



1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181
Web Site: www.wutlc.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

185883

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

Amount \$ \$50 COMPANY NAME: ANGEL GARZA 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.

Cardholder's signature:

Date 12/5/11
TV-112108

For Commission Use Only

111-2068-200-02	\$50.-	Received date:	ID: <u>6746</u>
AMEX			Insurance: <u>OK</u>

Receipt # 036099

TV 112108

Holder of Permit CC- 57643 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: ANGEL GARZA TRUCKING, LLC. Phone #: 509-488-2994

Trade Name: _____ Fax #: 509-488-0569

Mailing Address: _____ Physical Address: (if different) _____

Street/P.O. Box PO BOX 464 Street 1655 S. Broadway Avenue

City, State Zip Othello, WA 99344 City, State Zip Othello, WA 99344

USDOT # 553305 (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): 603-094-269

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

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Angel Garza, Sr</u>	<u>President/owner</u>	<u>55%</u>
<u>Yoland M Garza</u>	<u>Exec. V. President/COO</u>	<u>40%</u>
<u>Angel Garza, Jr</u>	<u>V. President of operations</u>	<u>5%</u>

CURRENT BUSINESS INFORMATION

Current Name: ANGEL GARZA TRUCKING Phone #: 509-488-2994

Trade Name: _____ Fax #: 509-488-0569

Mailing Address: _____ Physical Address: _____

Street/P.O. Box PO BOX 464 Street 1655 S. Broadway Ave

City, State Zip Othello, WA 99344 City, State Zip Othello, WA 99344

Individual Partnership Corporation - State of Incorporation _____

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Angel Garza, Sr</u>	<u>President/Owner</u>	<u>50%</u>
<u>Yoland M Garza</u>	<u>V. President/COO</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.

[Signature]
Signature(s)

12/5/11
Date

Replacement Page

ANGEL GARZA



TRUCKING, LLC.

PO Box 161, Othello, WA 99344

Phone: (509)488-2994

Fax: (509)488-0569

COVER PAGE

ATTN: _____
 TO: UTC
 FROM: AGT, LLC.
 DATE: Thursday, December 08, 2011

FAX: (360) 586-1181
 TOTAL PAGES: 3

COMMENTS:

We no longer operate Hazardous Materials. We can remove this from our permit.

12/12/11 talked w/ Angel Garza - he changed status on USDOT # to take off haz-mat - They no longer haul hazmat -

Thank You!

A.G.T. Personnel

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. _____

Approved _____

Form E

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

Filed with WUTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the AMERICAN GUARANTEE & LIABILITY INS. CO
(Name of Company)
(hereinafter called Company) SCHAUMBRUG, IL
(Home Office Address of Company)

has issued to ANGEL GARZA TRUCKING, LLC to 1655 S BROADWAY OHELLO, WA 99344
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from DECEMBER 1, 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 herewith.

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 affected 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 1333 S RUSTLE RD SPOKANE WA 99224
(Street Address) (City) (State) (Zip Code)

this 30TH day of NOVEMBER 2011

NS. CO. ID# _____

Thomas E Corlue (AA)
(Authorized Company Representative)

Insurance Company File No. PRA-9194288
(Policy Number)

PO BOX 19150 SPOKANE, WA 99219
(Address of Authorized Company Representative)