



RECEIVED

DEC 06 2010

WASH. UT. & TP. COMM

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

TV-101966

**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  
Exp Date  
Month/Year

Credit Card Information (if applicable)

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Amount \$ 50.00    COMPANY NAME: Springbrook Nursery and Trucking Inc.

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 \_\_\_\_\_

<i>For Commission Use Only</i>		
111-2068-200-03 <b>0028593</b>	Received date:	ID: <u>6229</u>
		Insurance: <u>12-29-10</u>

50.00  
CK #13877

ok



6229  
pend

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 States Insurance Company  
(Name of Company)  
(herein after called Company) of 4333 Brooklyn Avenue NE, Seattle, WA, 98185  
(Home Address of Company)

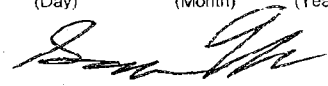
has issued to SPRINGBROOK NURSERY & TRUCKING INC of 9022 84TH ST NE, ARLINGTON, WA, 98223  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 11/01/2010 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 \_\_\_\_\_ This 28th day of Dec 20 10  
(Address) (Day) (Month) (Year)

Insurance Company File No. 01CG919260  
(Policy No)

  
\_\_\_\_\_  
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00