

TY-112037  
6734

Holder of Permit CC-59118 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**

New Name: <u>Gary J. Trepanier, Excavating, LLC</u>	Phone #: <u>(509) 678-4769</u>
Trade Name: <u>Same</u>	Fax #: <u>(509) 678-4750</u>
Mailing Address: <u>130 Trepanier Lane</u>	Physical Address: (if different) <u>Same</u>
Street/P.O. Box: <u>-</u>	Street: <u>-</u>
City, State Zip: <u>Tieton, WA 98947</u>	City, State Zip: <u>-</u>
USDOT # <u>845187</u> (If you don't have one, you can apply online at <a href="http://www.fmcsa.dot.gov/online-registration">www.fmcsa.dot.gov/online-registration</a> or contact 360-596-3816 or 360-596-3803 for assistance.)	
Unified Business Identifier Number (UBI): <u>602-408-907</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>LLC</u> <sup>with</sup> (LP, LLP, LLC)	
<u>Gary J. Trepanier</u>	<u>Owner</u>
<u>100%</u>	<u>100%</u>

OK  
1-17-12

Previous ~~CURRENT~~ BUSINESS INFORMATION <sup>436636</sup>

Current Name: <u>Gary J. Trepanier, Excavating</u>	Phone #: <u>(509) 678-4769</u>
Trade Name: <u>Same</u>	Fax #: <u>(509) 678-4750</u>
Mailing Address: <u>130 Trepanier Lane</u>	Physical Address: <u>Same</u>
Street/P.O. Box: <u>-</u>	Street: <u>-</u>
City, State Zip: <u>Tieton, WA 98947</u>	City, State Zip: <u>-</u>
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____	
<u>Gary J. Trepanier</u>	<u>Owner</u>
<u>100%</u>	<u>100%</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.

Gary J. Trepanier

11-23-11

Signature(s)

Date



RECEIVED

NOV 28 2011

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

WASH. UT. & TP. COMM

**COMMON CARRIER OF PROPERTY**  
(excluding Household Goods carriers and Brokers)

TV112037

**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 \$ \_\_\_\_\_ 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.

*Harry J. Trepanier*

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Commission Use Only*

111-2068-200-02	50.00	Received date: 11-28-11	ID: 6734
035630			Insurance: Rindler



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/15/2011*ln 35636 Pending  
6734*

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(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Terril Lewis & Wilke Ins P O Box 1789 112 S 4th Street Yakima WA 98907	CONTACT NAME: Jennifer Myers	
	PHONE (A/C, No, Ext): (509) 248-3515 FAX (A/C, No): (509) 248-3673 E-MAIL ADDRESS: jmyers@tlwins.com PRODUCER CUSTOMER ID #: 00000388	
INSURED Gary Trepanier Excavating, LLC 130 Trepanier Ln Tieton WA 98947	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Western National Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: GLASU (new form) REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP1021060	2/25/2011	2/25/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP1020768	2/25/2011	2/25/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000 Medical payments \$ 5,000
		A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
<input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ 10,000				UMB1012159	2/25/2011	2/25/2012	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Stop Gap CPP1021060	2/25/2011	2/25/2012	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

(360) 586-1181 transportation@utc.wa.gov  
Washington Utilities & Transportation Com  
1300 S Evergreen Park Dr SW  
PO Box 47250  
Olympia, WA 98504-7250

## 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

Alex Hodge/JENN *AL B H*