COMMISSION

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UTILITIES AND TRANSPORTATION

DEC 0.6 2010

WASH. UT. & TP. COMM

1300 South Evergreen Park Drive PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181

Web Site: www.wutc.wa.gov V-101966

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

	FEE: \$50.00
	cation for Change of Name or Business Structure may be used ONLY in the following
ircum	nstances:
	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
□ Cas Credit	h Check Money Order AMEX MasterCard Visa Exp Date Card Information (if applicable) Month/Year
CERT inform	COMPANY NAME: Springbrook Nusers and Trucking Inc. IFICATION: I, the undersigned, under penalty for false statement, certify that the following nation is true and correct, that I am authorized to execute and file this document on behalf of the ant, and that all information on file is current and valid.
Cardh	older's signature: Date
For C	Commission Use Only
111-2	2068-200-02-28593 Received date: ID: 6229 Insurance: 12-29-10
	50.00

CK#13871

№ 003/003

Holder of Permit CC-39255 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: Spring brook Nursery and Phone #: 360-653-6545				
Trade Name:	Fax #: 360-653-1933			
Mailing Address: 9022 84th St NE	Physical Address: (if different)			
Street/P.O. Box	Street			
City, State Zip Arlington WA 98203 City, State Zip				
USDOT # 1844 98 (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): 602 596 854				
□ Individual □ Partnership ★ Corporation - State of Incorporation WA (LP, LLP, LLC)				
NAME TITLE PERCENTANGE OF SHARES				
Thomas A Little Preso & treasurer 10090				
CURRENT BUSINESS INFORMATION m8297.				
Current Name: Thomas A. Little dba Phone #:				
Trade Name: Springbrook Nursery Fax #: Mailing Address: Physical				
Mailing Address: Physical Address:				
Street/P.O. Box Same AS Howe Street				
City, State Zip	City, State Zip			
✓ Individual □ Partnership □ Corporation — State of Incorporation				
NAME TITLE	PERCENTANGE OF SHARES			
Same				

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(s) Bookkeeper 12/1/2010

Date

Fax Server

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

	(nerein after called Agency)
Filed with Washington Othities & Hairsportation Commission (Name of Agency)	
This is to certify that the American States Insurance Company	· · · · · · · · · · · · · · · · · · ·
(Name of Company)	
(herein after called Company) of 4333 Brooklyn Avenue NE ,Seattle ,WA ,98185	
(Home Address of Company)	
SPRINGBROOK NURSERY &	
has issued to TRUCKING INC of 9022 84TH ST NE ARLINGTON ,WA .	98223
(Name of Motor Carrier) (Address of Motor Carrier)	
(I all of most series)	
A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Educations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which regulations promulgated in accordance therewith.	Bodily Injury and Property damage liability insurance
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to w cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency commence to run from the date notice is actually received in the office of the Agency.	which it is attached. Such
Countersigned at This 28th day of (Address) (Day)	f <u>Dec</u> 20 <u>10</u> (Month) (Year)
(AUTHESS) (Cay)	(Ivolidi)
Insurance Company File No. 01CG919260	Me
(Policy No) (Authorized Compar	nv Representative)
(Folicy No)	,