



WASHINGTON
UTC
 UTILITIES AND TRANSPORTATION
 COMMISSION

1300 South Evergreen Park Drive
 SW
 PO Box 47250
 Olympia, WA 98504-7250
 Phone (360) 664-1222
 Fax (360) 666-1161
 Web Site: www.yutl.wa.gov

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

TV-120460

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 \$ 50.00 COMPANY NAME: ANGIE GARZA DNASESERVICES

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: Angela Garza Date 4/4/12

<i>For Commission Use Only</i>		
111-2068-200-02 <u>50.00</u>	Received date: <u>4/6/12</u>	ID: <u>6879</u>
<u>03826</u>		Insurance: <u>OK</u>

PLEASE FOR ME A COPY OF PERMIT
 TO (509) 488-2084 ANGIE GARZA.

Holder of Permit CC- 63997 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>AB LOGISTICS LLC</u>	Phone #: <u>(509) 787-0129</u>
Trade Name:	Fax #: <u>(509) 787-3849</u>
Mailing Address: <u>P.O. Box 193</u>	Physical Address: (if different) <u>510 J. ST.</u>
Street/P.O. Box	Street
City, State Zip <u>QUINCY, WA 98848</u>	City, State Zip <u>QUINCY, WA 98848</u>

6019

USDOT # 2003 009 (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): 603-176-706

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

NAME	TITLE	PERCENTAGE OF SHARES
<u>ALEJANDRO BUENRISTRO</u>	<u>MEMBER</u>	<u>100%</u>
<u>MARIA C. BUENRISTRO</u>	<u>MEMBER</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

6096

Current Name: <u>ALEJANDRO BUENRISTRO</u>	Phone #: <u>(509) 787-0129</u>
Trade Name: <u>AB LOGISTICS</u>	Fax #: <u>(509) 787-3849</u>
Mailing Address: <u>P.O. Box 193</u>	Physical Address: <u>510 J ST.</u>
Street/P.O. Box	Street
City, State Zip <u>QUINCY WA 98848</u>	City, State Zip <u>QUINCY, WA</u>

Individual Partnership Corporation - State of Incorporation 98848

NAME	TITLE	PERCENTAGE OF SHARES
<u>ALEJANDRO BUENRISTRO</u>	<u>OWNER</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.

[Signature]
Signature(s)

4/4/12
Date

1/2 4/5

ACCEPTABLE ONLY IF DOCKET NUMBER, CERTIFICATE NUMBER, OR PERMIT NUMBER IS SPECIFIED.
Approved _____

No. _____

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 ZURICH AMERICAN INSURANCE COMPANY _____
(Name of Company)

(hereinafter called Company) of SCHAUMBURG, IL _____
(Home Office Address of Company)

has issued to AB LOGISTICS LLC _____ of PO BOX 193, QUINCY, WA 98848 _____
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from May 8, 2012 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 1333 S RUSTLE RD _____ SPOKANE _____ WA 99224 _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

this 5TH day of APRIL _____ 2012 _____

INS. CO. ID# _____

Thomas E. Cochran (PW)
(Authorized Company Representative)

Insurance Company File No PRA-919383502 _____
(POLICY NUMBER)

PO Box 19150, Spokane WA 99219 _____
(Address of Authorized Company Representative)

Hart Forms & Services
Reorder No. 14-0116

NAME does not match
6096