

TV 101878



1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 684-1222
Fax (360) 586-1181
Web Site: www.wutc.wa.gov

DISMISSED
11-20-10

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

Credit Card Information: _____ Month/Year _____

Amount \$ 50.00 COMPANY NAME: Adams Trucking 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.

Auth #

Cardholder's signature: _____ Date 11-18-2010

For Commission Use Only

111-2068-200-02	Received date:	ID:
0027813		Insurance:

Holder of Permit CC-60375 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: <u>Adame's Trucking LLC</u>	Phone #: <u>509.575.3943</u>
Trade Name:	Fax #: <u>509.453.0244</u>
Mailing Address: <u>P.O. Box 387</u>	Physical Address: (if different) <u>3480 HARRAH Rd.</u>
Street/P.O. Box	Street
City, State Zip <u>HARRAH, WA 98933</u>	City, State Zip <u>HARRAH, WA 98933</u>
USDOT # <u>952468</u> (If you don't have one, you can apply online at www.fincsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.)	
Unified Business Identifier Number (UBI): <u>602-509-672</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation <u>LLC-WA</u> (LP, LLP, LLC)	
NAME	TITLE
<u>FERMIN Adame</u>	<u>Gen Mgr</u>
<u>Dimas Adame JR</u>	<u>mgr</u>
<u>Dimas Adame SR</u>	<u>mgr</u>
<u>VALENTIN Adame</u>	
PERCENTAGE OF SHARES	Per Record
	<u>25%</u>
	<u>25%</u>
	<u>25%</u>
	<u>25%</u>

6219

Per Record

CURRENT BUSINESS INFORMATION

Current Name: <u>FERMIN, Dimas JR, Dimas SR, VALENTIN Adame</u>	Phone #: <u>509.575-3943</u>
Trade Name: <u>Adame's Trucking</u>	Fax #: <u>509.453.0244</u>
Mailing Address: <u>P.O. Box 387</u>	Physical Address:
Street/P.O. Box: <u>3480 HARRAH Rd</u>	Street
City, State Zip: <u>HARRAH, WA 98933</u>	City, State Zip
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____	
NAME	TITLE
<u>SAME AS ABOVE</u>	
PERCENTAGE OF SHARES	

111
3718

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.

[Signature]
Signature(s)

11-18-2010
Date

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

ADAME'S TRUCKING LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 6/6/2005

UBI Number: 602-509-672

APPID: 284330



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed

Sam Reed, Secretary of State

JUN 14 2005



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Adame's Trucking, LLC
3480 Harrah Rd
Harrah WA 98933

January 5, 2011

Notice of Deficient Application – TV-101878

The following items either need to be completed and/or corrected for prompt processing of your application for a name change for common carrier permit CC-60375:

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by January 24, 2011 or your application will be dismissed.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

1-13-11 NO INS.
1-26-11 NO INS.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4842
RECIPIENT ADDRESS 8p5094530244p3632416
DESTINATION ID
ST. TIME 01/05 18:00
TIME USE 00'52
PAGES SENT 1
RESULT OK



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January 5, 2011

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Adame's Trucking, LLC
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Harrah WA 98933

December 15, 2010

Notice of Deficient Application – TV-101878

The following items either need to be completed and/or corrected for prompt processing of your application for common carrier permit CC06375 operating authority:

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by January 22, 2011 or your application will be dismissed.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

1-5-11 NO INRS - ERRORS on company Database

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4751
RECIPIENT ADDRESS 8p5094530244p3632416
DESTINATION ID
ST. TIME 12/15 14:39
TIME USE 00'52
PAGES SENT 1
RESULT OK



STATE OF WASHINGTON

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Harrah WA 98933

December 15, 2010

Notice of Deficient Application – TV-101878

The following items either need to be completed and/or corrected for prompt processing of your application for common carrier permit CC06375 operating authority:

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by January 22, 2011 or your application will be dismissed.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.



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Adame's Trucking, LLC
3480 Harrah Rd
Harrah WA 98933

November 22, 2010

Notice of Deficient Application –TV-101878

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

12-9 - NO INS
12-15 - NO INS