Holder of Permit CC-44/40 asks the				
the business structure of the carrier named be	: :::			
NEW BUSINES	S INFORMATION			
New Name: Fred Newman Cayging In a Trade Name: Fred Newman Cagging In a Mailing Address: 192 Szydlo Rd- Street/P.O. Box	Phone #: 5 09 - 427 - 5864			
Trade Name: Fred Newman Laging IN C	Fax #: 509 - 427 - 5807			
Mailing Address: 192 Szydlo Rd-	Physical Address: (if different)			
Street/P.O. Box	Street Some			
City, State Zip Carson, Wa. 98610	City, State Zip			
City, State Zip  USDOT # 0686778 (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): 601-628-666				
□ Individual □ Partnership ◯ Corporation — State of Incorporation — U → Perce (LP, LLP, LLC)				
NAME TITLE AD	DDRESS PERCENTANGE OF SHARES			
Fred Newman Pres. 1925 Byss Newman V. Pro P.O. Box	29 Colson Wa 178			
Stelle-TURNER Sec. Tagas. P.D.B	ox 746 Calson Wa. 107			
	ESS INFORMATION			
Current Name: Fred Dewman	Phone #: 509-427-5864			
Trade Name: Fred Newman Cogg in				
Mailing Address: 192 Szydlo Ld	Physical Address: 5			
Street/P.O. Box	Street			
City, State Zip Calson, Wa. 9	86/0 City, State Zip			
□ Individual □ Partnership □ Corporation (LP, LLP, LLC) State of Incorporation				
NAME TITLE ADDITION PRES 1925	RESS PERCENTANGE OF SHARES			
Russ Newman V. Pros P.O. Box 214 Calso 190 Sheller Tylpon Sec. Taes P.O. Rox 746 Carso 190				
CERTIFICATION C : CC (1 ) 1 1 1 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1				

m930

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.

Figure(s) 8/26/1/Signature(s)

TY-111604



1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181 Web Sit Pyrova Valor D

## **COMMON CARRIER OF PROPERTY**

SEP 02 7011

(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.

in the	same proportion	ns.				
TYPE OF PAYMENT						
□ Cash  Credit Card In	Check formation (if app	□ Money Order	- AMEX	□ MasterCard	□ Visa Exp Date Month/Year	
Amount \$ 50° COMPANY NAME: Fred Neuman Cogging To c.  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 s	signature: <u>Je</u>	l Newn		Date 8/26	///	
For Commiss 111-2068-200	sion Use Only 0-02	Received date	e: 9/2/11	ID: 6622		
	70.00			Insurance:		

CK#23140

033580

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

6622 -Dending

Filed with Washington Utilities & Transportation Commission (Name of Agency)	(herein after called Agency)
(runs or system)	
This is to certify that the American States Insurance Company	<del></del>
(Name of Company) (herein after called Company) of 4333 Brooklyn Avenue NE , Seattle , WA , 98185	
(Home Address of Company)	·
has issued to FRED NEWMAN LOGGING INC (Name of Motor Carrier) of 192 SZYDLO RD .CARSON .WA .986 (Address of Motor Carrier)	10
A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which regulations promulgated in accordance therewith.	Bodily Injury and Property y damage liability insurance
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies ar This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agen- commence to run from the date notice is actually received in the office of the Agency.	which it is attached. Such
9450 Seward Rd Countersigned at Fairfield  (Address)  OH 45014  This 12th day (Day)	of <u>Sep</u> 20 <u>11</u> (Year)
Insurance Company File No. 01C1475634  (Policy No)  Denise Wyckoff (Authorized Compa	any Representative)
Underlying Limit :0.00 Liability Limit :1,000,000.00	