

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

TV121141
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

Cash Check Money Order AMEX MasterCard Visa
Exp Date _____
Month/Year _____

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: Willis Enterprises

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: [Signature] Date 7/3/2012

For Commission Use Only

111-2068-200-02	Received date:	ID: <u>6968</u>
<u>50.00</u>		Insurance: <u>[Signature]</u>

039302

ame 7/6/12

6968

Holder of Permit CC- 35126 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>Willis Transportation LLC</u>	Phone #: <u>(360)273-0728</u>
Trade Name:	Fax #: <u>(360)273-7994</u>
Mailing Address: <u>P.O. Box 457</u>	Physical Address: (if different) <u>208 N. Park</u>
Street/P.O. Box	Street <u>Oakville</u>
City, State Zip <u>Oakville, WA 98508</u>	City, State Zip <u>WA 98508</u>

USDOT # 518142 (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): 602 826 173

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

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Paul Willis</u>	<u>Manager</u>	<u>P.O. Box 457 Oakville, WA 98508</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

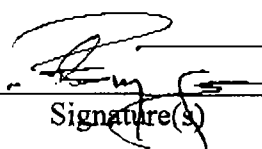
Current Name: <u>Willis Enterprises, Inc.</u>	Phone #: <u>(360)273-0728</u>
Trade Name: <u>DK Trucking</u>	Fax #: <u>(360)273-7994</u>
Mailing Address: <u>P.O. Box 457</u>	Physical Address:
Street/P.O. Box	Street
City, State Zip <u>Oakville, WA 98508</u>	City, State Zip

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

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Paul Willis</u>	<u>President</u>	<u>P.O. Box 457 Oakville, WA 98508</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(s)

7/3/2012
Date

Print Form

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

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

(Executed in Triplicate)

Filed with Washington Utilities and Transportation (hereinafter called Commission)

This is to certify, that the Indiana Lumbermens Mutual Insurance Company (Name of Company)

(hereinafter called Company) of 8888 Keystone Crossing Suite 250, Indianapolis, IN 46240 (Home Office Address of Company)

Willis Transportation, LLC (Name of Motor Carrier) PO Box 457, Oakville, WA 98568 (Address of Motor Carrier)

has issued to Willis Transportation, LLC (Name of Motor Carrier) 07/05/12 (Date of Issuance) 12:01 A.M. standard time at the address of the insured stated in said policy or a policy or policies of insurance effective from 07/05/12 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 8888 Keystone Crossing Suite 250 Indianapolis IN 46240 (Street Address) (City) (State) (Zip Code)

this 6th day of July 2012

Insurance Company File No. BA19550292 (Policy Number) (Authorized Company Representative)