



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](http://www.wutc.wa.gov)

TV-117421

**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**

# 003962

Cash       Check       Money Order       AMEX       MasterCard       Visa

Credit Card Information (if applicable)

Exp Date  
 Month/Year

Amount \$ 50.00      COMPANY NAME: Frank Rhodes Trucking, 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 \_\_\_\_\_

VISA

*For Commission Use Only*

111-2068-200-02 <u>52-</u>	Received date:	ID: <u>6568</u>
<u>033405</u>		Insurance:

6568  
TV-111421

Holder of Permit CC-62118 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>Frank Rhodes Trucking, Inc.</u>	Phone #: <u>360-455-9374</u>
Trade Name:	Fax #: <u>360-438-2310</u>
Mailing Address: <u>9533 Glory Dr. SE</u>	Physical Address: (if different)
Street/P.O. Box <u>Olympia, WA. 98513</u>	Street
City, State Zip	City, State Zip

USDOT # 1436395 (If you don't have one, you can apply online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact 360-596-3816 or 360-596-3803 for assistance.)

Unified Business Identifier Number (UBI): 602 930 603

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

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Frank Rhodes</u>	<u>President</u>	<u>95%</u>
<u>Candy Flowers</u>	<u>Secretary</u>	<u>5%</u>

**CURRENT BUSINESS INFORMATION** m44118

Current Name: <u>Same</u>	Phone #: <u>Same</u>
Trade Name:	Fax #:
Mailing Address:	Physical Address:
Street/P.O. Box	Street
City, State Zip	City, State Zip

Individual     Partnership     Corporation - State of Incorporation \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Same</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.

Candy Flowers  
Signature(s)

8/3/2011  
Date

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**

**OF**

**FRANK RHODES TRUCKING INC**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/8/2009.

I FURTHER CERTIFY that as of the date of this certificate, FRANK RHODES TRUCKING INC remains active and has complied with the filing requirements of this office.

Date: March 22, 2011

UBI: 602-930-603



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

6568  
pending

AMENDED NAME  
062118  
\$1,000,000

**FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**  
(hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)  
**P.O. BOX 277 SO SIOUX CITY NE 68776**

has **FRANK RHODES TRUCKING INC**  
issued to: **9533 GLORY DR SE**  
**OLYMPIA WASHINGTON 98513**

a policy or policies of insurance effective from **8/10/11** 12:01 A.M, standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 **1100 W 29TH ST** **SOUTH SIOUX CITY NE 687760277**  
this **10 TH** day of **AUGUST** **2011**  
Insurance Company File No. **GWP38026A**  
**6645** (Policy Number)

  
Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

FE 00 01 07 07

**ORIGINAL**