

09/16/2011 09:52 FAX 3605861181

LICENSING SERVICES

TN 111203 001/002



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)

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

771767

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

Amount \$ 50.00 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 9/16/11

VISA

For Commission Use Only

111-2068-200-02 \$50.00

Received date: _____

ID: 6657

Insurance: _____

Receipt # 033655

6657

Holder of Permit CC- 41729 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

A&J TRUCKING LOGISTICS LLC ✓

New Name: Phone #: 360-507-7717

Trade Name: Fax #: 425-656-9052

Mailing Address: 3016 CINKOVICH ST Physical Address: (if different)

Street/P.O. Box Street

City, State Zip Enumclaw WA 98022 City, State Zip

USDOT # 2943100 (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): 602 591305 ✓

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

NAME	TITLE	PERCENTAGE OF SHARES
<u>ARTHUR R WATKINS</u>		<u>50</u>
<u>AUDY WATKINS</u>		<u>50</u>

CURRENT BUSINESS INFORMATION

Current Name: A&J TRUCKING LLC Phone #: 360-507 7717

Trade Name: Fax #: 425-656 9052

Mailing Address: 3016 CINKOVICH ST Physical Address:

Street/P.O. Box Street

City, State Zip Enumclaw WA City, State Zip 98022

Individual Partnership Corporation - State of Incorporation WA

NAME	TITLE	PERCENTAGE OF SHARES
<u>SAME AS ABOVE</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.

LeRoy Scott
Signature(s)

9/16/11
Date ✓

Per
UBI

at

538
m44296

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

6657
pending

Filed with WASHINGTON UTILITY & TRANS COMMISSION
(Name of Commission)

(hereinafter called Commission)

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

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

has issued to A & J TRUCKING LOGISTICS LLC
(Name of Motor Carrier)

of 3016 CINKOVICH ST - ENUMCLAW WA 98022
(Address of Motor Carrier)

a policy or policies of insurance effective from 09/20/2011 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.

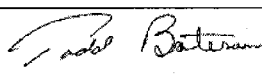
This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 385 WASHINGTON STREET - SAINT PAUL MN 55102 this 21ST day of September 2011

Insurance Company File No

WN068777

(Policy Number)



(Authorized Company Representative)

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If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue. However, it may be registered with other agencies in the state.

**Washington State Department of Revenue
State Business Records Database Detail**

TAX REGISTRATION NO: 603090082	ACCOUNT OPENED: 03/01/2011
UBI: 603090082	ACCOUNT CLOSED: OPEN
LEGAL ENTITY: A R TRUCKING	
DOING BUSINESS AS:	
MAILING ADDRESS: 15052 LEWIS RIVER RD ARIEL, WA 98603-9752	BUSINESS LOCATION: 15052 LEWIS RIVER RD ARIEL, WA 98603-9752
OWNER TYPE: PARTNERSHIP	RESELLER PERMIT NO: N/A
NAICS CODE: 484220	PERMIT EFFECTIVE: N/A
	PERMIT EXPIRES: N/A

FOR NON-COMMERCIAL USE ONLY

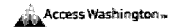
09/21/2011 1:12 PM

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Voter registration assistance (SECRETARY OF STATE)

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BUSINESS & PROFESSIONAL LICENSES

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Your Search Criteria:

License Type: All Business and Professional Licenses
License/UBI/Dealer #: 603090082
County: All Counties

Click on a name below for more information.

Results 1 - 1 of 1:

Name	License Type	City	State	Status
A R TRUCKING A R TRUCKING	Washington State Business	ARIEL	WA	

Results 1 - 1 of 1:

Information Current as of 09/21/2011 3:11AM Pacific Time

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