



RECEIVED

JUN 01 2011

74-110997
 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:

- 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
 Credit Card Information (if applicable) Exp Date
 Month/Year

Amount \$ 50.00 COMPANY NAME: Wisqually Transport 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 _____

For Commission Use Only

111-2068-200-02 SD-
032899

Check #1715
 Received date: 6/1/2011

ID: 6487
 Insurance: bundle Rock

Handwritten signature and date: [Signature] 6/1/11

6487

Holder of Permit CC- 63680 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

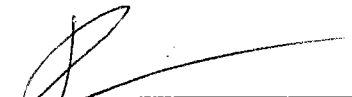
New Name: <u>Nisqually Transport Inc</u>	Phone #: <u>253-229-8117</u>
Trade Name:	Fax #: <u>253-559-3174</u>
Mailing Address:	Physical Address: (if different)
Street/P.O. Box <u>Po Box 1895</u>	Street <u>209 Penn Ave N</u>
City, State Zip <u>Eatonville WA 98328</u>	City, State Zip <u>Eatonville WA 98328</u>
USDOT # <u>1913614</u> (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): <u>603 109 973</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation – State of Incorporation <u>WA</u> (LP, LLP, LLC)	
<u>NAME</u>	<u>TITLE</u>
<u>Peter Fredrickson</u>	<u>Owner/President</u>
<u>PERCENTAGE OF SHARES</u>	
<u>100%</u>	

CURRENT BUSINESS INFORMATION

Current Name: <u>Peter Fredrickson</u>	Phone #: <u>253-229-8117</u>
Trade Name: <u>DBA Nisqually Transport</u>	Fax #: <u>253-559-3174</u>
Mailing Address:	Physical Address:
Street/P.O. Box <u>Po Box 1895</u>	Street <u>209 Penn Ave N</u>
City, State Zip <u>Eatonville WA 98328</u>	City, State Zip <u>Eatonville WA 98328</u>
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation – State of Incorporation _____	
<u>NAME</u>	<u>TITLE</u>
_____	_____
<u>PERCENTAGE OF SHARES</u>	

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.


Signature(s)

5-30-11
Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

06/06/2011

PRODUCER (253)272-1151 FAX (253)272-1225
Hentschell & Associates, Inc.
 One Pacific Building
 621 Pacific Ave., Suite 400
 Tacoma, WA 98402

INSURED **Nisqually Transport, Inc.**

209 Pennsylvania Ave
 PO Box 1895
 Eatonville, WA

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Canal Insurance Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PIA06098401	09/01/2010	09/01/2011	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (EA occurrence)				\$ 100,000	
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PIA06098401	09/01/2010	09/01/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
		PROPERTY DAMAGE (Per accident)				\$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Cargo	PIA06098401	09/01/2010	09/01/2011	\$50,000 limit \$1,000 ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Washington Utilities & Transportation
 Licensing Services
 PO Box 47250
 Olympia, WA 98504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Anne Cutting/AJC *Anne Cutting*