1300 South Evergreen i

PO Box 47250
Olympia, WA 96504-7250
Phone (360) 664-1222
Fax (360) 586-1161 Web Site: www.wutc.we.poy



## 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 the prowing circumstances:
<ul> <li>Changes of carrier's name, with no change in ownership or business structure.</li> <li>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.</li> <li>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.</li> <li>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 propertions.</li> </ul>
TYPE OF PAYMENT Appr. 02512D
U Cash U Check U Mency Order T AMEX II MasterCard Exp Date Credit Card Information (if applicable)  Month/Year
A TOURS 50.00 COMPANY NAME: PCS TRANSPORT
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 PAUL F GIALICH Date 10/20/12
VISA For Contains for Une Only /10.02
111 2068 200 02 50 - Receive date: ID: UU 12
Recephon# 034292

Holder of Permit CC- 60299 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 48/1-14 to:						
NEW BUSINESS INFORMATION						
New Name: PCS TRANSPORT LLC	Phone #: 360 901-2538					
Trade Name: PCS TRANSPORT UC	Fax #: 360 686-1100					
Mailing Address:	Physical Address: (if different) 18305 NE 255					
Street/P.O. Box P.O.Box 574	Street N.E. 255TH CINCLE					
City, State Zip BATTLE GROWN, WA City, State Zip BATTLE GROWN, WA						
USDOT # 967645 (If you don't have one, you can apply online a:  www.finesa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance						
-	• /					
Unified Business Identifier Number (UBI): 60	03-14-1-105 OF					
□ Individual □ Partnership □ Corporation — State of Incorporation WA						
NAME TITLE PERCENTANGE OF SHARES PAUL GIACICH MEMBER						
Paul Glabourrent BUSINESS INFORMATION 128966						
Current Name PES TRANSPORT	STORM BEAUGINESS (A) TO THE STORM OF STORM AND A PARKET OF THE COMMON AND AND AND AND AND AND AND AND AND AN					
Trade Name:						
Mailing Address:	(260) 600 1100					
	Physical Address: 18305					
Screet P.O. Box P.O. Box 574	Street N.E. 255TB CIRCLE					
City, State Zip BATTLE GROWN, WA 981	604 PATTY AMOUN WA 98604					
Lity, State Zip PATTIE Great NA 98604 Partie Ziprous WA 98604 Individual Dearthership Corporation - State of Incorporation						
NAME TITLE	PERCENTANGE OF SHARES					
PAUL FABIAN GUALICH MEN						
Minimum bia socialism meneralism and anticologism in the control of commence of the commence o	ACM CONTRACTOR OF THE CONTRACT					
ий «Байан» в та у де госу, ставую, и е доврем вой в вражен де интерей выба 50 м ийсяць выбашення учучую уступующий выпуты тым						

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.

Pal 7 Hull Signature(s)

10/20/11

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy rtificate holder in lieu of such endor			ndorsem	ent. A stat	ement on thi	is certificate doe	s not co	onfer rights	to the
PROE	DUCER	1-800	764-0094	CONTACT NAME:	MICHE	LLE ROSE				
Joe Morten & Son, Inc.			PHONE (A/C, No. 8	PHONE (A/C, No. Ext): 503-678-2912 FAX (A/C, No): 503-					918	
8995 SW Miley Rd Suite 101				E-MAIL ADDRESS m.rose@gwccnet.com PRODUCER						
	onville, OR 97070 KERR			CUSTOME	R ID#:	URER(S) AFFOR	IDING COVERAGE			NAIC #
INSU	RED			INSTIDED					113	
PCS TRANSPORT LLC				INSURER A: GREAT WEST CASUALTY COMPANY INSURER B: INSURER C:						11371
P O BOX 574  BATTLE GROUND, WA 98604										
			INSURER D:							
DALLES GROUND, HA 3000T					INSURER E :					
				INSURER	F:				_	
			NUMBER: 23718719				REVISION NUME			
EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REPORTED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIREMEN PERTAIN, T	IT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY DED BY THE BEEN RE	CONTRACT HE POLICIES DUCED BY	OR OTHER ( S DESCRIBED PAID CLAIMS	DOCUMENT WITH DIFFERENT IS SUB.	RESPEC	CT TO WHIC	H THIS
INSR LTR	TYPE OF INSURANCE	INSR WYD	POLICY NUMBER	(N	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	GENERAL LIABILITY		GWP63398C		06/05/11	06/05/12	LACIT COCCOTALITOR		\$ 1,000,0	00
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurr	ence)	\$ 100,000	1
- 1	CLAIMS-MADE X OCCUR			ì	-		MCD EXD (A			

\$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000.000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$ 2,000,000 PRODUCTS - COMP/OP AGG POLICY AUTOMOBILE LIABILITY GWP63398C 06/05/11 06/05/12 COMBINED SINGLE LIMIT \$ 1,000,000 (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS S UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DEDUCTIBLE s RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS AND EMPLOTERS LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT LIABILITY GWP63398C 06/05/11 06/05/12 PER AUTO DEDUCTIBLE 10,000 BROAD FORM 1.000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

IN LIEU OF FORM B FILING. CC# 60299 FILING WILL BE SENT ELECTRONICALLY

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE  Junk Juntary