

TV-110744



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.
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 X Visa Exp Date Month/Year Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: GREGORY D. WHITFORD CARD NAME

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 7-26-11

Table with 2 columns: For Commission Use Only (111-2068-200-02 50.-) and Received date: ID: 6433 Insurance: FORM E

0032090

~~5093~~ OK

Holder of Permit CC- 61735 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: WHITFORD CONSTRUCTION INC. Phone #: 509 999 8965

Trade Name: _____ Fax #: 509 238 2889

Mailing Address: P.O. Box 261 Physical Address: (if different) _____

Street/P.O. Box CHATTAROY Street 26418 N. RIVER ESTATES Rd.

City, State Zip WA, 99003 City, State Zip CHATTAROY, WA 99003

USDOT # 1374919 (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): 602 748 222

Individual Partnership Corporation - State of Incorporation WA
(LP, LLP, LLC)

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>GREGORY D. WHITFORD</u>	<u>PRESIDENT</u>	<u>26418 N. RIVER ESTATES Rd. CHATTAROY, WA 99003</u>	<u>100 %</u>

CURRENT BUSINESS INFORMATION

Current Name: WHITFORD CONSTRUCTION Phone #: 509 999 8965

Trade Name: _____ Fax #: 509 238 2889

Mailing Address: 26418 N. RIVER ESTATES Rd. Physical Address: Same

Street/P.O. Box _____ Street ~~_____~~

City, State Zip CHATTAROY, WA 99003 City, State Zip _____

Individual Partnership Corporation (LP, LLP, LLC) State of Incorporation _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES

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.

Gregory D. Whitford
Signature(s)

4-26-11
Date

mu5608?
IVZ

360-586-1181

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

Form E
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

Filed with **WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**
(Name of Commission) (hereinafter called Commission)

This is to certify, that the **THE CINCINNATI INSURANCE COMPANY**
(Name of Company)

(hereinafter called Company) of **6200 SOUTH GILMORE ROAD FAIRFIELD OHIO 45014-5141**
(Street Address) (City) (State) (Zip Code)

has issued to **WHITFORD CONSTRUCTION INC** of **26418 N RIVER ESTATES DR CHATTAROY WA**
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from **3/30/2011** to **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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at **6200 SOUTH GILMORE ROAD FAIRFIELD OHIO 45014-5141**
(Street Address) (City) (State) (Zip Code)

this **8th** day of **APRIL** **20** **11**

Insurance Company File No. **EBA 006 75 27**
(Policy Number)


(Authorized Company Representative)

Whitford
62-61735