LICENSING SERVICES

2001/002

6206



1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181 Web Site: www.wytc.wa.gov

COMMON CARRIER OF PROPERTY TV-101794

(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 									
	ther corporation v he same proportio		-						
□ Cash	- Check	TYPE OF PAYMENT Money Order	M048976_						
		licable)	Exp Date						
Amount \$ 5		COMPANY NAME: PBN1 To							

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 11310

For Commission Use Only

111-2068-200-02

Received date:

Insurance: OL:

LICENSING SERVICES

Holder of Permit CC-59673 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: PBM Trucking	Phone #: 360-470-2259							
Trade Name:	Fax #: 360-533-8114							
Mailing Address: POBOX 284	Physical Address: (if different)							
Street/P.O. Box	Street 419 W Simpson							
City, State Zip Montesano WA98563 City, State Zip Montesano WA 98563								
USDOT # 865170 (If you don't have one, you can apply online at www finesa dat row/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.								
Unified Business Identifier Number (UBI): 603 050027								
© Individual □ Partnership □ Corporation — State of Incorporation								
NAME TITLE GOVEN	PERCENTANGE OF SHARES							
Joy L. Muller Wife								
CURRENT BUSIN	ESS INFORMATION M37092							
Current Name PBC1 Logaina Inc	Phone # 360-470-2259							
Trade Name:	rax #: ろしひ・533-×114							
Mailing Address P.O. Box 284	Physical Address: 419 W Simeson							
Streev P.O. Box	Street							
City, State Zip Montsano WA98	563 City, State Zip Montesano INA 98563							
□ Individual □ Partnership □ Corporation — State of Incorporation ✓ A								
NAME Peter B. Muller Preside	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.

RECEIVED

72FP001247101

Form E

NOV 09 2010 UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate)

Filed with Washington UTC				(hereinafter called Commission)				
			commission)					
This is to c	ertify, that the	Everest National Insu	rance Company	<i></i>				
	• •			(Name of Com				
(hereinafter called Company) of 477 Martinsville Road, P.O. Bo			l, P.O. Box 830	, Liberty Corner, NJ	07938-0830			
`	• • • • • • • • • • • • • • • • • • • •		(Home Office Address				
has issued to	PETER B MUI	LER DBA PBM TRUCKI	NG of	P O BOX 284, M	ONTESANO, W	/A 98653		
(Name of Motor Carrier)				(Address of Motor Carrier)				
a policy or policies of insurance effective from 8/1/2008				12:01 A.M. standard time at the address of the insured stated in				
said policy or po	licies and cont	inuing until canceled as pro	vided herein, w	hich, by attachmen	t of the Uniform	Motor Carrie	r Bodily Injury and	
Property Damas	e Liability Ins	urance Endorsement, has	or have been a	mended to provide	automobile bod	lily injury and	d property damage	
liability insuranc	e covering the	obligations imposed upon	such motor ca	rrier by the provision	ons of the motor	carrier law of	the State in which	
the Commission	has jurisdiction	n or regulations promulgate	d in accordance	e therewith.				
	-					41. 1		
	requested, the	Company agrees to furnish	the Commissi	on a duplicate ongir	ial of said policy	or policies an	id all endorsements	
thereon.								
Such cancellation	n may be effec	ndorsement described here ted by the Company or the nence to run from the date	ne insured givir	ng thirty (30) days'	notice in writing	g to the State	which it is attached. Commission, such	
Countersigned at 600 University Street, Suite 300				Seat	ttle	WA	98101-4195	
		(Street Address)		(Cit	y)	(State)	(Zip Code)	
this 5	day of	November	2010					
Insurance Company File No. 72FP001247081				genia Das				
		(Policy Number)	(Policy Number)		Authorized Company Representative			
Underlying Limit :	0.00 Liability l	Limit :750,000.00						
MC1633 (Ed. 6-7)	1)						IRB 3539B	