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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

WASH. UT. & TP. COMM

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:	parameter and the second
 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	
Credit Card Information (if applicable) Amount \$50.00 Check COMPANY NAME: Deliver Reprive Lucking LLC 2063 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: Mallae Selluson Date 2/10/11 For Commission Use Only 111-2068-200-02 50.00 Received date: ID: USC Insurance Ins	Le
2063)

Holder of Permit CC- 2 8 767 asks th	e UTC for authority to change the name of or		
Holder of Permit CC- <u>28767</u> 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 BUSINES	S INFORMATION		
New Name.	Phone #: 360-733-1843		
Trade Name: Petersen Rogari & Specking 11	grax #: 360.733-1843		
Mailing Address: 4669 ALDRICH Rd	Physical Address: (if different)		
Street/P.O. Box same	Street same		
City, State Zip Dellinghum, WA 982X	City, State Zip same		
USDOT # 52/456 www.fmcsa.dot.gov/online-registration or contact 360-596	(If you don't have one, you can apply online at 6-3816 or 360-596-3803 for assistance.		
Unified Business Identifier Number (UBI): 60	2 107 760 N		
☐ Individual ☐ Partnership ☐ Corporation (LP, LLP/LL	n – State of Incorporation <i>WA</i>		
NAME TITLE	PERCENTANGE OF SHARES		
Mailene Palesar member	51 90 49 90		
CUDDENT DUCK	EGG INFORMATION		
	ESS INFORMATION H1050		
Current Name: Qoe (Petercon)	Phone #: 360-733-1843		
Trade Name: Reterson Repair of Ju	whing Fax #: 360-733-1843		
Mailing Address: 4669 ALDRICH Rd	Physical Address: Same		
Street/P.O. Box	Street		
City, State Zip Bellingham, WA 98	226 City, State Zip same		
Individual Dartnership Corporation—State of Incorporation			
NAME TITLE	PERCENTANGE OF SHARES		
goe Peterson overel	· · · · · · · · · · · · · · · · · · ·		
<u></u>			

CERTIFICATION: Carrier affirms that the change of name or <u>business structure</u> 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.

Mailene Felisson 2/10/11
(Signature(s) Date

Date: 1/14/2011 4:05:52 PM

see Joe Peterson

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/14/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACY Linda Bethke	1
WCLA Insurance Agency, Inc.	PHONE (A/C, No, Ext): 360.352.5033 (A/C, No): 360.352	. 1689
P 0 Box 2168	E-MAIL ADDRESS:	
Olympia, WA 98507-2168	PRODUCER CUSTOMER ID #:	
Linda Bethke	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: American Forest Cas. Co., RRG	
Peterson Repair & Trucking LLC	INSURER B:	
4669 Aldrich Road	INSURER C:	
Bellingham, WA 98226	INSURER D :	
	INSURER E:	
	INSURER F:	

CO	VERAGES CER	TIFIC	ATE NUMBER: 2011 Renewal REVISION NUMBER		
E)	IDICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	QUIRE RTAIN POLIC	URANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE MENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC , THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	TO WHIC	CH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	UBR POLICY NUMBER POLICY EFF POLICY EXP (MM/DDMYYY) (MM/DDMYYY)	MITS	
А	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Loggers BFPD GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-		AFC040266 01/17/2011 01/17/2012 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AC	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 100,000 5,000 1,000,000 2,000,000 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		AFC040266 01/17/2011 01/17/2012 COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per perso BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	S 3) S	1,000,000
А	WMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$		AFC040266 01/17/2011 01/17/2012 EACH OCCURRENCE AUTO ONLY AGGREGATE	\$ \$ \$	1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	AFC040266 01/17/2011 01/17/2012 WC STATU X OF TORY LIMITS X OF ELL EACH ACCIDENT ELL DISEASE - EA EMPLORED. ELL DISEASE - POLICY LIM	S EE S	1,000,000 1,000,000 1,000,000
Pro	CRIPTION OF OPERATIONS / COCATIONS / VEHIC Of of Liability Coverage	LES (A	tach ACORD 101, Additional Remarks Schedule, if more space is required)		

CERTIFICATE HOLDER	CANCELLATION		
FAX: 360.586.1181	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504	AUTHORIZED REPRESENTATIVE Linda Bethke/LINDA		
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