



JY-10614

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

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. *IND- to LLC*
- 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
 Credit Card Information (if applicable)
#093625
 Exp Date _____
 Month/Year _____

Amount \$ 50.00 COMPANY NAME: AMANDA 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.

Cardholder's signature: _____ Date 4-1-11

<i>For Commission Use Only</i>		
111-2068-200-02 <i>\$50.-</i>	Received date:	ID: <i>6403</i>
<i>0031795</i>		Insurance:

RECEIVED
MAR 29 2011
WASH. UT. & TR. COMM

MP
6403
Pender

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 Zurich American Insurance Company
(Name of Company)
(herein after called Company) of 1400 American Lane ,Tower 1, 12th Floor ,Schaumburg ,IL ,60196
(Home Address of Company)

has issued to Amanda Trucking, LLC of 51 S Grove Place ,East Wenatchee ,WA ,98802
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 01/21/2011 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 14222 Hillside Circle NE 68137 This 22nd day of Mar 20 11
Omaha (Address) (Day) (Month) (Year)

Insurance Company File No. PRA9183278 Kevin A. Burch
(Policy No) (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :750,000.00