06/24/2011 13:21 FAX 3605861181

LICENSING SERVICES

⊘ 002/007



1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 588-1181 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

	<u> </u>	
Application for Change of Nam circumstances:	e or Business Structur	e may be used <u>ONLY</u> in the following
 Change of business structure business when the individual partnership, when the interpretership of the magnity partner. Change of name resulting corporation established majority stockholders in the change of name resulting commences of name resulting control of the control of the	cture from individual to idual is the majority standividual is the majority standividual is the majority shareholder or, long from a change in but to incorporate the part is the same proportionating from a change in but the both corporations a	ownership or business structure. c corporation to incorporate an individual's ockholder or, by an individual to a y partner or, from a corporation to a by a partnership to a proprietorship of the asiness structure from a partnership to a mership business, when the partners are the te ownership. Is in each of the same stockholders are wholly owned by the same stockholders
	TYPE OF PAY	MENT 818292.
Crushi Card Information (if applied Amount \$ 50.00 CERTIFICATION: I, the understinformation is true and correct, the applicant, and that all information Cardholder's signature:	COMPANY NAME igned, under penalty for at I am authorized to exc	false statement, certify that the following ecute and file this document on hehalf of the
For Commission Use Only	Desired date:	(D: 652)
111-2068-200-02 50.~	Received date:	Insurance: 7-19-11
Reception 4 0331	02	TY-(11188

08/24/2011 13:21 FAX 3605861181

LICENSING SERVICES

Ø 003/007

6521

NEW BUSINES	SINFORMATION
New Name: Best Way Trucking, Inc.	Phone #: 510-844-3730
Trade Name:	Fax #: 510-844-3811
Mailing Address: 530	Physical Address: (if different) 5509
Street/P.O. Box Water Street, 5th Fl	Street 1st Ave. S #A
City, State Zip Oakland, CA 94607	City, State Zip Seattle, WA 98108
USDOT # 2151455 www.fmcsa.doi.gov/online-registration or contact 360-55	(If you don't have one, you can apply online at 06-3816 or 360-596-3803 for assistance.
Unified Business Identifier Number (UBI):	
(LP, LLP, L	on - State of Incorporation Washington
□ Individual □ Partnership xxx Corporation (LP, LLP, L NAME TITLE	on - State of Incorporation Washington LC) PERCENTANGE OF SHARES
NAME TITLE Scott Taylor CEO/Preside	PERCENTANGE OF SHARES
NAME Scott Taylor Andres Garcia Scott Taylor Executive	PERCENTANGE OF SHARES ent 0% VP 0%
NAME Scott Taylor Andres Garcia Scott Taylor Executive	PERCENTANGE OF SHARES OR VP 08 VESS INFORMATION 6467
NAME Scott Taylor Andres Carcia CEO/Preside Executive CSC Log: Florical Executive CSC Log: Floric	PERCENTANGE OF SHARES ent 0% VP 0%
NAME Scott Taylor Andres Garcia CSC Log Coro	PERCENTANGE OF SHARES ont 0% VP 0% VESS INFORMATION 6467
NAME Scott Taylor Andres Garcia Executive CSC Log Coccurrent Name: BWT, Inc.	PERCENTANGE OF SHARES 20
Scott Taylor CEO/Preside Andres Carcia Executive Current Name: BWT, Inc. Trade Name: Best Way Trucking Mailing Address: 530	PERCENTANGE OF SHARES ent 08 VP 08 NESS INFORMATION 6 46 7 Phone #: 510-844-3730 Fax #: 510-844-3811 Physical Address: 5509 Street 1st Ave. S #A
Scott Taylor CEO/Preside Andres Garcia Executive CSC LOG COCC Current Name: BWT, Inc. Trade Name: Best Way Trucking Mailing Address: 530	PERCENTANGE OF SHARES ent 08 VP 08 NESS INFORMATION 6467 Phone #: 510-844-3730 Fax #: 510-844-3811 Physical Address: 5509 Street 1st Ave. S #A
Scott Taylor CBO/Preside Andres Garcia Executive CSC LOGICOCO CURRENT BUSING Current Name: BWT, Inc. Trade Name: Best Way Trucking Mailing Address: 530 Street/P.O. Box Water Street, 5th Floor City, State Zip Oakland, CA 94607	PERCENTANGE OF SHARES OR OR NESS INFORMATION Phone #: 510-844-3730 Fax #: 510-844-3811 Physical Address: 5509
Scott Taylor CBO/Preside Andres Garcia Executive CSC LOGICOCO CURRENT BUSING Current Name: BWT, Inc. Trade Name: Best Way Trucking Mailing Address: 530 Street/P.O. Box Water Street, 5th Floor City, State Zip Oakland, CA 94607	PERCENTANGE OF SHARES PART

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) Joel Lesser Date

Page 1 of 1



Washington Profit Corporation

See attached detailed instructions

Filing Fee \$30.00	
Filing Fee with Expedited Ser	vice \$80.00

This Box For Office Use Only

FILED SECRETARY OF STATE

JUN 06 2011

STATE OF WASHINGTON

Number: 603-102-331
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ARTICLES OF AMENDMENT

Chapter 23B.10 RCW

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NAME OF CORPORATION: (as currently recorded with the Office of the Secretary of State) BWT, Inc.

SECTION 2

AMENDMENTS were adopted on this DATE:

June 2, 2011

SECTION 3

ARTICLES OF AMENDMENT WERE ADOPTED BY: (please check one of the following)

- Board of Directors (shareholder action was not required)
- Z Duly approved by shareholders in accordance with 23B, 10,030 and 23B, 10,040 RCW
- П Incorporators (shareholder action was not required)

SECTION 4

AMENDMENTS TO ARTICLES ON FILE: (if necessary, attach additional information)

Change Name to: Best Way Trucking, Inc.

SECTION 5

EFFECTIVE DATE OF ARTICLES OF AMENDMENT: (please check one of the following)

- \square Upon filing by the Secretary of State
- Specific Date: (Specified effective date must be within 90 days AFTER the Articles of Amendment have been filed by the Office of the Secretary of State)

SECTION 6

SIGNATURE (see instructions page)

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Joel Lesser/CFO

June 2, 2011

510-844-3730

Signafure

Printed Name/Title

Date

Phone Number

Profit Corporation - Amendment

Washington Secretary of State

Revised 07/10

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

	s & Transportation Co	mmission		(herein after called Agency)	
	(Name of Agency)				
This is to certify that the Star In	surance Company				
The is to dormy that the	(Name of Company)				
(herein after called Company) of 26255 A	merican Drive ,Southfie	d ,MI ,48034			
	(Home Address of Company)				

has issued to BEST WAY TRUC			ET. 5TH FL OAK	LAND .CA .94607	
•	fotor Carrier)	(Addre	ss of Motor Carrier)		
A policy or policies of insurance effective policy or policies and continuing until ca Damage Liability Insurance Endorsemen	ncelled as provided herein, which nt, has or have been amended t	ch by attachment of o provide automobile	the Uniform Motor Carri bodily injury and prope	rty damage liability insurance	
covering the obligations imposed upon s regulations promulgated in accordance		ons of the motor carr	ier law of the State in wi	nich the Agency has jurisdiction or	
Whenever requested, the Compar This certificate and the endorsemi cancellation may be effective by the Cor	ny agrees to furnish the Agency ent described herein may not be	cancelled without ca y (30) days' notice in	ancellation of the policy	to which it is attached. Such	ı
bonning to ran north the date neader h	· ·				
12641 East 166t	h Street	CA 90703	This <u>18th</u> da	y of <u>Jul</u> 20 <u>11</u>	
	h Street (Address)	CA 90703	This <u>18th</u> da (Day)	y of. <u>Jul</u> 20 <u>11</u> (Month) (Year)	

Underlying Limit:0.00

Liability Limit :1,000,000.00

CC-64292