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AUG 08 2011

WASH. UT. & TP. COMM

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)

TN-111445

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 X Check Money Order AMEX MasterCard Visa
Credit Card Information (if applicable) Exp Date Month/Year

Amount \$ COMPANY 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

For Commission Use Only

Table with 3 columns: ID, Received date, Insurance. Contains handwritten values: 111-2068-200-02 \$50.00, 6572, 8-9-11

Receipt # 033433

Form E

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

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JUL 06 2011

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

WASH. UT. & TP. COMM

This is to certify that the Valley Forge Insurance Company - USDOT 5290
(Name of Company)
(herein after called Company) of 333 S WABASH AVE , CHICAGO , IL , 60604
(Home Address of Company)

has issued to Cascade Wind Machine Service (Name of Motor Carrier) of PO BOX 9308 , YAKIMA , WA , 98909
(Address of Motor Carrier)

A policy or policies of insurance effective from 05/01/2011 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

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

Countersigned at 10375 Park Meadows Drive This 30th day of Jun 20 11
LITTLETON (Address) (Day) (Month) (Year)

Insurance Company File No. 4028859410
(Policy No)

TROY NEWELL *Troy Newell*
(Authorized Company Representative)

Underlying Limit :0.00

Liability Limit :1,000,000.00