

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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

TY 11/532

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: A R Trucking H/R Trucking

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.

Auth # 061463

Cardholder's signature _____ Date Aug 2011

VISA

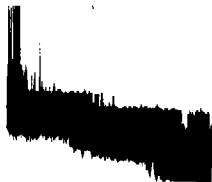
For Commission Use Only

111-2068-200-02 <u>50.00</u>	Received date:	ID: <u>6600</u>
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Receipt # <u>033528</u>	<u>Aug 23 2011</u>	Insurance: <u>Vern Font</u>
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Stella 206 559-4894

Holder of Permit CC- 64229 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 6600

New Name: <u>A R Trucking</u>	Phone #: <u>360 231 4591</u>
Trade Name: <u>A R Trucking</u>	Fax #:
Mailing Address: <u>15052 Lewis River Rd.</u>	Physical Address: (if different)
Street/P.O. Box <u>acel wash 98603</u>	Street
City, State Zip	City, State Zip

USDOT # 2125138 (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): 212930 ✓ 603 890 082 ok

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

NAME	TITLE	PERCENTAGE OF SHARES
<u>Angele Kay Horne</u>	<u>partner</u>	<u>50%</u>
<u>Richard Rose</u>	<u>partner</u>	<u>50%</u>

CURRENT BUSINESS INFORMATION 6387

Current Name: <u>A/R Trucking</u>	Phone #: <u>360 231 4591</u>
Trade Name: <u>A/R Trucking</u>	Fax #:
Mailing Address: <u>15052 Lewis River Rd</u>	Physical Address:
Street/P.O. Box <u>acel wash 98603</u>	Street
City, State Zip	City, State Zip

Individual Partnership Corporation - State of Incorporation _____

NAME	TITLE	PERCENTAGE OF SHARES
<u>Angele Kay Horne</u>	<u>partner</u>	<u>50%</u>
<u>Richard Rose</u>	<u>partner</u>	<u>50%</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.

Angele Kay Horne / Richard Rose Signature(s) Aug 23, 2011 Date

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

Filed with WASHINGTON UTILITY & TRANS COMMISSION (hereinafter called Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY (Name of Commission)

(Name of Company)

(hereinafter called Company) of 385 WASHINGTON STREET - SAINT PAUL MN 55102

(Home Office Address of Company)

has issued to ANGELA K HORNE DBA AR TRUCKING

(Name of Motor Carrier)

of 15052 LEWIS RIVER ROAD - ARIEL WA 98603

(Address of Motor Carrier)

08/25/2011 12:01 A.M. standard time at the address of the insured stated in said

a policy or policies of insurance effective from 08/25/2011
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 385 WASHINGTON STREET - SAINT PAUL MN 55102 this 25TH day of AUGUST 2011

Insurance Company File No WK039358

(Policy Number)

(Authorized Company Representative)

