-576-8342</u>
Mailing Address: <u>4601 Powerhouse #4</u>	Physical Address:
Street/P.O. Box	Street
City, State Zip <u>Yakima, WA 98908</u>	City, State Zip

Individual Partnership Corporation - State of Incorporation _____

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>HAZEL Holtzclaw</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.

Hazel I Arvizu
Signature(s)

7-16-10
Date

Inst #: 201003300002629
 Fees: \$10.00
 03/30/2010 01:36:35 PM
 Receipt #: 290708
 Requestor:
 RECORDER CLARK COUNTY
 Recorded By: CDE Pgs: 1
 DEBBIE CONWAY
 CLARK COUNTY RECORDER

STATE OF NEVADA
 MARRIAGE CERTIFICATE
 No. 20100321000132820

STATE OF NEVADA }
 COUNTY OF CLARK }

56

This is to certify that the undersigned, Rev. David Nye
 (print name and title of official performing marriage)
 did on the 23 day of the month of March of the year 2010
 at LAS VEGAS WEDDING CHAPEL, LAS VEGAS, Nevada,
 (address of church) (city)
 join in lawful wedlock CONRADO ARVIZU CHAVEZ
 (groom)
 of YAKIMA, State/Country of WASHINGTON
 (city)
 date of birth 07/23/1968
 and HAZEL IRENE HOLTZCLAW
 (bride)
 of YAKIMA, State/Country of WASHINGTON
 (city)
 date of birth 07/02/1960
 with their mutual consent, in the presence of SHIRLEY MILLER
 (witness)



Rev. David Nye
 Signature of Official Performing Marriage (Black Ink Only)
Rev. David Nye
 Print Name and Title of Official
6516 Wild River Dr.
 Address of Official Performing Marriage
Las Vegas NV 89108
 City, State and Zip Code

Diana Alba
 DIANA ALBA, COUNTY CLERK

Bride/Groom Mailing Address: 4601 POWERHOUSE 43
YAKIMA, WA 98908

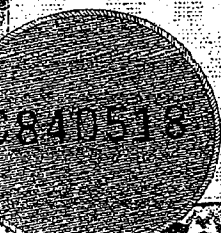
This Certificate must be typewritten or printed in black ink and presented within 10 days to the
 Clark County Recorder, 500 S. Grand Central Parkway, Las Vegas, Nevada 89155-1510.

Patent #5635B74

This copy is not valid unless prepared on Safetriage™
 paper, impressed with the raised seal of the Clark County Recorder

TouchSafe™

**KEEP DOCUMENT IN A SAFE PLACE
 ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the American Casualty Co. of Reading PA (USDOT 200)
(Name of Company)
(herein after called Company) of 333 S WABASH AVE ,CHICAGO ,IL ,60604
(Home Address of Company)

has issued to Hazel I. Arvizu dba A 1
Cab (Name of Motor Carrier) of 4601 Powerhouse Road #43 ,YAKIMA ,WA ,98908
(Address of Motor Carrier)

A policy or policies of insurance effective from 03/13/2010 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 2405 Lucien Way
MAITLAND FL 32751 This 16th day of Jul 20 10
(Address) (Day) (Month) (Year)

Insurance Company File No. 4015836613 (Policy No) SONYA RUDOLPH
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :100,000.00