

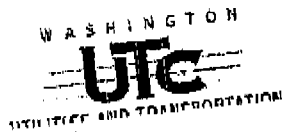
From: CONOVER INSURANCE

To: 15098372300

10/05/2010 08:00

1727 P. 002/003

TV 101671



1300 South Evergreen Park Drive SW
PO Box: 47250
Olympia, WA 98504-7250
Phone (360) 864-1777

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

Credit Card Information (if applicable): 381412-91006
 Exp Date: 2/11/11
 Month/Year

#113220

Amount \$ 50.00 **HERE** COMPANY NAME: Gerald Vrieling

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.

Vrieling Transport LLC

Cardholder's signature: Gerald Vrieling Date 10/5/10

For Commission Use Only
111-2068-200-02

Received date:

ID: 60188
Insurance: OK

0026155

A 113220

dme 10/12/10

From: CONOVER INSURANCE

To: 15098372300

10/05/2010 08:01

1727 P.003/003

Holder of Permit CC- 063994 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: Vrieling Transport LLC Phone #: 509-840-0363
Trade Name: _____ Fax #: _____
Mailing Address: 113 Harrison Street Physical Address: (if different)
Street _____
Street/P.O. Box _____
City, State Zip Grandview WA 98930 City, State Zip _____

USDOT # 2049581 (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): 603026721 603-037-3711

Individual Partnership Corporation -- State of Incorporation WA
(LP, LLP, LLC)
NAME TITLE PERCENTAGE OF SHARES
Gerald Vrieling Member 95%
Bradlee Vrieling member 5%

CURRENT BUSINESS INFORMATION

Current Name: Gerald Vrieling Phone #: 509-840-0363
Trade Name: DBA Vrieling Transport Fax #: _____
Mailing Address: 113 Harrison Street Physical Address: _____
Street _____
Street/P.O. Box _____
City, State Zip Grandview WA 98930 City, State Zip _____

Individual Partnership Corporation -- State of Incorporation _____
NAME TITLE PERCENTAGE OF SHARES
Gerald Vrieling Manager 95%

SIGN HERE

DECLARATION: 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 and declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Gerald F. Vrieling _____
Signature(s) Date 10/5/10

ID
6180

603-037-3711
AW

ID
6091

AMD NAME
CC063994

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

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMM** (hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)
P.O. BOX 277 SO SIOUX CITY NE 68776

has
issued to: **VRIELING TRANSPORT LLC**
113 HARRISON ST
GRANDVIEW WA 98930

a policy or policies of insurance effective from **10/12/10** 12:01 A.M, standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 **1100 WEST 29TH ST PO BOX 277 SOUTH SIOUX CITY NE 68776**

this **12TH** day of **OCTOBER**, 20**10**

Insurance Company File No. **GWP80583A**
0375 (Policy Number)



Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)). IRB 3539B