



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

## **COMMON CARRIER OF PROPERTY**

(excluding Household Goods carriers and Brokers)

## APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

| 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 or 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. AND-10 LC  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 Exp Date Month/Year  Cradit Card Information (if analicable)  CCATTIFICATION: 1, 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 4-1-1  Cardholder's signature:  Date 4-1-1  Date 4-1-1  Date 4-1-1  Cardholder's signature:  Date 6-2-1-1-2-1  Date 6-2-1-1-1  Date 6-2-1-1  Date 6-2-1  Date 6- | FEE: \$50.00   |  |  |  |  |
|--|--|--|--|--|--|
| 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 shartner 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  | Application for Change of Name or Business Structure may be used ONLY in the following   |  |  |  |  |
| 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. AND- to LCC.  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 Exp Date Month/Year  Check Money Order AMEX MasterCard Month/Year  Company NAME: AMAND A TRUCKING Licc  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 Holder Scientific Money Only  111-2068-200-02 \$50. Received date:  Date Holder ID: 6403   |  |  |  |  |  |
| Cash Card Information (if applicable)  Company Name: Amand A Trucking Lice  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  For Commission Use Only  111-2068-200-02 \$50. Received date:  ID: 6403   | <ul> <li>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 LC</li> <li>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.</li> <li>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</li> </ul> |  |  |  |  |
| Amount \$ 50 COMPANY NAME: AMAND A 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  For Commission Use Only  111-2068-200-02 \$50. Received date:  ID: 6403  | TYPE OF PAYMENT  |  |  |  |  |
| 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 4-1-1  For Commission Use Only  111-2068-200-02 \$50. Received date:  ID: 6403  | Credit Card Information (if applicable)   |  |  |  |  |
| 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:  | Amount \$ 50 00 COMPANY NAME: AMAND A TRUCKING LLC   |  |  |  |  |
| For Commission Use Only  111-2068-200-02 \$50. Received date: ID: 6403   | information is true and correct, that I am authorized to execute and file this document on behalf of the   |  |  |  |  |
| 111-2068-200-02 \$50. Received date: ID: 6403  | Cardholder's signature:  |  |  |  |  |
|  |  |  |  |  |  |
|  | 111-2068-200-02 \$50. Received date: ID: 6403  |  |  |  |  |
|  |  |  |  |  |  |

6403

|  | e UTC for authority to change the name of or    |  |  |  |
|--|---|--|--|--|
|  | elow under 81.80 RCW and WAC 480-14 to:         |  |  |  |
| NEW BUSINES  | S INFORMATION                                   |  |  |  |
|  |   |  |  |  |
| New Name: AMANDA TRUCKING LLC  | Phone #(509) 860-3154                           |  |  |  |
| Trade Name: SAME   | Fax #: (509)                                    |  |  |  |
| Mailing Address: 51 S. GROVER  | Physical Address: (if different) SAME           |  |  |  |
| Street/P.O. Box  | Street  |  |  |  |
| City, State Zip E. WONATCHOE WA.   | City, State Zip                                 |  |  |  |
| USDOT # 2015514<br>www.fmcsa.dot.gov/online-registration or contact 360-59   | (If you don't have one, you can apply online at |  |  |  |
|  |   |  |  |  |
| Unified Business Identifier Number (UBI): 603 096 060  |   |  |  |  |
| □ Individual □ Partnership of Corporation — State of Incorporation wf  |   |  |  |  |
| (LP, LLP, LI   | LC)   |  |  |  |
| NAME TITLE   | PERCENTANGE OF SHARES                           |  |  |  |
| Ronales Mil OWNER 100%   |   |  |  |  |
| CURRENT BUSINESS INFORMATION (2006)  |   |  |  |  |
|  | 6/00  |  |  |  |
| Current Name: AMANDA TRUCKIN   |   |  |  |  |
| Trade Name: SAME   | Fax #:  |  |  |  |
| Mailing Address: 51 5 GROVERS  | Physical Address: SAM3                          |  |  |  |
| Street/P.O. Box  | Street  |  |  |  |
| City, State Zip E WOWATEHOS WA 98  | City, State Zip                                 |  |  |  |
| ☐ Individual ☐ Partnership ☐ Corporation — State of Incorporation ☐  |   |  |  |  |
| NAME TITLE   | PERCENTANGE OF SHARES                           |  |  |  |
| Roman  | 158 / 50  |  |  |  |
| The Contract of the Contract o | NOV 10070                                       |  |  |  |
|  |   |  |  |  |

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.

Royal M. 4-1-11
Signature(s)
Date

| Holder of Permit CC-64134 asks the  | UTC for authority to change the name of or |  |  |
|---|--|--|--|
| the business structure of the carrier named bo  |  |  |  |
| NEW BUSINES   | S INFORMATION                              |  |  |
|   |  |  |  |
| New Name: AMANDA TRUCKING LLC   | Phone #(509) 8(00-3154                     |  |  |
| Trade Name: SAME  | Fax #: (509)                               |  |  |
| Mailing Address: 51 S. G-Rover  | Physical Address: (if different) SAME      |  |  |
| Street/P.O. Box   | Street                                     |  |  |
| City, State Zip E. WONATCHOE WA.  | City, State Zip                            |  |  |
| USDOT # 2015514 (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): 603 096 060   |  |  |  |
| □ Individual □ Partnership □ Corporation - State of Incorporation(LP, LLP, LLC)   |  |  |  |
| NAME TITLE PERCENTANGE OF SHARES  |  |  |  |
| Ronales Mili OWNER 100%   |  |  |  |
|   |  |  |  |
| CURRENT BUSINESS INFORMATION  |  |  |  |
| Current Name: AMANDA TRUCKIN  | a Phone # (509) 860 - 3154                 |  |  |
| Trade Name: SAMF  | Fax #:                                     |  |  |
| Mailing Address: 51 S, GROUSE   | Physical Address: SAM3                     |  |  |
| Street/P.O. Box   | Street                                     |  |  |
| City, State Zip E WOWATEHOS WA 98   | City, State Zip                            |  |  |
| Individual Deartnership Corporation - State of Incorporation  |  |  |  |
| NAME TITLE  | PERCENTANGE OF SHARES                      |  |  |
| Korald 5 Mill ONE   | NOR 10070                                  |  |  |
| 4   |  |  |  |

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.

Royal M. 4-1-11
Signature(s)
Date

## RECEIVED Mnn.

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

| MAK  | Filed with Washington Utilities & Transportation Commission (Name of Agency)  This is to certify that the Zurich American Insurance Company (Name of Company)  | (herein after called Agency)                          |
|------|--|---|
| -    | (Name of Agency)   |   |
| LD.  | N'   |   |
| MK2, | This is to certify that the Zurich American Insurance Company  |   |
| 44.  | (Name of Company) (Name of 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,  | NA ,98802   |
|      | (Name of Motor Carrier) (Address of Motor Carrier)   |   |
|      | 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 Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property covering the obligations 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 ar<br>This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to<br>cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agen-<br>commence to run from the date notice is actually received in the office of the Agency.           | which it is attached. Such                            |
| Į.   | 14222 Hillsdale Circle Countersigned at Omaha NE 68137 This 22nd day (Day)  (Address) (Day)  | of Mar 20 11 (Year)                                   |
| ŗ.   | Insurance Company File No. PRA9183278  (Policy No)  Kevin A. Burch (Authorized Compa   | any Representative)                                   |

Underlying Limit :0.00 Liability Limit :750,000.00